



National Vaccine Information Center
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Search Results

From the 12/29/2023 release of VAERS data:

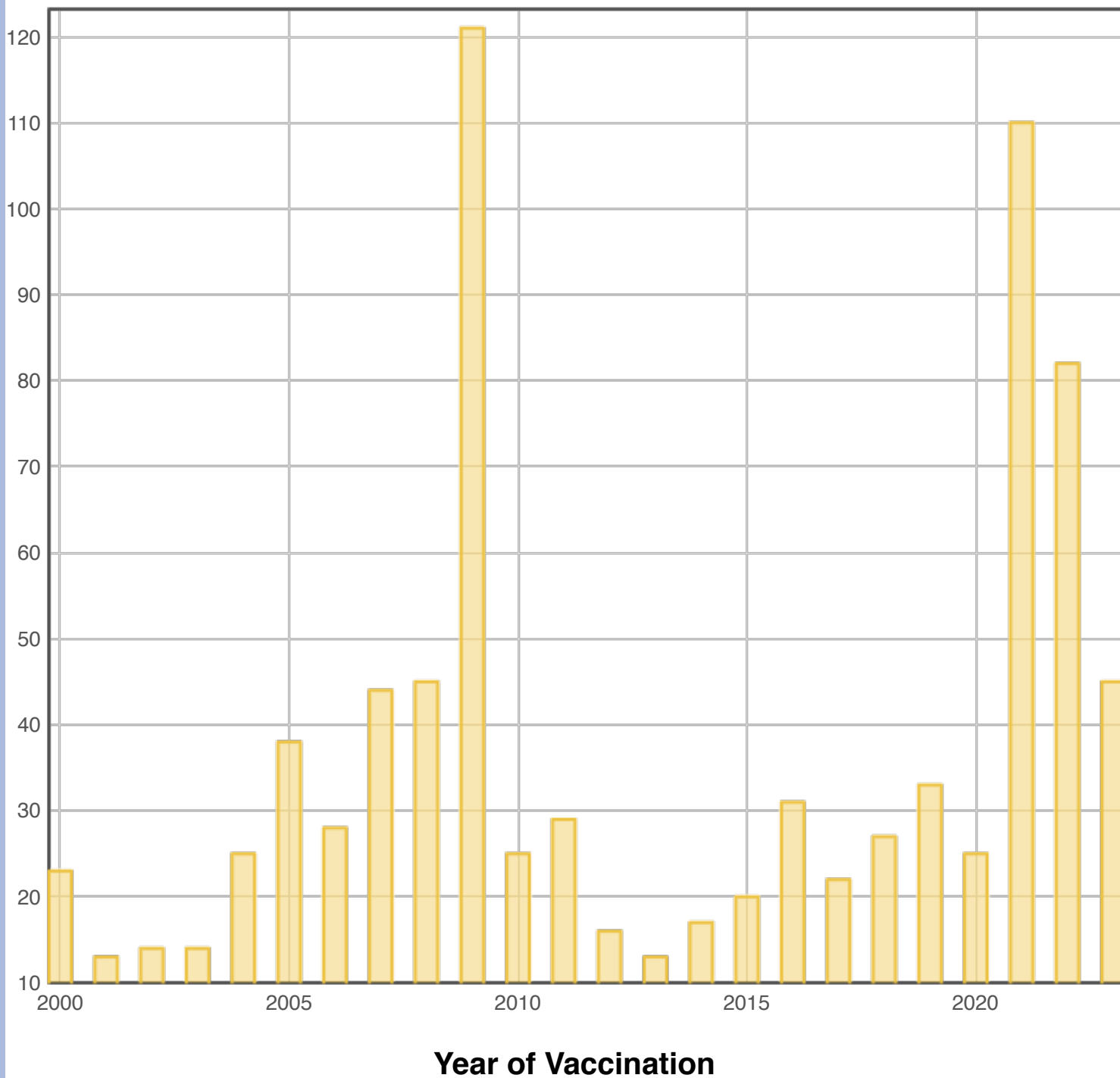
Found 860 cases where Age is under-0.5 or 0.5-or-more-and-under-1 or 1-or-more-and-under-3 or 3-or-more-and-under-6 or 6-or-more-and-under-18 and Location is Vermont and Vaccination Date on/after '2000-01-01'

[Government Disclaimer on use of this data](#)

Graph

Count by Year of Vaccination

Count

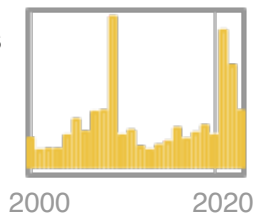


Year of Vaccination




Chart type: Swap Axes Show Percent Stack Bars

Width (pixels): Height (pixels):

Zoom:



Table

		 	
Event Outcome	Vaccines	Count	Percent
Death	DTAPHEPBIP	2	0.23%
	DTAPIPV	1	0.12%
	FLU3	2	0.23%
	HIBV	2	0.23%
	PNC	1	0.12%
	PNC13	1	0.12%
	RV1	1	0.12%
	RV5	1	0.12%
	VARCEL	1	0.12%
	total	12	1.4%
Life Threatening	DTAPHEPBIP	3	0.35%
	HEP	1	0.12%
	HIBV	3	0.35%
	HPV4	1	0.12%
	MEN	1	0.12%
	MNQ	1	0.12%
	PNC	1	0.12%
	PNC13	2	0.23%
	RV5	3	0.35%
	total	16	1.86%
Permanent Disability	COVID19	2	0.23%
	DTAP	2	0.23%
	DTAPIPVHIB	1	0.12%
	HEP	1	0.12%
	IPV	1	0.12%
	MMR	1	0.12%
	PNC	1	0.12%
	RV1	1	0.12%
	total	10	1.16%
	COVID19	1	0.12%
	DTAP	5	0.58%

Hospitalized	DTAPHEPBIP	9	1.05%
	DTAPIPV	1	0.12%
	DTAPIPVHIB	2	0.23%
	FLU3	3	0.35%
	HBHEPB	1	0.12%
	HEP	4	0.47%
	HEPA	3	0.35%
	HIBV	12	1.4%
	HPV4	4	0.47%
	IPV	4	0.47%
	MMR	1	0.12%
	MMRV	2	0.23%
	MNQ	2	0.23%
	PNC	10	1.16%
	PNC13	3	0.35%
	RV1	3	0.35%
	RV5	6	0.7%
	TDAP	1	0.12%
	VARCEL	2	0.23%
	total	79	9.19%
Hospitalized, Prolonged	HEP	1	0.12%
	total	1	0.12%
Emergency Doctor/Room	COVID19	8	0.93%
	DTAPHEPBIP	2	0.23%
	DTAPIPV	2	0.23%
	FLU4	1	0.12%
	HIBV	2	0.23%
	HPV4	3	0.35%
	MMRV	2	0.23%
	PNC13	2	0.23%
	RV1	1	0.12%
	RV5	2	0.23%
	TDAP	1	0.12%
	UNK	4	0.47%
	total	30	3.49%

Emergency Room

DT	1	0.12%
DTAP	37	4.3%
DTAPHEPBIP	11	1.28%
DTAPIPV	8	0.93%
DTAPIPVHIB	1	0.12%
FLU(H1N1)	8	0.93%
FLU3	23	2.67%
FLU4	3	0.35%
FLUN(H1N1)	1	0.12%
FLUN3	2	0.23%
HBHEPB	1	0.12%
HEP	7	0.81%
HEPA	18	2.09%
HIBV	22	2.56%
HPV4	17	1.98%
HPV9	2	0.23%
IPV	26	3.02%
MMR	40	4.65%
MMRV	6	0.7%
MNQ	17	1.98%
PNC	26	3.02%
PNC13	5	0.58%
PPV	1	0.12%
RV1	1	0.12%
RV5	5	0.58%
SMALL	1	0.12%
TDAP	12	1.4%
VARCEL	36	4.19%
total	338	39.3%
COVID19	24	2.79%
COVID19-2	2	0.23%
DTAP	6	0.7%
DTAPHEPBIP	5	0.58%
DTAPIPV	6	0.7%
FLU3	1	0.12%

Office Visit

FLU4	8	0.93%
HEPA	1	0.12%
HIBV	7	0.81%
HPV4	4	0.47%
HPV9	7	0.81%
IPV	1	0.12%
MMR	5	0.58%
MMRV	3	0.35%
MNQ	6	0.7%
PNC13	5	0.58%
PNC15	1	0.12%
RV1	2	0.23%
RV5	3	0.35%
TDAP	2	0.23%
UNK	4	0.47%
VARCEL	1	0.12%
total	104	12.09%
COVID19	73	8.49%
COVID19-2	10	1.16%
DT	2	0.23%
DTAP	79	9.19%
DTAPHEPBIP	38	4.42%
DTAPIPV	25	2.91%
DTAPIPVHIB	7	0.81%
FLU(H1N1)	73	8.49%
FLU3	34	3.95%
FLU4	25	2.91%
FLUN(H1N1)	1	0.12%
FLUN3	3	0.35%
FLUN4	3	0.35%
FLUX	2	0.23%
FLUX(H1N1)	1	0.12%
HBHEPB	3	0.35%
HEP	17	1.98%
HEPA	29	3.37%

Recovered

HIBV	66	7.67%
HPV4	33	3.84%
HPV9	10	1.16%
IPV	53	6.16%
MEN	1	0.12%
MENB	1	0.12%
MMR	68	7.91%
MMRV	18	2.09%
MNQ	32	3.72%
PNC	52	6.05%
PNC13	24	2.79%
PNC15	1	0.12%
PNC20	1	0.12%
PPV	6	0.7%
RAB	2	0.23%
RV1	8	0.93%
RV5	14	1.63%
TD	3	0.35%
TDAP	22	2.56%
UNK	7	0.81%
VARCEL	59	6.86%
total	906	105.35%
COVID19	65	7.56%
COVID19-2	13	1.51%
DTAP	38	4.42%
DTAPHEPBIP	14	1.63%
DTAPIPV	15	1.74%
DTAPIPVHIB	3	0.35%
DTP	1	0.12%
FLU(H1N1)	16	1.86%
FLU3	5	0.58%
FLU4	5	0.58%
FLUN3	2	0.23%
FLUN4	2	0.23%
FLUR4	1	0.12%

None of the Above

FLUX	1	0.12%
FLUX(H1N1)	1	0.12%
HEP	10	1.16%
HEPA	18	2.09%
HIBV	18	2.09%
HPV4	9	1.05%
HPV9	5	0.58%
IPV	24	2.79%
JEV	1	0.12%
MMR	31	3.6%
MMRV	8	0.93%
MNQ	7	0.81%
PNC	11	1.28%
PNC13	8	0.93%
PNC15	1	0.12%
PPV	2	0.23%
RAB	1	0.12%
RV1	3	0.35%
RV5	6	0.7%
TD	1	0.12%
TDAP	5	0.58%
UNK	2	0.23%
VARCEL	30	3.49%
total	383	44.53%
TOTAL	† 1,879	† 218.49%

† Because VAERS cases can have multiple vaccinations, symptoms, and event outcomes, a single case can account for multiple entries in this table. This is why the Total Count is greater than 860 (the number of cases found), and the Total Percent is greater than 100.

Case Details

VAERS ID: [133856](#) ([history](#)) **Vaccinated:** 2000-02-01
Form: Version 1.0 **Onset:** 2000-02-03
Age: 0.53 **Days after vaccination:** 2
Sex: Female **Submitted:** 2000-02-08
Location: Vermont **Days after onset:** 5
Entered: 2000-02-10
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	911A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	P1113AA / 3	LL / IM

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

Symptoms: [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: Small head circumference.

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: 2 days, post/vax, Mom notices that when baby is in standing position, her legs are shaking, head is not steady. Called MD & was seen 2/4 w/same sx's. MD has referred pt to Neurologist. Mom says baby is fine now but will f/u.

VAERS ID: [134391](#) ([history](#)) **Vaccinated:** 2000-02-15
Form: Version 1.0 **Onset:** 2000-02-16
Age: 1.6 **Days after vaccination:** 1
Sex: Male **Submitted:** 2000-02-17
Location: Vermont **Days after onset:** 1
Entered: 2000-02-28
Days after submission: 11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	N0826 / 3	RL / -

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

Symptoms: [Oedema](#), [Pain](#), [Vasodilatation](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: Hypospadias

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling, redness, slightly tender. Gait normal. Afebrile.

VAERS ID: [152883](#) ([history](#)) **Vaccinated:** 2000-04-25
Form: Version 1.0 **Onset:** 2000-04-26
Age: 1.3 **Days after vaccination:** 1
Sex: Male **Submitted:** 2000-04-26
Location: Vermont **Days after onset:** 0
Entered: 2000-06-08
Days after submission: 43

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A916A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA483AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0932J / 1	RL / IM

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

Symptoms: [Injection site erythema](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections,

infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Bactrim
Current Illness:
Preexisting Conditions: chronic otitis media
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: 24 hours post vax, the pt developed mild erythema at injection site and swelling from thigh to knee.

VAERS ID: [153202](#) ([history](#)) **Vaccinated:** 2000-04-03
Form: Version 1.0 **Onset:** 2000-04-04
Age: 13.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2000-04-28
Location: Vermont **Days after onset:** 24
Entered: 2000-06-08
Days after submission: 41

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	7358AB / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Pain in jaw](#)
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Transient jaw pain, resolved in 24 hours.

VAERS ID: 153203 (history)	Vaccinated:	2000-04-12
Form: Version 1.0	Onset:	2000-04-13
Age: 15.0	Days after vaccination:	1
Sex: Female	Submitted:	2000-04-29
Location: Vermont	Days after onset:	16
	Entered:	2000-06-08
	Days after submission:	40

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / CONNAUGHT LABORATORIES	7358AB / 5	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Pain in jaw](#)
SMQs:, Osteonecrosis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Transient jaw pain/inability to open mouth, resolved in 48-72 hours.

VAERS ID: [153927](#) ([history](#)) **Vaccinated:** 2000-05-24
Form: Version 1.0 **Onset:** 2000-05-24
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2000-05-25
Location: Vermont **Days after onset:** 1
Entered: 2000-06-12
Days after submission: 18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3201A2 / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0932J / 2	RA / SC

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

Symptoms: [Coma](#), [Syncope](#), [Syncope vasovagal](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Post vax slumped from chair to floor, unconscious, unresponsive to verbal or painful stimuli. Unable to appreciate pulse or respiration. 911 called, child responded to lowering head and elevating legs. Cool cloth to forehead, increased air flow in area, awake and alert when ambulance arrived. Able to walk to stretcher. Dx at hospital probable vasovagal reaction to needles.

VAERS ID: [156140](#) ([history](#)) **Vaccinated:** 2000-06-22
Form: Version 1.0 **Onset:** 2000-06-30
Age: 1.6 **Days after vaccination:** 8
Sex: Male **Submitted:** 2000-07-02
Location: Vermont **Days after onset:** 2
 Entered: 2000-07-10
 Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	922A2 / 4	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA510AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1714J / 1	LL / SC

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

Symptoms: [Pyrexia](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Augmentin started on 6/25/00

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Eight days, post vax, pt developed a low fever and urticarial rash which spread to the trunk and extremities. No treatment.

VAERS ID: [158741](#) ([history](#)) **Vaccinated:** 2000-08-07
Form: Version 1.0 **Onset:** 2000-08-07
Age: 1.5 **Days after vaccination:** 0
Sex: Male **Submitted:** 2000-08-08
Location: Vermont **Days after onset:** 1
 Entered: 2000-08-11
 Days after submission: 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A941A2 / 5	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA510AA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1276J / 1	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Irritability](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 24 hours, post vax, pt came back to office with redness and swelling of right thigh. No fever. Pt has been cranky. Treat with Tylenol and Motrin and warm baths to decrease swelling. Cool wash cloth to area of swelling. Call with any changes.

VAERS ID: [159564](#) ([history](#)) **Vaccinated:** 2000-08-22
Form: Version 1.0 **Onset:** 2000-08-23
Age: 12.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2000-09-05
Location: Vermont **Days after onset:** 13
Entered: 2000-09-11
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3201A2 / 3	LA / IM

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

Symptoms: [Blister](#)

SMQs:, Severe cutaneous adverse reactions (broad), Hypersensitivity (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: VT00004

Write-up: Pt developed large facial blisters one day post vax. Had previously denied adverse response to #1 and 2 Hep B, but now feels that the flu like illness following those injections may have been related. Fever of 101-102 with the first two doses.

VAERS ID: [163148](#) ([history](#)) **Vaccinated:** 2000-11-28
Form: Version 1.0 **Onset:** 2000-11-28
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2000-11-30
Location: Vermont **Days after onset:** 2
Entered: 2000-12-06
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route

PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	LL / IM
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Administered by: Private **Purchased by:** Private

Symptoms: [Cyanosis](#), [Dyspnoea](#), [Eye movement disorder](#), [Musculoskeletal stiffness](#), [Tremor](#)
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: While sitting on couch pt began having labored and difficulty breathing. Body became rigid and shaking, eyes rolled back into head, pt became blue around mouth, lips and nose. Pt was transported via ambulance using O2 and Neb.

VAERS ID: 163762 (history)	Vaccinated:	2000-12-05
Form: Version 1.0	Onset:	2000-12-06
Age: 9.0	Days after vaccination:	1
Sex: Male	Submitted:	2000-12-13
Location: Vermont	Days after onset:	7
	Entered:	2000-12-14
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUSHIELD) / PFIZER/WYETH	40085190 / UNK	- / IM

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

Symptoms: [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: reactive airway disease
Allergies:
Diagnostic Lab Data:
CDC Split Type: VT00005
Write-up: One day post vax, the pt developed hives on arms, legs, face trunk. Still has them one week later.

VAERS ID: [164430 \(history\)](#) **Vaccinated:** 2000-12-18
Form: Version 1.0 **Onset:** 2000-12-19
Age: 1.25 **Days after vaccination:** 1
Sex: Female **Submitted:** 2000-12-26
Location: Vermont **Days after onset:** 7
 Entered: 2001-01-03
 Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A955A2 / 4	LL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	ENG3198A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA500AA / 4	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Enteritis](#), [Feeling cold](#), [Irritability](#), [Sleep disorder](#), [Stupor](#), [Tremor](#)
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific inflammation (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Fluoride, Acetaminophen
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:

Write-up: Post vax, pt was fussy in the evening and moaning after she went to sleep. Mom noted legs/arms shaking, flailing but stopped with mom"s touch. One arm very cool to touch for "awhile". When child was awakened, seemed a little dazed. Next AM, was cranky but playful. Normal exam in office. Several days later developed enteritis (suspect community acquired as very prevalent now and sibling with symptoms).

VAERS ID: [165041](#) (history) **Vaccinated:** 2000-09-20
Form: Version 1.0 **Onset:** 2000-09-20
Age: 2.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2000-12-21
Location: Vermont **Days after onset:** 92
 Entered: 2001-01-22
 Days after submission: 32

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM

Administered by: Private **Purchased by:** Other
Symptoms: [Pyrexia](#)
SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~Pneumo (Prevnar)~~0.00~In Sibling
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: Premature baby
Allergies:

Diagnostic Lab Data: NONE**CDC Split Type:** HQ0856511SEP2000

Write-up: A physician reported that a 2 year old female received an injection of Prevnar on 9/20/00. That same day, the child developed a fever of greater than 102F. She recovered. This is 1 of 5 pts from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: 165134 (history)	Vaccinated:	2000-09-20
Form: Version 1.0	Onset:	2000-09-24
Age: 2.0	Days after vaccination:	4
Sex: Female	Submitted:	2000-12-21
Location: Vermont	Days after onset:	88
	Entered:	2001-01-22
	Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM

Administered by: Private **Purchased by:** Other**Symptoms:** [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** ~Pneumo (Prevnar)~~0.00~In Sibling**Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** Prematurity**Allergies:****Diagnostic Lab Data:** UNK**CDC Split Type:** HQ4320001DEC2000

Write-up: Physician reported that patient received a Prevnar vaccine on 9/20/2000, and on 9/24/2000 she developed a fever of greater than 102 deg. F. The patient recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: [165135](#) ([history](#)) **Vaccinated:** 2000-08-19
Form: Version 1.0 **Onset:** 2000-08-20
Age: 0.5 **Days after vaccination:** 1
Sex: Female **Submitted:** 2000-12-21
Location: Vermont **Days after onset:** 123
Entered: 2001-01-22
Days after submission: 32

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / UNKNOWN MANUFACTURER	955A2 / 3	- / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	U521AA / 3	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	471655 / 1	- / IM

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

Symptoms: [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: UNK

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: HQ4320101DEC2000

Write-up: Physician reported that patient received Prevnar, Hib-Titer, and DPT (manufacturer unknown) on 8/19/2000. The next day the patient developed a fever of greater than 102 deg. F. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: [165136](#) ([history](#)) **Vaccinated:** 2000-09-19
Form: Version 1.0 **Onset:** 2000-09-20
Age: 0.75 **Days after vaccination:** 1
Sex: Male **Submitted:** 2000-12-14
Location: Vermont **Days after onset:** 85
 Entered: 2001-01-22
 Days after submission: 39

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5100A2 / 2	- / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	R1294 / 3	- / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	427042 / 1	- / IM

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

Symptoms: [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: UNK

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: HQ4320201DEC2000

Write-up: Physician reported that patient received Prevnar, IPV (Aventis Pasteur SA), and hepatitis B vaccines on 9/19/2000. The next day the patient developed a fever of greater than 102 deg. F. He recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: [165137](#) ([history](#)) **Vaccinated:** 2000-09-15
Form: Version 1.0 **Onset:** 2000-09-18
Age: 1.08 **Days after vaccination:** 3
Sex: Male **Submitted:** 2000-12-21
Location: Vermont **Days after onset:** 94
 Entered: 2001-01-22
 Days after submission: 32

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513ARS / 4	- / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0106K / 1	- / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	474718 / 1	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0540K / UNK	- / SC

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

Symptoms: [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: UNK

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: HQ4320301DEC2000

Write-up: Physician reported that patient received Prevnar, haemophilus B (manufacturer unknown), measles, mumps, rubella (manufacturer unknown), and varicella virus (manufacturer unknown) vaccines on 9/15/2000. On 9/18/2000 the patient developed a fever of greater than 102 deg. F. He recovered. This is 1 of 5 patients from this facility who experienced this event following receipt of 3 different lots of Prevnar.

VAERS ID: [167840](#) ([history](#)) **Vaccinated:** 2001-02-28
Form: Version 1.0 **Onset:** 2001-03-01
Age: 0.5 **Days after vaccination:** 1
Sex: Female **Submitted:** 2001-03-19
Location: Vermont **Days after onset:** 18
Entered: 2001-03-27
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A960A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513AB / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473333 / 3	LL / IM

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

Symptoms: [Injection site erythema](#), [Irritability](#), [Pyrexia](#), [Rhinorrhoea](#), [Upper respiratory tract infection](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Mycostatin

Current Illness: Oral thrush

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Runny nose, fever, fussy, red dime-sized circle on left thigh at Prevnar site. Dx'd with URI and Prevnar reaction, approx. 1 cm in diameter.

VAERS ID: [167841](#) ([history](#)) **Vaccinated:** 2001-02-28
Form: Version 1.0 **Onset:** 2001-03-01
Age: 0.2 **Days after vaccination:** 1
Sex: Female **Submitted:** 2001-03-19
Location: Vermont **Days after onset:** 18
Entered: 2001-03-27
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A960A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA513AB / 1	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	R1345 / 1	LL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473333 / 1	LL / IM

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

Symptoms: [Injection site erythema](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever, red, dime-sized circle on left upper thigh at Prevnar site. Dx'd with local reaction to Prevnar approx. 1 cm diameter.

VAERS ID: [167842](#) ([history](#)) **Vaccinated:** 2000-12-14
Form: Version 1.0 **Onset:** 2000-12-15
Age: 3.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2001-03-19
Location: Vermont **Days after onset:** 94
Entered: 2001-03-27
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	LL / IM

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

Symptoms: [Injection site erythema](#), [Injection site mass](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Mom reported on 3/14/01 to nurse, while in office with second child, that this pt presented with a hard lump at injection site of Prevnar. Said it was swollen and red, approx. size of a ping-pong ball. Thought it was normal reaction so did not call us. On 3/14/01, he still had hard lump at site. Child was not with mother when reported.

VAERS ID: [167843](#) ([history](#)) **Vaccinated:** 2001-02-27
Form: Version 1.0 **Onset:** 2001-03-01
Age: 2.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2001-03-19
Location: Vermont **Days after onset:** 18
Entered: 2001-03-27
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473332 / 1	LL / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Pyrexia](#)

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Fever, complaining of leg pain X 2 days, large red and tender area 7.5cm X 11cm. Dx'd with local reaction at Prevnar site.

VAERS ID: 167844 (history)	Vaccinated:	2001-02-27
Form: Version 1.0	Onset:	2001-03-01
Age: 1.5	Days after vaccination:	2
Sex: Female	Submitted:	2001-03-19
Location: Vermont	Days after onset:	18
	Entered:	2001-03-27
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	3329A2 / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473332 / 1	LL / IM

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

Symptoms: [Gastroenteritis](#), [Injection site erythema](#), [Injection site pain](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Noninfectious diarrhoea (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: Bilateral serous otitis media
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Complained of pain to left thigh and red. Triage done, seen by MD on 3/4-3/6 for ? viral GE.

VAERS ID: [167845](#) ([history](#)) **Vaccinated:** 2001-02-21
Form: Version 1.0 **Onset:** 2001-02-22
Age: 3.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2001-03-19
Location: Vermont **Days after onset:** 25
 Entered: 2001-03-27
 Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	473346 / 1	- / IM

Administered by: Private **Purchased by:** Private
Symptoms: [Cough](#), [Decreased appetite](#), [Injection site pain](#), [Otitis media](#), [Pyrexia](#), [Viral infection](#)
SMQs.: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Fever, complaining of being sore on 2/22/01. Seen my MD on 2/26/01 and dx'd with viral syndrome and right serious otitis media. On 2/27/01, triage for cough, decrease in po intake.

VAERS ID: 167869 (history)	Vaccinated:	2001-03-13
Form: Version 1.0	Onset:	2001-03-14
Age: 1.2	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2001-03-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	978A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA544AA / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0160 / 3	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	17058J / 1	RL / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Irritability](#), [Somnolence](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** URI**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: The pt became fussy, experienced increased sleeping the same day of the vax. The pt also experienced urticaria increasing over the next 24 hours.

VAERS ID: [168219](#) ([history](#)) **Vaccinated:** 2000-02-15
Form: Version 1.0 **Onset:** 0000-00-00
Age: 0.2 **Submitted:** 2000-04-25
Sex: Female **Entered:** 2001-04-02
Location: Vermont **Days after submission:** 342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 2	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 2	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 2	RL / IM

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

Symptoms: [Hypotonia](#), [Injection site erythema](#), [Pyrexia](#), [Screaming](#), [Somnolence](#)

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: lethargic~DTaP (Infanrix)~1~0.00~In Patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 20000115661

Write-up: On 2/15/00 the pt received her second dose of Infanrix. Subsequently she was sleepy for 24 hours, screamed for 4 hours and was flaccid, had a fever the next day and had a slightly red injection site. The pt was treated with Tylenol. Outcome resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved. Following the 1st dose, the pt was lethargic, but recovered.

VAERS ID: [168222](#) ([history](#)) **Vaccinated:** 2000-02-01
Form: Version 1.0 **Onset:** 0000-00-00
Age: 1.25 **Submitted:** 2000-04-25
Sex: Female **Entered:** 2001-04-02
Location: Vermont **Days after submission:** 342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 3	- / IM

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

Symptoms: [Agitation](#), [Injection site pain](#), [Pyrexia](#), [Screaming](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 20000116031

Write-up: In 2/00 the pt received her third dose of Infanrix. Subsequently, the same day as the vax, she screamed and had a fever and soreness at the injection site (leg). No treatment was given. Outcome: resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID: [168224](#) ([history](#)) **Vaccinated:** 2000-02-01
Form: Version 1.0 **Onset:** 2000-02-01
Age: 0.2 **Days after vaccination:** 0
Sex: Female **Submitted:** 2000-04-25
Location: Vermont **Days after onset:** 83
Entered: 2001-04-02
Days after submission: 342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	919A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LL / IM

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

Symptoms: [Screaming](#)

SMQs: Hostility/aggression (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 20000116221

Write-up: Following vaccination, the same day the pt cried for 6 hours. No treatment was given. The outcome is resolved. The most recent information received on 3/27/00 reports the condition of the pt as resolved.

VAERS ID: [168225](#) ([history](#)) **Vaccinated:** 2000-01-21
Form: Version 1.0 **Onset:** 2000-01-22
Age: 0.2 **Days after vaccination:** 1
Sex: Female **Submitted:** 2000-04-25
Location: Vermont **Days after onset:** 93
Entered: 2001-04-02
Days after submission: 342

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	913A2 / 1	RL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	- / 1	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	- / 1	LL / IM

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

Symptoms: [Crying](#), [Injection site oedema](#), [Irritability](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 20000116231

Write-up: Two hours post vax, the pt was irritable, and screamed for nine hours. The injection site was swollen. The next day she was "out of sorts". The most recent information received on 3/27/00 reported the condition of the pt as resolved.

VAERS ID: [174360](#) ([history](#)) **Vaccinated:** 2001-07-27

Form: Version 1.0 **Onset:** 2001-07-28

Age: 3.0 **Days after vaccination:** 1

Sex: Female **Submitted:** 2001-08-08

Location: Vermont **Days after onset:** 11

Entered: 2001-08-15

Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	477454 / 1	LA / IM

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

Symptoms: [Pyrexia](#)

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: UA-neg

CDC Split Type:

Write-up: Fever starting 1 day, post vax of PCV.

VAERS ID: 175571 (history)	Vaccinated:	2001-09-17
Form: Version 1.0	Onset:	2001-09-18
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2001-09-19
Location: Vermont	Days after onset:	1
	Entered:	2001-09-21
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A997A2 / 5	RA / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UO598AA / 3	RA / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0785 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1516K / 2	LA / SC

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

Symptoms: [Injection site erythema](#), [Injection site oedema](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 6 x 9 inch irregular shaped red, swollen area right upper arm.

VAERS ID: 175589 (history)	Vaccinated:	2000-09-12
Form: Version 1.0	Onset:	2000-09-13
Age: 1.5	Days after vaccination:	1
Sex: Female	Submitted:	2001-09-14
Location: Vermont	Days after onset:	366
	Entered:	2001-09-21
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	997A2 / 4	- / -
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5205A2 / 3	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T0472 / 4	RL / SC

Administered by: Military **Purchased by:** Unknown**Symptoms:** [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** NONE**Preexisting Conditions:** NONE

Allergies:**Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** The pt experienced a red, hot raised area to the left mid thigh.

VAERS ID: 176062 (history)	Vaccinated:	2001-09-17
Form: Version 1.0	Onset:	2001-09-17
Age: 0.4	Days after vaccination:	0
Sex: Female	Submitted:	2001-09-30
Location: Vermont	Days after onset:	13
	Entered:	2001-10-05
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	477454 / 2	LL / IM

Administered by: Private **Purchased by:** Other**Symptoms:** [Injection site haemorrhage](#), [Injection site induration](#)**SMQs:** Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Erythema and swelling~Pneumo (Prevnar)~1~0.25~In Patient**Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:****CDC Split Type:** VT00006**Write-up:** Pt's left thigh developed slight ecchymosis and induration about quarter-sized with no erythema or cellulitis. Pt is recovering.

VAERS ID: [177087](#) ([history](#)) **Vaccinated:** 2001-09-25
Form: Version 1.0 **Onset:** 2001-09-26
Age: 0.5 **Days after vaccination:** 1
Sex: Female **Submitted:** 2001-10-18
Location: Vermont **Days after onset:** 22
Entered: 2001-11-01
Days after submission: 14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (ACEL-IMUNE) / PFIZER/WYETH	978A2 / 3	RL / IM
HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0657L / 3	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / CONNAUGHT LTD.	T1153 / 3	LL / IM

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

Symptoms: [Febrile convulsion](#)

SMQs: Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: Foot birth defect

Allergies:

Diagnostic Lab Data: EEG normal

CDC Split Type:

Write-up: The patient experienced a febrile seizure within 24 hours of immunizations.

VAERS ID: [177850](#) ([history](#)) **Vaccinated:** 2001-11-07
Form: Version 1.0 **Onset:** 2001-11-08
Age: 1.3 **Days after vaccination:** 1
Sex: Male **Submitted:** 2001-11-09
Location: Vermont **Days after onset:** 1
Entered: 2001-11-16
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	AS06A2 / 4	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	Y9695AA / 4	LL / IM

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

Symptoms: [Injection site hypersensitivity](#), [Injection site oedema](#), [Injection site rash](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Synergis Medimmune, Augmentin, Xoperex and Pulmicort.

Current Illness: Purulent nasal discharge

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: VT01001

Write-up: On 11/08/2001 the patient's mother noticed redness, swelling and warmth. The patient was seen by the Dr on 11/09/2001 and diagnosed with erythema and swelling of the left upper thigh. The patient was treated with Motrin and Benadryl.

VAERS ID: 178040 (history)	Vaccinated:	2001-10-12
Form: Version 1.0	Onset:	2001-10-12
Age: 0.2	Days after vaccination:	0
Sex: Male	Submitted:	2001-11-08
Location: Vermont	Days after onset:	27
	Entered:	2001-11-21
	Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	506A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA605AA / 1	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T1128 / 1	LL / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	480898 / 1	RL / IM

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

Symptoms: [Apnoea](#), [Asthenia](#), [Cyanosis](#), [Pallor](#)

SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Respiratory failure (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Mylicon prn

Current Illness: EKG-wnl

Preexisting Conditions: URI X 3 days; afebrile

Allergies:

Diagnostic Lab Data: 36 weeks gestation; TTNB (transient tachypnea of the newborn); Irregular heart rhythm (resolved)

CDC Split Type:

Write-up: About 10 minutes post vax, while heavily bundled and in infant seat, pt paled and turned blue. He appeared apneic. He was given blow by O2. He cried vigorously but appeared weak. Rescue squad was called, and pt was hospitalized overnight. He had no further trouble with color after about 1 hour.

VAERS ID: 180181 (history)	Vaccinated:	2001-12-17
Form: Version 1.0	Onset:	2001-12-17
Age: 0.2	Days after vaccination:	0
Sex: Male	Submitted:	2001-12-18
Location: Vermont	Days after onset:	1
	Entered:	2002-01-22
	Days after submission:	35

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	506A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / CONNAUGHT LABORATORIES	UA605AA / 1	RL / IM

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

Symptoms: [Injection site erythema](#), [Irritability](#), [Screaming](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Baseball-sized area of redness and erythema at left thigh injection site X 48 hours; inconsolable crying and fussiness X over 8 hours, following injection.

VAERS ID: 180593 (history)	Vaccinated:	2002-01-03
Form: Version 1.0	Onset:	2002-01-03
Age: 1.25	Days after vaccination:	0
Sex: Male	Submitted:	2002-01-21
Location: Vermont	Days after onset:	18
	Entered:	2002-01-28
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA535AC / 4	LL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T1446 / 3	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0906L / 1	RL / SC

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

Symptoms: [Arthralgia](#), [Crying](#), [Irritability](#), [Personality change](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: Occasional vomiting

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: Normal CBC, Chems and LFT"s on 1/15/02.

CDC Split Type:

Write-up: Parent"s relate that from the day he received MMR, HIB and IPV, he had change in behavior. He was clingy, insecure and screaming at night. This behavior progressed and fever of 102F-104F started 9 days, post vax, and continued for 4 full days with marked irritability. He complained of "boo-boos" in his knees and wrists.

VAERS ID: 180717 (history)	Vaccinated:	2002-01-16
Form: Version 1.0	Onset:	2002-01-17
Age: 1.25	Days after vaccination:	1
Sex: Male	Submitted:	2002-01-22
Location: Vermont	Days after onset:	5
	Entered:	2002-01-30
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA656AA / 4	LL / IM

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

Symptoms: [Erythema](#), [Pruritus](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** gradual increase redness, swelling and itching since immunization administration. relieved by ice and hydrocortisone cream 10 over 4 days fever and cold sx 1-20-02

VAERS ID: 181042 (history)	Vaccinated:	2002-01-25
Form: Version 1.0	Onset:	2002-01-25
Age: 4.0	Days after vaccination:	0
Sex: Female	Submitted:	2002-01-28
Location: Vermont	Days after onset:	3
	Entered:	2002-02-07
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	483176 / 1	LA / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Injection site erythema](#), [Injection site swelling](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:**

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt had gradual increase of redness and swelling starting evening of immunization. The next day had fever and upper arm beet red and very swollen. Ice for swelling and tylenol for fever for 2 days. Today (1/28/02), itchy but decreased redness and swelling.

VAERS ID: 181638 (history)	Vaccinated:	2002-02-18
Form: Version 1.0	Onset:	2002-02-18
Age: 1.3	Days after vaccination:	0
Sex: Male	Submitted:	2002-02-20
Location: Vermont	Days after onset:	2
	Entered:	2002-02-22
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A532A2 / 4	RA / IM

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

Symptoms: [Hypersensitivity](#), [Injection site oedema](#), [Injection site warmth](#)

SMQs: Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Motrin

Current Illness: diarrhea/lactos intolerance

Preexisting Conditions: R.A.D.

Allergies:

Diagnostic Lab Data: Allergic reaction to MMR

CDC Split Type:

Write-up: Pt. received vaccines on 2/18/02, swelling and warmth of shoulders immediately post

VAERS ID: [181679](#) ([history](#)) **Vaccinated:** 2002-01-28
Form: Version 1.0 **Onset:** 2002-01-29
Age: 0.5 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2002-02-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	512A2 / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA601AA / 3	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	T13902 / 3	LL / IM
PPV: PNEUMO (PNU-IMUNE) / PFIZER/WYETH	484134 / 1	LL / IM

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

Symptoms: [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: Premature (32 weeks GA)

Allergies:

Diagnostic Lab Data: WBC 20,100, 5652B27L9M, 6% Atypical lymphs, Blood culture-no growth-find

CDC Split Type:

Write-up: 103/6 fever early am, 1/29/02 day after vaccine.

VAERS ID: [183695](#) ([history](#)) **Vaccinated:** 2002-04-09
Form: Version 1.0 **Onset:** 2002-04-09
Age: 6.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2002-04-10
Location: Vermont **Days after onset:** 1
Entered: 2002-04-19
Days after submission: 9

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1352L / 1	LA / IM

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

Symptoms: [Pruritus](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Singulair

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: VA02010

Write-up: Itchy hives on abdomen. Mom gave Benadryl X 1 about 10pm. Child slept though night. Hives gone by the morning 4/11/02-No further symptoms.

VAERS ID: 184753 (history)	Vaccinated:	2002-05-10
Form: Version 1.0	Onset:	2002-05-10
Age: 0.5	Days after vaccination:	0
Sex: Male	Submitted:	2002-05-15
Location: Vermont	Days after onset:	5
	Entered:	2002-05-17
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	542A2 / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA656BA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	483176 / 3	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site inflammation](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: 5cm inflammed/red area around injection site X 4 days (DTAP site). Fever X 2 days.

VAERS ID: 186926 (history)	Vaccinated:	2002-06-17
Form: Version 1.0	Onset:	2002-06-18
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2002-06-19
Location: Vermont	Days after onset:	1
	Entered:	2002-06-25
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	546A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U0344 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1082L / 2	LA / SC

Administered by: Private **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site oedema](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:** ~DTaP (no brand name)~3~1.25~In Patient**Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Pink, swollen approx 6cm diameter non tender 1-2 days after DTaP and IPV injection .
Reactive lesion right deltoid area.

VAERS ID: 186997 (history)	Vaccinated:	2002-06-19
Form: Version 1.0	Onset:	2002-06-20
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2002-06-21
Location: Vermont	Days after onset:	1
	Entered:	2002-06-26
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	U0344 / 5	RL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	904030 / 3	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1213L / 2	LL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site oedema](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE

Allergies:**Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Local redness and swelling on right upper outer thigh.

VAERS ID: 188083 (history)	Vaccinated:	2002-07-15
Form: Version 1.0	Onset:	2002-07-15
Age: 3.0	Days after vaccination:	0
Sex: Female	Submitted:	2002-07-22
Location: Vermont	Days after onset:	7
	Entered:	2002-07-26
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0203M / 1	LL / SC

Administered by: Private **Purchased by:** Other**Symptoms:** [Cough](#), [Lacrimation increased](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (narrow), Angioedema (narrow), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Hives Cough~Measles + Mumps + Rubella (MMR II)~1~1.00~In Patient**Other Medications:** None**Current Illness:** None**Preexisting Conditions:** Cleft lip/Palate, dental care, allergy**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Cough, watery eyes, hives 15 minutes after varicella vaccine. Similar reaction to MMR.

Eats eggs. Rx Benadryl-rash gone in 24 hours.

VAERS ID: [189103](#) ([history](#)) **Vaccinated:** 2002-07-31
Form: Version 1.0 **Onset:** 2002-08-01
Age: 4.9 **Days after vaccination:** 1
Sex: Female **Submitted:** 2002-08-12
Location: Vermont **Days after onset:** 11
Entered: 2002-08-20
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	528D9 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U0613 / 5	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1213L / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site oedema](#), [Injection site pain](#), [Injection site vesicles](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 7/31/02 received DTaP/IPV L arm. 8/1/02 pc to office report red-swollen L arm, warm to touch, afebrile, support RN. 8/2 office visit, very swollen L arm red approx. 20 tiny blisters at mid deltoid. Active, mildly tender. Begun on Keflex to R/O infection, Bendaryl po. 8/3 pc nl appetite, afebrile, not worse. 8/4 pc arm better. MD doubt infection.

VAERS ID: [190542](#) ([history](#)) **Vaccinated:** 2002-09-17
Form: Version 1.0 **Onset:** 2002-09-17
Age: 1.3 **Days after vaccination:** 0
Sex: Female **Submitted:** 2002-09-17
Location: Vermont **Days after onset:** 0
Entered: 2002-09-24
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1082L / 1	RL / SC

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

Symptoms: [Injection site erythema](#), [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride gtts

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: 11:45am bright red area 4"x4" at and around injection site. 12:00 noon area of redness reduced in size to 2"x2" with 1" welt noted in center. 12:15pm area reduced to 1 1/2"x 1 1/2" with 1/2" welt much less red. 12:25pm MD discharged pt from office to home. No other signs and symptoms noted. No tx given.

VAERS ID: [191029](#) ([history](#)) **Vaccinated:** 2002-09-27
Form: Version 1.0 **Onset:** 2002-09-28
Age: 2.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2002-09-29
Location: Vermont **Days after onset:** 1
 Entered: 2002-10-07
 Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	U1082 / 3	RA / -

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

Symptoms: [Convulsion](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Mild eczema, mild conjunctivitis

Preexisting Conditions: Eczema

Allergies:

Diagnostic Lab Data: EEG pending, normal CBC, lytes, Ca, Mg, BUN, CV and glucose. 10/18/02
 Per review of medical records F/U EEG on 10/4/02 was WNL.

CDC Split Type:

Write-up: Generalized tonic clonic seizures x4, all lasting < 2 minutes, starting < 24 hrs after IPV treatment began at 24 hrs after vaccine. No fever. Given dose of Dilantin, parents declined ongoing treatment. 10/18/02 Per review of medical records add vomiting x 2 reported prior to onset of seizures.

VAERS ID: [194064](#) ([history](#)) **Vaccinated:** 2002-11-12
Form: Version 1.0 **Onset:** 2002-11-12
Age: 1.5 **Days after vaccination:** 0
Sex: Male **Submitted:** 2002-11-15
Location: Vermont **Days after onset:** 3
Entered: 2002-11-26
Days after submission: 11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	573A2 / 4	RL / IM
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	5361A2 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA728AA / 4	RL / IM

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

Symptoms: [Hypokinesia](#)

SMQs: Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NKA

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Onset a dinnertime, following with decrease use right leg. Continued until bedtime, No ambulating right leg, Sx resolved in AM. Walking fine. Remains asymptomatic with function. Has "rash" right leg injection sites

VAERS ID: [198697](#) ([history](#)) **Vaccinated:** 2003-02-28
Form: Version 1.0 **Onset:** 2003-03-01
Age: 0.3 **Days after vaccination:** 1
Sex: Female **Submitted:** 2003-03-03
Location: Vermont **Days after onset:** 2
Entered: 2003-03-04
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	573F9 / 2	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5372A2 / 2	LL / IM
HIBV: HIB (HIBTITER) / PFIZER/WYETH	481810 / 2	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	40555 / 2	RL / SC

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

Symptoms: [Anorexia](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: NKDA

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever of 103 and decreased appetite

VAERS ID: [199847](#) ([history](#)) **Vaccinated:** 2003-02-21
Form: Version 1.0 **Onset:** 2003-02-22
Age: 12.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2003-02-24
Location: Vermont **Days after onset:** 2
Entered: 2003-03-19
Days after submission: 23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	576A2 / 5	LA / -

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

Symptoms: [Rash maculo-papular](#), [Rash pruritic](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Red raised itchy - 3 cm diameter. Not tender, no cellulitis. Started w/in 12-18 hrs - peaked at 60 deg.

VAERS ID: [201722](#) ([history](#)) **Vaccinated:** 2003-03-28
Form: Version 1.0 **Onset:** 2003-03-28
Age: 2.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2003-04-11
Location: Vermont **Days after onset:** 13
Entered: 2003-04-18
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	582A2 / 4	LL / IM
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Administered by: Private **Purchased by:** Public**Symptoms:** [Oedema](#), [Vasodilation procedure](#)**SMQs:** Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Mother states that child's entire leg above the knee became very swollen, red and hot to touch. The swelling began on the 3/28/03 and was better 24-48 hrs later.

VAERS ID: 207792 (history)	Vaccinated:	2003-08-04
Form: Version 1.0	Onset:	2003-08-05
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2003-08-05
Location: Vermont	Days after onset:	0
	Entered:	2003-08-13
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	594A2 / 5	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0879M / 2	LA / SC

Administered by: Private **Purchased by:** Other**Symptoms:** [Injection site erythema](#), [Injection site oedema](#), [Pain](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Swelling, redness, tenderness at site of injection 7 x 10 cm size (left arm-site of DTaP).

VAERS ID: 208336 (history)	Vaccinated:	2003-08-19
Form: Version 1.0	Onset:	2003-08-21
Age: 15.0	Days after vaccination:	2
Sex: Female	Submitted:	2003-08-21
Location: Vermont	Days after onset:	0
	Entered:	2003-08-26
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U0820AA / UNK	LA / IM

Administered by: Private **Purchased by:** Private
Symptoms: [Injection site erythema](#), [Injection site oedema](#), [Injection site warmth](#)
SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Localized redness at site. Slightly swollen. Warm to touch. Suspect reaction to vaccine.

VAERS ID: 208399 (history)	Vaccinated:	2003-08-01
Form: Version 1.0	Onset:	2003-08-15
Age: 1.1	Days after vaccination:	14
Sex: Female	Submitted:	2003-08-20
Location: Vermont	Days after onset:	5
	Entered:	2003-08-27
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0099N / 1	- / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0198N / 1	- / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Blister](#), [Injection site abscess](#), [Pruritus](#), [Pyrexia](#), [Rash macular](#), [Rash papular](#), [Skin ulcer](#), [Urticaria](#)**SMQs:** Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** MMR #1 and Varicella #1 vaccines given 08/01/2003; 7 days later developed fever to 103.5, intermittently for 3 days which may have been associated with an otitis media. About 2 weeks after vaccines, vaccine site developed progressive welt which appeared pruritic, had some

serosanguinons drainage and crusted. About 16 days after vaccines developed diffuse, predominantly maculopapular non-pruritic rash on trunk, arms, face with a few vessicles and crusted lesions.

VAERS ID: 209198 (history)	Vaccinated:	2003-08-20
Form: Version 1.0	Onset:	2003-08-20
Age: 1.6	Days after vaccination:	0
Sex: Female	Submitted:	2003-09-08
Location: Vermont	Days after onset:	19
	Entered:	2003-09-15
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1043AA / 1	LA / IM

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

Symptoms: [Injection site swelling](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Within several seconds of administration, developed white, raised wheal at site of injection, approx 2" x 3" in area. Cleared in <1 minute. No other symptoms, no respiratory changes. Observed for 1/2 hour and fine, no treatment necessary.

VAERS ID: [209850](#) ([history](#)) **Vaccinated:** 2003-09-15
Form: Version 1.0 **Onset:** 2003-09-17
Age: 0.3 **Days after vaccination:** 2
Sex: Male **Submitted:** 2003-09-29
Location: Vermont **Days after onset:** 12
Entered: 2003-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21883B2 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UA803AA / 2	RL / IM

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

Symptoms: [Convulsion](#), [Dyskinesia](#), [Staring](#)

SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Dyskinesia (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Healthy Sticky green stool that day in a breastfed baby on no solid foods.

Preexisting Conditions: None No reaction following first set of immunizations administered on 07/07/2003.

Allergies:

Diagnostic Lab Data:

CDC Split Type: VT01001

Write-up: Received 2 vaccines on 9/15. Described as having "seizures or convulsions without fever on 9/17 and 9/18." Events characterized as "grimacing with arms flailing" and "staring off into space for about 5 seconds" following this movement.

VAERS ID: [210311](#) ([history](#)) **Vaccinated:** 2003-10-07
Form: Version 1.0 **Onset:** 2003-10-08
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2003-10-10
Location: Vermont **Days after onset:** 2
Entered: 2003-10-13
Days after submission: 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	610A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 4	LA / IM

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

Symptoms: [Cellulitis](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Cellulitis-reaction with keflex

VAERS ID: [210885](#) ([history](#)) **Vaccinated:** 2003-10-07
Form: Version 1.0 **Onset:** 2003-10-08
Age: 0.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2003-10-22
Location: Vermont **Days after onset:** 14
Entered: 2003-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / EVANS VACCINES	765748 / 3	UN / IM

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

Symptoms: [Asthenia](#), [Myalgia](#), [Pain](#), [Swelling](#)

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: UNKNOWN

Current Illness: UNKNOWN

Preexisting Conditions: UNKNOWN

Allergies:

Diagnostic Lab Data: NONE KNOWN

CDC Split Type:

Write-up: MUSCLE ACHES AND PAIN, GENERAL MALAISE AND EXTREME WEAKNESS. OUT OF WORK FOR 3 1/2 DAYS. HAD HAD VACCINE TWICE BEFORE AND HAD MODERATE LOCAL REACTIONS WITH ARM SWELLING AND PAIN.

VAERS ID: 211556 (history)	Vaccinated:	2003-10-22
Form: Version 1.0	Onset:	2003-10-22
Age: 0.2	Days after vaccination:	0
Sex: Female	Submitted:	2003-10-22
Location: Vermont	Days after onset:	0
	Entered:	2003-11-04
	Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	616A2 / UNK	LL / IM
HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0367N / UNK	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W1440 / UNK	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	493472 / UNK	RL / IM

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

Symptoms: [Dyskinesia](#), [Hypokinesia](#), [Muscle twitching](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Dystonia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hypotonic-hyporesponsive episode (broad), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Cough

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: CT, MRI, EEG NL

CDC Split Type:

Write-up: Admitted to hospital on 10/22/03 for fever with abnormal movements. Work up was unremarkable. NL CT, EEG, MRI. The medical records state hand jerking and facial twitching.

VAERS ID: 212326 (history)	Vaccinated:	2003-10-14
Form: Version 1.0	Onset:	2003-10-24
Age: 1.2	Days after vaccination:	10
Sex: Female	Submitted:	2003-10-27
Location: Vermont	Days after onset:	3
	Entered:	2003-11-14
	Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	610A2 / 4	RL / IM
HBHEPB: HIB + HEP B (COMVAX) / MERCK & CO. INC.	0855M / 4	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0129N / 1	RL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	493242 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1156M / 1	LL / SC

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

Symptoms: [Decreased appetite](#), [Erythema](#), [Irritability](#), [Pyrexia](#), [Rash](#), [Rash maculo-papular](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia

(broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type: VA03024

Write-up: Child administered vaccines 10/14/03. On 10/24/03 developed fever (not taken with thermometer) and red, "splotchy" rash on face which progressed to rest of body and limbs. Child was inconsolable with decreased appetite. Parent gave Tylenol, applied calamine and gave Aveeno oatmeal bath which helped. Rash, irritability started to resolve 10/26/03.

VAERS ID: [214497](#) ([history](#)) **Vaccinated:** 2003-12-12
Form: Version 1.0 **Onset:** 2003-12-20
Age: 1.0 **Days after vaccination:** 8
Sex: Male **Submitted:** 2003-12-22
Location: Vermont **Days after onset:** 2
Entered: 2003-12-30
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1133AA / 2	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0611N / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0896N / 1	RL / SC

Administered by: Public **Purchased by:** Other
Symptoms: [Rash papular](#)
SMQs:, Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Rash over face and trunk; diffuse papular starting on 12/20/03. No fever or malaise.

VAERS ID: 218227 (history)	Vaccinated:	2004-03-18
Form: Version 1.0	Onset:	2004-03-18
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2004-03-19
Location: Vermont	Days after onset:	1
	Entered:	2004-03-29
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	U0996DA / 6	- / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	770A2 / 3	- / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W1233 / 5	- / IM
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	1002M / 2	- / SC

Administered by: Public **Purchased by:** Public**Symptoms:** [Erythema](#), [Feeling hot](#), [Pain](#)**SMQs:** Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No

Previous Vaccinations:**Other Medications:****Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Left arm red and hot by night after shot. Today arm is still red, but half of arm is hot around the shoulder. Pain when he moves but is not really bad.

VAERS ID: 218237 (history)	Vaccinated:	2004-03-17
Form: Version 1.0	Onset:	2004-03-18
Age: 0.33	Days after vaccination:	1
Sex: Female	Submitted:	2004-03-19
Location: Vermont	Days after onset:	1
	Entered:	2004-03-29
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	619AZ / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE039AA / 2	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	494377 / 2	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Discomfort](#), [Feeling hot](#), [Irritability](#), [Pyrexia](#), [Rash erythematous](#), [Skin nodule](#), [Vomiting](#)**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:**

Current Illness: Vomited, Fever, Swelling at Injection**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Baby was fussy, vomited had temp. 1/2 dollar sized red hard raised area on right thigh warm to touch. Continue to give Tylenol for temp and discomfort call if site doesn't improve.

VAERS ID: 220197 (history)	Vaccinated:	2004-04-21
Form: Version 1.0	Onset:	2004-04-23
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2004-04-23
Location: Vermont	Days after onset:	0
	Entered:	2004-05-12
	Days after submission:	19

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	587A2 / UNK	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	W0334 / 5	RA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0138N / 3	RA / -

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Cellulitis](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** Yes**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** BD Safety Glide**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Patient received 5 year old immunizations on 4/21/04. Patient received DTaP only in left arm. Patient was seen on 4/23/04 for cellulitis left arm and was prescribed antibiotic course. Nurse

follow up on 05/18/04 states: ADD: MMR # 2, Merck, Lot # 0138N, RA; IPV # 4, Aventis, Lot # W0334, RA.

VAERS ID: 221260 (history)	Vaccinated:	2004-05-12
Form: Version 1.0	Onset:	2004-05-13
Age: 0.2	Days after vaccination:	1
Sex: Male	Submitted:	2004-05-14
Location: Vermont	Days after onset:	1
	Entered:	2004-05-21
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21899A9 / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UB114AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	495174 / UNK	RL / IM

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

Symptoms: [Injection site induration](#), [Pyrexia](#), [Screaming](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever:16 hrs after immunization lasting 6-8 hours. Excessive crying with screaming continuous when awake- starting at 16 hours post immunization and lasting at least 36 hours. Did sleep for 9 hours in middle of period. Left thigh swollen and indurated: no erythema.

VAERS ID: [222844](#) ([history](#)) **Vaccinated:** 2004-06-08
Form: Version 1.0 **Onset:** 2004-06-09
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-06-14
Location: Vermont **Days after onset:** 5
Entered: 2004-06-18
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	A616A2 / 5	LL / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0146 / 4	RL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0131N / 2	RL / -

Administered by: Public **Purchased by:** Other

Symptoms: [Injection site erythema](#), [Injection site induration](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: Red, warm, hard area at site

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: UNK

CDC Split Type:

Write-up: 2z2 area on left leg, warm to touch. Red and hard area at site. Tylenol for discomfort and have mom report if it doesn't get better within the week.

VAERS ID: [222845](#) ([history](#)) **Vaccinated:** 2004-06-04
Form: Version 1.0 **Onset:** 2004-06-05
Age: 0.7 **Days after vaccination:** 1
Sex: Female **Submitted:** 2004-06-14
Location: Vermont **Days after onset:** 9
Entered: 2004-06-18
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	2191922 / 2	LL / -
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE097AC / 3	RL / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	494377 / 3	RL / -

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

Symptoms: [Injection site erythema](#), [Injection site induration](#), [Injection site oedema](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: UNK

CDC Split Type:

Write-up: Left thigh, 3 inch red, swollen, induration, warm to touch. Right thigh, 2-3 inch red, swollen induration, warm to touch. No fever, no neurologic symptoms.

VAERS ID: [223869](#) ([history](#)) **Vaccinated:** 2003-05-22
Form: Version 1.0 **Onset:** 2003-05-30
Age: 16.0 **Days after vaccination:** 8
Sex: Female **Submitted:** 2003-07-28
Location: Vermont **Days after onset:** 59
Entered: 2004-07-12
Days after submission: 350

Vaccination / Manufacturer	Lot / Dose	Site / Route
JEV: JAPANESE ENCEPHALITIS (JE-VAX) / SANOFI PASTEUR	N20BA / 2	LA / IM
RAB: RABIES (IMOVAX) / SANOFI PASTEUR	W0046 / UNK	RA / IM

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

Symptoms: [Choking](#), [Laryngeal oedema](#), [Sensory disturbance](#), [Urticaria](#)

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Peripheral neuropathy (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: URI

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type: 200301057

Write-up: From initial information received on 09JUN2003 from a health care professional regarding an adverse event occurring in the USA it was reported that a 16 year old female patient received IMOVAX RABIES, lot number PMW0046, administered intra-muscularly in the right arm and her second dose of JE-VAX, administered intra-muscularly in the left arm on 22MAY2003. Eight days later, on 30MAY2003, the patient developed generalized hives and felt a choking sensation. She did not have any laryngeal edema. She was given Benadryl orally as treatment. The recovery status of this patient is currently unknown.

VAERS ID: [223975](#) ([history](#)) **Vaccinated:** 2004-07-12
Form: Version 1.0 **Onset:** 2004-07-13
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-07-14
Location: Vermont **Days after onset:** 1
Entered: 2004-07-15
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	622A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0613N / 2	LA / SC

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

Symptoms: [Asthenia](#), [Erythema](#), [Feeling hot](#), [Pruritus](#), [Pyrexia](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride

Current Illness: NONE

Preexisting Conditions: NONE/ 27 week premie: no Sequelae

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Right shoulder hot, red, swollen 2 inches down from top of shoulder, itchy, T 99.8
 Advised cool packs, Benadryl, call if not improving. 7/13: seen in office in afternoon, now with decreased energy, continued Tylenol, Benadryl, 7/14: flu in office, acting more himself, mild erythema, swelling from deltoid to elbow. No fever.

VAERS ID: [224038](#) ([history](#)) **Vaccinated:** 2004-07-13
Form: Version 1.0 **Onset:** 2004-07-14
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2004-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / SANOFI PASTEUR	U1043BA / 6	RA / -

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

Symptoms: [Erythema](#), [Feeling hot](#), [Oedema](#), [Similar reaction on previous exposure to drug](#), [Tenderness](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: reaction same as above but in leg~DTaP (no brand name)~4~1.00~In Patient

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: NH0414

Write-up: Used needle 36hrs later right deltoid- red + edematous, warm to touch, tender 2/3rd of upper arm similar to prior rxn with DTaP at 15 months age 9/12/00. Not febrile.

VAERS ID: [224107](#) ([history](#)) **Vaccinated:** 2004-07-14
Form: Version 1.0 **Onset:** 2004-07-15
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-07-16
Location: Vermont **Days after onset:** 1
Entered: 2004-07-19
Days after submission: 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	622A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0613N / 2	LA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Office has seen 2 other kids in past exp with rxn. Mom called 2 days after receiving DTaP reports 4x4 area red warm, swollen on arm where DTaP given. Mom describes much more significant after 48hours. Mom to given ASA med prn, Benadryl and cool compresses. Care with significant changes or further concerns.

VAERS ID: 224361 (history)	Vaccinated:	2004-07-16
Form: Version 1.0	Onset:	2004-07-25
Age: 1.3	Days after vaccination:	9
Sex: Female	Submitted:	2004-07-26
Location: Vermont	Days after onset:	1
	Entered:	2004-07-26

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

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

Symptoms: [Pyrexia](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: High Fever, Small rash, starting on 7/25. Doctor checked on 7/26, no visible signs of reason for fever. Dr. recommended fever reducers if patient temp over 101.9.

VAERS ID: 225430 (history)	Vaccinated:	2004-04-24
Form: Version 1.0	Onset:	2004-05-03
Age: 0.0	Days after vaccination:	9
Sex: Male	Submitted:	2004-08-15
Location: Vermont	Days after onset:	104
	Entered:	2004-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
SMALL: SMALLPOX (DRYVAX) / PFIZER/WYETH	- / UNK	UN / -

Administered by: Military **Purchased by:** Military

Symptoms: [Discomfort](#), [Infection transmission via personal contact](#), [Insomnia](#), [Laboratory test abnormal](#), [Rash papular](#), [Skin ulcer](#)

SMQs: Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Unknown**Current Illness:** Unknown**Preexisting Conditions:** Unknown**Allergies:****Diagnostic Lab Data:** Bacterial and viral cultures, including HSV - negative. Vaccinia by PCR positive.**CDC Split Type:**

Write-up: Secondary Transmission Nonvaccinee (No information known about the vaccinee, other than he had his SPV around 4/24/04. He is thought to be deployed.) Contact was an 18-y.o. student who slept with vaccinee several nights (not sure if vaccine site was bandaged/covered). On 5/3/04, she sought evaluation for a perineal fissure which appeared "a little oozy". Wet mount was negative. HSV was sent and later determined to be negative. On 5/4/04, she noted several vulvular papules, which were painful. By the time she was evaluated that day, she had about 7-8 white, firm, slightly tender papules on lower vulva. Evaluated by Derm, and even though HSV culture was negative, was treated with Valtrex for 10 days and aquaphor. On 5/5/04, because of discomfort and problems sleeping, was given Tylenol #3 and xylocaine jelly. By 5/10/04, lesions beginning to heal (outer lesions drying; mucus membrane lesions still painful and red); viral and bacterial cultures sent. On 5/12/04, Lesions drying, flat and dark pink.

VAERS ID: 226017 (history)	Vaccinated:	2004-08-25
Form: Version 1.0	Onset:	0000-00-00
Age: 4.0	Submitted:	2004-08-25
Sex: Male	Entered:	2004-08-30
Location: Vermont	Days after submission: 5	

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	630A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC

Administered by: Private **Purchased by:** Other**Symptoms:** [Injection site erythema](#), [Injection site induration](#), [Injection site swelling](#)**SMQs:**, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No

Hospitalized? No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Right shoulder is pink, hot, swollen and hard.

VAERS ID: 226550 (history)	Vaccinated:	2004-08-03
Form: Version 1.0	Onset:	2004-08-03
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	2004-09-02
Location: Vermont	Days after onset:	30
	Entered:	2004-09-13
	Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	330011 / 2	LA / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Crying](#), [Hyperhidrosis](#), [Incoherent](#), [Pyrexia](#), [Screaming](#), [Tremor](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** Past major depression**Allergies:****Diagnostic Lab Data:** NONE

CDC Split Type:

Write-up: About 12 hours after vaccination tried to sleep, but stated sweating and shaking. Sought his mother at 5AM, screaming, sobbing, incoherent. Ran into street in underwear, restrained by EMS. Febrile 102. Resolved promptly.

VAERS ID: 226674 (history)	Vaccinated:	2004-09-02
Form: Version 1.0	Onset:	2004-09-04
Age: 1.0	Days after vaccination:	2
Sex: Male	Submitted:	2004-09-14
Location: Vermont	Days after onset:	10
	Entered:	2004-09-15
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 1	LL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A57556E / 3	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0078P / 1	RL / SC

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

Symptoms: [Erythema](#), [Feeling hot](#), [Injection site discolouration](#), [Injection site swelling](#), [Rash](#), [Swelling](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Eczema

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 9-4: had red, swollen thigh around MMR vaccine site, noticed two days after shot.

Treated with cold/ ice compress, Motrin or Tylenol. Mom called back 9-6, 9-9, 9-10 with rash on legs, red spots, + blanching. Treated with Benadryl. Called 9-12 with red leg (varicella vaccine 9-2) red, swollen, hot. Seen, treated with Keflex.

VAERS ID: 226872 (history)	Vaccinated:	2004-08-11
Form: Version 1.0	Onset:	2004-08-13
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2004-09-21
Location: Vermont	Days after onset:	39
	Entered:	2004-09-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type: VDH092104

Write-up: Right arm large, red, swollen. Vaccinated on 8/11/04 and patient presented at office on 9/13/04. Treated with warm compress and tylenol.

VAERS ID: [226883](#) ([history](#)) **Vaccinated:** 2004-09-15
Form: Version 1.0 **Onset:** 2004-09-15
Age: 0.34 **Days after vaccination:** 0
Sex: Female **Submitted:** 2004-09-16
Location: Vermont **Days after onset:** 1
Entered: 2004-09-22
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21919B9 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE250AC / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74399F / 2	RL / IM

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

Symptoms: [Convulsion](#), [Cyanosis](#), [Irritability](#), [Laboratory test abnormal](#), [Pharyngitis](#), [Pyrexia](#), [Tremor](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Agranulocytosis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Parkinson-like events (broad), Oropharyngeal infections (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Lactulose

Current Illness: URI (no fever)

Preexisting Conditions: Constipation (on lactulose);

Allergies:

Diagnostic Lab Data: CBC with diff; Urine culture WNL

CDC Split Type:

Write-up: Developed fever 101, 3 hours after immunizations with fussiness. Gave Tylenol. Temperature increased to 103. Had 2.5 minute shaking episodes (probable seizures) above with perioral cyanosis. Approximately 4 hours after immunizations and 4.5 hours after immunizations. No further seizures. Temperature went down to 100.6 after Tylenol. Pt experienced well at 7PM. Medical records state pharyngitis. msv

VAERS ID: [227755](#) ([history](#)) **Vaccinated:** 2004-10-11
Form: Version 1.0 **Onset:** 0000-00-00
Age: 5.0 **Submitted:** 2004-10-13
Sex: Male **Entered:** 2004-10-14
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 4	LA / SC

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

Symptoms: [Erythema](#), [Injection site oedema](#), [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: itchy at site of DTaP, arm swollen elbow to shoulder, no painful, bright red. Mom left a message.

VAERS ID: [227756](#) ([history](#)) **Vaccinated:** 2004-10-11
Form: Version 1.0 **Onset:** 0000-00-00
Age: 4.0 **Submitted:** 2004-10-13
Sex: Male **Entered:** 2004-10-14
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0268P / 2	LA / SC

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

Symptoms: [Feeling hot](#), [Injection site erythema](#), [Injection site oedema](#), [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Very red arm at site of Dtap, mom will call if worse. Morning of 10/12 nickel size red, eve of 10/12 bigger, morn of 10/13 ~4in area of redness, warm, very itchy.

VAERS ID: [227951](#) ([history](#)) **Vaccinated:** 2004-10-13
Form: Version 1.0 **Onset:** 2004-10-14
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-10-15
Location: Vermont **Days after onset:** 1
Entered: 2004-10-19
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0316 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	LA / SC

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

Symptoms: [Erythema](#), [Feeling hot](#), [Oedema](#), [Pruritus](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Redness, swelling, warmth and itching from elbow to shoulder beginning about 24 hours after injection.

VAERS ID: [228568](#) ([history](#)) **Vaccinated:** 2004-10-28
Form: Version 1.0 **Onset:** 2004-10-28
Age: 4.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2004-11-01
Location: Vermont **Days after onset:** 4
Entered: 2004-11-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1349N / 1	RA / SC

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

Symptoms: [Injection site swelling](#), [Pruritus](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: History of rash with amoxicillin

Allergies:

Diagnostic Lab Data:

CDC Split Type: VT110104

Write-up: 10mm X 10mm raised, itchy welt on upper L arm. Office visit on 10/30/04.

VAERS ID: [228923](#) ([history](#)) **Vaccinated:** 2004-10-28
Form: Version 1.0 **Onset:** 2004-10-29
Age: 3.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-11-01
Location: Vermont **Days after onset:** 3
Entered: 2004-11-08
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1439AA / UNK	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#), [Pyrexia](#), [Tenderness](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Pulmicort; Albuterol

Current Illness: NONE

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Fever in evening \$g100-101. Swelling injection site to elbow. Increased erythema and warmth injection site to most arm; slight tenderness.

VAERS ID: [229661](#) ([history](#)) **Vaccinated:** 2004-11-18
Form: Version 1.0 **Onset:** 2004-11-19
Age: 10.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2004-11-26
Location: Vermont **Days after onset:** 7
Entered: 2004-11-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
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HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB005AA / 1	LA / IM
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Administered by: Unknown **Purchased by:** Unknown

Symptoms: [Erythema](#), [Pityriasis rosea](#), [Pruritus](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Rash, Pityriasis Rosea diagnosed on 11/26/04, appeared on 11/19/04 with fine red bumps on chest wall, discussed by phone, worsened on 11/26 and seen, not ill with any systemic symptoms, no fever or malaise, rash is very slightly itchy.

VAERS ID: 229989 (history)	Vaccinated:	2004-11-30
Form: Version 1.0	Onset:	2004-12-01
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2004-12-02
Location: Vermont	Days after onset:	1
	Entered:	2004-12-03
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	633A2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / 2	LA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Tenderness](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic

oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Local redness and swelling at injection site, somewhat sensitive. No fever.

VAERS ID: 232190 (history)	Vaccinated:	2004-12-01
Form: Version 1.0	Onset:	2004-12-11
Age: 12.0	Days after vaccination:	10
Sex: Female	Submitted:	2005-01-06
Location: Vermont	Days after onset:	26
	Entered:	2005-01-12
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	01457AA / 1	LA / IM

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

Symptoms: [Eye irritation](#), [Facial palsy](#), [Upper respiratory tract infection](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Corneal disorders (broad), Hearing impairment (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: upper respiratory infection

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine given 12/01/2004 12/11/2004 - eye irritation, vomited and URI symptoms. 12/12/2004 - right side of face drooping. 12/12/2004 - seen ER Dx: Bell's Palsy

VAERS ID: 232733 (history)	Vaccinated:	2004-07-22
Form: Version 1.0	Onset:	2004-07-22
Age: 7.0	Days after vaccination:	0
Sex: Female	Submitted:	2004-12-23
Location: Vermont	Days after onset:	154
	Entered:	2005-01-24
	Days after submission:	32

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (RABAVERT) / NOVARTIS VACCINES AND DIAGNOSTICS	330011 / 3	- / -

Administered by: Other **Purchased by:** Other

Symptoms: [Pyrexia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness:

Preexisting Conditions: Need for prophylactic vaccination and inoculation against rabies

Allergies:

Diagnostic Lab Data:

CDC Split Type: EM20040421

Write-up: A 6 year old female pt experienced fever and vomiting while receiving RabAvert for post exposure prophylaxis. The pt received RabAvert 1.0ml on 15Jul04, 18Jul04, and 29Jul04. Past

medical history was not provided. The child received no concomitant medications. In the evening following the last two doses of RabAvert on 22Jul04 and 29Jul04, the pt developed a temp to 102 F and vomiting lasting about 18 hrs. No specific treatment was stated. The physician reporter planned on giving a fifth dose of RabAvert on 12Aug04. The events were considered resolved.

VAERS ID: [232946](#) ([history](#)) **Vaccinated:** 2005-01-18
Form: Version 1.0 **Onset:** 2005-01-18
Age: 0.16 **Days after vaccination:** 0
Sex: Female **Submitted:** 2005-01-18
Location: Vermont **Days after onset:** 0
Entered: 2005-01-26
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21931A2 / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE420AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74404C / 1	RL / IM

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

Symptoms: [Crying](#), [Irritability](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Tylenol

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Since receiving Pediarix, Hib and Prevnar this morning patient has been very fussy, crying constantly. No fever. No other symptoms. Mother has given her tylenol. On examination,

color is good, well perfused, normally responsive and fussy when awake.

VAERS ID: [233327](#) ([history](#)) **Vaccinated:** 2005-02-01
Form: Version 1.0 **Onset:** 2005-02-02
Age: 8.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2005-02-02
Location: Vermont **Days after onset:** 0
Entered: 2005-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / PFIZER/WYETH	- / 2	- / -

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

Symptoms: [Agitation](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered at 4:30pm. Child awake with high fever and agitated mind for two hours from 1-3am, fever of 101.1. At noon the following day, the fever is 101.2.

VAERS ID: [233887](#) ([history](#)) **Vaccinated:** 2005-02-04
Form: Version 1.0 **Onset:** 0000-00-00
Age: 4.0 **Submitted:** 2005-02-10
Sex: Male **Entered:** 2005-02-16
Location: Vermont **Days after submission:** 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	639A2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1038 / 4	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site oedema](#), [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Redness, swelling, itching at injection site. Went to an ER where antihistamine was administered.

VAERS ID: 235180 (history)	Vaccinated:	2005-03-14
Form: Version 1.0	Onset:	2005-03-15
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2005-03-18
Location: Vermont	Days after onset:	3
	Entered:	2005-03-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	A639A2 / 5	- / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1040 / 4	- / SC
MMR: MEASLES + MUMPS + RUBELLA (VIRIVAC) / MERCK & CO. INC.	0780P / 2	- / SC

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

Symptoms: [Erythema](#), [Feeling hot](#), [Pruritus](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions

and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Cortef

Current Illness: NONE

Preexisting Conditions: Late onset of congenital adrenal hyperplasia

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Parents noticed a 50 cent size red area on left arm on 03/15/05. Now on 03/16/05, redness, warmth, swelling and itching from shoulder to left elbow.

VAERS ID: 235290 (history)	Vaccinated:	2005-03-07
Form: Version 1.0	Onset:	2005-03-08
Age: 0.38	Days after vaccination:	1
Sex: Male	Submitted:	2005-03-11
Location: Vermont	Days after onset:	3
	Entered:	2005-03-21
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	21936A2 / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	114AA / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A67182B / 2	LL / IM

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

Symptoms: [Rash erythematous](#), [Rash maculo-papular](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Received on 03/07/05 Pediatrx, Hib, PCV 7. Developed pink pimply rash 3/8/05. 3/11/05 reported rash worse-brighter red spread to back, stomach, neck. Tx: Hydrocortisone cream 1%, Benadryl PRN, F/U MD.

VAERS ID: 235324 (history)	Vaccinated:	2005-03-15
Form: Version 1.0	Onset:	2005-03-15
Age: 1.2	Days after vaccination:	0
Sex: Female	Submitted:	2005-03-17
Location: Vermont	Days after onset:	2
	Entered:	2005-03-22
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0896P / UNK	LA / SC

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

Symptoms: [Febrile convulsion](#)

SMQs: Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Mild cold symptoms

Preexisting Conditions: None

Allergies:**Diagnostic Lab Data:** CBC, Electrolytes done 03/15/2005 - results normal.**CDC Split Type:****Write-up:** High fever and febrile seizure the evening after receiving vaccine. Parent brought child to ER for evaluation. Lab work performed. Patient discharged home the same evening.

VAERS ID: 235325 (history)	Vaccinated:	2005-03-01
Form: Version 1.0	Onset:	2005-03-02
Age: 1.01	Days after vaccination:	1
Sex: Female	Submitted:	2005-03-17
Location: Vermont	Days after onset:	15
	Entered:	2005-03-22
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1186N / UNK	RA / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74400A / 4	LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** Urinalysis and Urine Culture - negative.**CDC Split Type:****Write-up:** High fever (105) day after vaccinations.

VAERS ID: [235570](#) ([history](#)) **Vaccinated:** 2005-03-14
Form: Version 1.0 **Onset:** 2005-03-16
Age: 0.53 **Days after vaccination:** 2
Sex: Female **Submitted:** 2005-03-22
Location: Vermont **Days after onset:** 6
Entered: 2005-03-30
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A001AA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE434AA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / 3	RL / IM

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

Symptoms: [Laboratory test abnormal](#), [Leukocytosis](#), [Musculoskeletal stiffness](#), [Nervous system disorder](#), [Nuchal rigidity](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: CSF negative; BC negative; WBC 18K, 19 bands; ESR 66.

CDC Split Type:

Write-up: Ill defined neurologic event. Neck extension and rigidity approximately 5 hours after shots. High fever for 6 days. Information for missing data report states Prevnar lot # misdocumented, we do not have the lot # for the Prevenar with any currently.

VAERS ID: [235956](#) ([history](#)) **Vaccinated:** 2005-04-06
Form: Version 1.0 **Onset:** 2005-04-07
Age: 4.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2005-04-08
Location: Vermont **Days after onset:** 1
Entered: 2005-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	52809 / 5	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0780P / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site oedema](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flovent and Triamcinolone

Current Illness: NONE

Preexisting Conditions: Asthma and eczema

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: swelling, erythema of right arm.

VAERS ID: [236269](#) ([history](#)) **Vaccinated:** 2005-04-12
Form: Version 1.0 **Onset:** 2005-04-13
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2005-04-13
Location: Vermont **Days after onset:** 0
Entered: 2005-04-18
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C3000AA / 5	RL / -
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	12064P / 2	LL / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	V02402 / 4	RL / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0938P / 2	LL / -

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

Symptoms: [Erythema](#), [Injection site warmth](#), [Oedema peripheral](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Right Red swollen hot to touch- entire thigh, Zyrtec, Hot pack, Augmentin ES 600

VAERS ID: 237060 (history)	Vaccinated:	2005-05-03
Form: Version 1.0	Onset:	2005-05-04
Age: 1.76	Days after vaccination:	1
Sex: Female	Submitted:	2005-05-05
Location: Vermont	Days after onset:	1
	Entered:	2005-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	U1342BA / 4	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE414AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A74400A / 4	LL / IM

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

Symptoms: [Injection site erythema](#), [Injection site mass](#), [Injection site oedema](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Swelling, redness, induration of right upper thigh noted approx 12 hrs after immunization

VAERS ID: [237351](#) ([history](#)) **Vaccinated:** 2005-05-03

Form: Version 1.0 **Onset:** 2005-05-04

Age: 4.0 **Days after vaccination:** 1

Sex: Female **Submitted:** 2005-05-06

Location: Vermont **Days after onset:** 2

Entered: 2005-05-13

Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	U1307BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0045P / 2	LA / IM

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

Symptoms: [Feeling hot](#), [Injection site erythema](#), [Injection site oedema](#), [Injection site pain](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Child has red arm, swollen and hot, no much pain at this temp. Moving L limb without problem no other complaints at this time.

VAERS ID: 238165 (history)	Vaccinated:	2005-03-15
Form: Version 1.0	Onset:	2005-03-15
Age: 1.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2005-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0346P / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0826P / 1	RL / SC

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

Symptoms: [Swelling](#), [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Omnicef
Current Illness: OM
Preexisting Conditions: Augmentin ES
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: As soon as vaccine was injected, patient arm swelling and hives appears; swelling continued down arm for over 20 minutes. Benadryl given. Mom was upset and wanted to go to hospital by ambulance. By the time they arrived at ER, swelling was way down.

VAERS ID: 238166 (history)	Vaccinated:	2005-05-24
Form: Version 1.0	Onset:	2005-05-24
Age: 1.02	Days after vaccination:	0
Sex: Male	Submitted:	2004-05-25
Location: Vermont	Days after onset:	364
	Entered:	2005-05-25
	Days after submission:	365

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 1	RA / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0897P / 1	LA / -

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

Symptoms: [Swelling](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NONE
Current Illness: Sinusitis; just off Augmentin ES.
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: As soon as vaccine was given, patient's arm began to swell and hives appeared. Swelling continued down the arm and Benadryl was given. Stayed in office approximately 45 minutes; swelling began to go down.

VAERS ID: 238651 (history)	Vaccinated:	2005-05-23
Form: Version 1.0	Onset:	2005-05-25
Age: 5.0	Days after vaccination:	2
Sex: Male	Submitted:	2005-05-25
Location: Vermont	Days after onset:	0
	Entered:	2005-05-31
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14A009BA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1248 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 2	LA / IM

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

Symptoms: [Hypokinesia](#), [Injection site erythema](#), [Injection site induration](#), [Injection site warmth](#), [Pain](#)

SMQs: Parkinson-like events (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:** Flovent; Albuterol PRN**Current Illness:** NONE**Preexisting Conditions:** Asthma; Eczema**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 2 days after immunization, induration, erythema, warmth at site of injection 9cmx7cm. Increased pain with movement of upper right arm.

VAERS ID: 239099 (history)	Vaccinated:	2005-05-20
Form: Version 1.0	Onset:	2005-05-21
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2005-05-31
Location: Vermont	Days after onset:	10
	Entered:	2005-06-06
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	634B2 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1212 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0313P / 2	RA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site warmth](#), [Oedema peripheral](#), [Rash macular](#)**SMQs:** Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** language delay, hypotonia

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Decreased energy, L arm hot, red blotchy and swollen upper arm only, no fever.

VAERS ID: 239100 (history)	Vaccinated:	2005-05-17
Form: Version 1.0	Onset:	2005-05-25
Age: 1.02	Days after vaccination:	8
Sex: Male	Submitted:	2005-05-31
Location: Vermont	Days after onset:	6
	Entered:	2005-06-06
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0346P / UNK	LA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Nasopharyngitis](#), [Otitis media](#), [Pyrexia](#), [Rash](#)**SMQs:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Fluoride, Zyrtec**Current Illness:****Preexisting Conditions:** Downs, ASD**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** after 1 day fever to 103 F, rash started 05/25/05. Also now has cold and ROM DX past week.

VAERS ID: [239101](#) ([history](#)) **Vaccinated:** 2005-05-26
Form: Version 1.0 **Onset:** 2005-05-26
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2005-05-31
Location: Vermont **Days after onset:** 5
Entered: 2005-06-06
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	634B2 / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X0706 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	11503 / 2	LA / SC

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

Symptoms: [Injection site hypersensitivity](#), [Injection site induration](#), [Skin warm](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Depakote, Clonidine, Dexedrine, Risperdal

Current Illness:

Preexisting Conditions: HX; UTI, bipolar disorder

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Arm very hard, warm, not red, no fever.

VAERS ID: [239561](#) ([history](#)) **Vaccinated:** 2005-06-03
Form: Version 1.0 **Onset:** 2005-06-03
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2005-06-09
Location: Vermont **Days after onset:** 6
Entered: 2005-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	639A2 / 5	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0608P / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#), [Rash](#), [Rash macular](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: No medications or allergies

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling, red, warm, blotchy raised rash, as soon has shot was given. Patient had to wait in office for 20 minutes, after 20 minutes rash began to fade. Patient went home with mother. This is the third reaction like this in a month, to the MMR.

VAERS ID: 239586 (history)	Vaccinated:	2005-05-31
Form: Version 1.0	Onset:	2005-06-02
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2005-06-03
Location: Vermont	Days after onset:	1
	Entered:	2005-06-10
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	A639AZ / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	RA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Feeling hot](#)**SMQs:** Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** redness at site~Polio Virus, Inact. (no brand name)~2~0.00~In Sibling**Other Medications:****Current Illness:** Arm at site red/warm to touch. Local reaction.**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 24 hours after vaccine was given in the right deltoid Mom noticed it was red then the following day arm was warm to touch, had increased redness to the elbow 15x12 cm. Patient had no complaint of pain only some itching. MD prescribed Benadryl. MD felt it was a local reaction.

VAERS ID: 241100 (history)	Vaccinated:	2005-06-16
Form: Version 1.0	Onset:	0000-00-00
Age: 0.37	Submitted:	2005-06-20
Sex: Female	Entered:	2005-07-08
Location: Vermont	Days after submission:	18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A007AA / UNK	- / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A67182K/UE434AA / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Agitation](#)**SMQs:** Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** No known drug allergies**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** patient described as inconsolable, very upset for 12 hours after immunizations. Less fussy then for remainder 24 hours.

VAERS ID: 242450 (history)	Vaccinated:	2005-08-01
Form: Version 1.0	Onset:	2005-08-03
Age: 12.0	Days after vaccination:	2
Sex: Male	Submitted:	2005-08-08
Location: Vermont	Days after onset:	5
	Entered:	2005-08-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	1090P / 1	LA / -
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U1641AA / 1	RA / -

Administered by: Private **Purchased by:** Private**Symptoms:** [Condition aggravated](#), [Injection site hypersensitivity](#), [Injection site oedema](#), [Injection site pain](#), [Injection site warmth](#), [Migraine](#), [Pruritus](#), [Vomiting](#)**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No

Hospitalized? No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:****Preexisting Conditions:** Allergies, Hay fever, non medicated Bicuspid valve**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Right arm redness and swelling, itchy, hot to touch. Hot pack if swelling persists. start Keflux 500t/d. increased swelling started antibiotic

VAERS ID: 243233 (history)	Vaccinated:	2005-08-17
Form: Version 1.0	Onset:	2005-08-18
Age: 0.35	Days after vaccination:	1
Sex: Male	Submitted:	2005-08-19
Location: Vermont	Days after onset:	1
	Entered:	2005-08-22
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A008BA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE729AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A94439H / 2	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Crying](#), [Diarrhoea](#), [Irritability](#), [Pyrexia](#), [Restlessness](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Pseudomembranous colitis (broad), Akathisia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Pepcid 2.5mg BID**Current Illness:** NONE**Preexisting Conditions:** GER**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Fever started (101) morning after shots given cranky all day that night 8/18-8/19 he was very restless and cranky, awoke every 1-2 hrs crying. Loose stool x1. Better 8/19 8:30AM.

VAERS ID: 243275 (history)	Vaccinated:	2005-08-18
Form: Version 1.0	Onset:	2005-08-18
Age: 0.19	Days after vaccination:	0
Sex: Female	Submitted:	2005-08-19
Location: Vermont	Days after onset:	1
	Entered:	2005-08-23
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21A008BA / UNK	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE729AA / UNK	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A94439H / UNK	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Irritability](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:**

Diagnostic Lab Data: N/A**CDC Split Type:**

Write-up: Low grade fever 100.7 degrees, and increased fussy through next 12 hours, with increased fussy following 12. Injection site looks normal.

VAERS ID: 243874 (history)	Vaccinated:	2005-08-29
Form: Version 1.0	Onset:	2005-08-31
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2005-09-01
Location: Vermont	Days after onset:	1
	Entered:	2005-09-07
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC1YA010BA / 5	LA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	X1189 / 4	RA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0635D / 2	RA / -

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

Symptoms: [Erythema](#), [Feeling hot](#), [Injection site oedema](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Arrhythmia related investigations, signs and symptoms (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Albuterol MDI

Current Illness:

Preexisting Conditions: Asthma, Bronchiolitis, fetal Alcohol exposure.

Allergies:

Diagnostic Lab Data:

CDC Split Type:**Write-up:** Left arm over deltoid with erythema, faint, warm, and slightly swollen local 5th Dtap.

VAERS ID: 244130 (history)	Vaccinated:	2005-09-06
Form: Version 1.0	Onset:	2005-09-07
Age: 2.0	Days after vaccination:	1
Sex: Male	Submitted:	2005-09-14
Location: Vermont	Days after onset:	7
	Entered:	2005-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC14B002BA / 4	LA / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A98339E / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Contusion](#), [Dyspnoea](#), [Grunting](#), [Injection site erythema](#), [Injection site pain](#), [Injection site rash](#), [Injection site swelling](#), [Insomnia](#), [Nasal congestion](#)**SMQs:** Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Accidents and injuries (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad), Hypersensitivity (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Had his shots on September 6, 2005, both in the left arm. The next day he had swelling, rash, and bruise on at shot location, which got progressively worse and became significant over the next few days. He also developed a stuffy nose that made it difficult for him to sleep on Thursday night. The symptoms increased on Sunday night when his breathing became difficult, he was "hitching" and grunting with each breath. We took him to the emergency room on 9/11/05 and his oxygen was at 91%. He was given a nebulizer with oxygen at 10 and when we brought him home we gave him another treatment at midnight. He was doing much better the next

day. On 9/14 (today) he still has bruising, redness and soreness at the shot site.

VAERS ID: 244354 (history)	Vaccinated:	2005-09-13
Form: Version 1.0	Onset:	2005-09-14
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2005-09-15
Location: Vermont	Days after onset:	1
	Entered:	2005-09-20
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	14B002BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0264 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0030R / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Received DTAP and IPV on 09/13/2005, redness, swelling at injection site noted 09/15/2005, fever 09/14/2005.

VAERS ID: [245678](#) ([history](#)) **Vaccinated:** 2005-10-18
Form: Version 1.0 **Onset:** 0000-00-00
Age: 2.0 **Submitted:** 2005-10-18
Sex: Male **Entered:** 2005-10-19
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA126BC / 1	RA / -

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

Symptoms: [Unevaluable event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: NONE

VAERS ID: [245784](#) ([history](#)) **Vaccinated:** 2005-10-12
Form: Version 1.0 **Onset:** 2005-10-14
Age: 4.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2005-10-18
Location: Vermont **Days after onset:** 4
Entered: 2005-10-20
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1804AA / 4	LA / IM

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

Symptoms: [Feeling hot](#), [Injection site erythema](#), [Injection site mass](#), [Injection site pain](#), [Tenderness](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: On Zithromax for persistent otitis media.

Current Illness: R A OM

Preexisting Conditions: Amoxicillin rash 10/12/05, asthma.

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Had flu shot; c/o severe pain later that eve 10/12. When awoke 10/14 has 5-6cm sharply demarcated erythema with 2cm induration in center, very hot and tender. Rx with Duricef x 7 days.

VAERS ID: 246234 (history)	Vaccinated:	2005-10-25
Form: Version 1.0	Onset:	2005-10-26
Age: 3.0	Days after vaccination:	1
Sex: Female	Submitted:	2005-10-27
Location: Vermont	Days after onset:	1
	Entered:	2005-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1804AA / 1	LA / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	A56117K / 4	RA / IM

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

Symptoms: [Injection site hypersensitivity](#), [Injection site induration](#), [Injection site reaction](#), [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: C/O itchy, red, round knot on arm in area of PCV 7 injection.

VAERS ID: 246632 (history)	Vaccinated:	2005-10-29
Form: Version 1.0	Onset:	2005-10-30
Age: 13.0	Days after vaccination:	1
Sex: Female	Submitted:	2005-11-02
Location: Vermont	Days after onset:	3
	Entered:	2005-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1823AA / 3	LA / IM

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

Symptoms: [Diabetes mellitus](#), [Hyperglycaemia](#), [Hypoglycaemia](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow), Hypoglycaemia (narrow), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2005-10-30
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Insulin: Lentis 33 U BF Humalog B, L, D sliding scale

Current Illness: NONE

Preexisting Conditions: type 1 diabetes onset 7/03

Allergies:

Diagnostic Lab Data: Autopsy being performed

CDC Split Type: VT200510302005

Write-up: Patient vaccinated between 10am-1 Pm on October 30, 2005. Found dead in bed next morning at home by parents. Pt had type 1 diabetes with AC1 of 7.0 but having hypoglycemic episodes 1-2 times per week and not wanting to treat the symptoms per endocrinologist. Term of DM removed from symptom list as per autopsy report rec"d 12/28/2005/sr This is tag-2 report.

VAERS ID: 248373 (history)	Vaccinated:	2005-10-25
Form: Version 1.0	Onset:	2005-10-26
Age: 6.0	Days after vaccination:	1
Sex: Male	Submitted:	2005-11-21
Location: Vermont	Days after onset:	26
	Entered:	2005-11-29
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U1809AA / 4	LA / IM

Administered by: Other **Purchased by:** Public

Symptoms: [Erythema](#), [Rash macular](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: tylenol

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 7 X 9 cm red/firm blotchy edges over left deltoid. No streaks, no central papule

VAERS ID: [248525](#) ([history](#)) **Vaccinated:** 2005-11-29
Form: Version 1.0 **Onset:** 2005-11-30
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2005-12-01
Location: Vermont **Days after onset:** 1
Entered: 2005-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LA / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	RA / -

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

Symptoms: [Headache](#), [Injection site erythema](#), [Injection site warmth](#), [Pruritus](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: no

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: She had 4 injections, 2 in each arm. Flu and MMR in her right arm and IPV and DTaP in her left. Today 2 days after her immunizations, the site of her left arm became 50% more swollen than before, very hot red and itchy. It has spread around the arm like an arm band. She had a very bad headache the day after her immunization.

VAERS ID: [249356](#) (history) **Vaccinated:** 2005-12-07
Form: Version 1.0 **Onset:** 2005-12-08
Age: 11.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2005-12-08
Location: Vermont **Days after onset:** 0
Entered: 2005-12-15
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TETANUS DIPHTHERIA (NO BRAND NAME) / AVENTIS PASTEUR	U1597AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Injection site hypersensitivity](#), [Injection site swelling](#), [Injection site warmth](#)
SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamins
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Mom noticed raised, reddened, circular area, warm to touch at site of injection.

VAERS ID: [249390](#) (history) **Vaccinated:** 2005-12-12
Form: Version 1.0 **Onset:** 2005-12-13
Age: 6.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2005-12-13
Location: Vermont **Days after onset:** 0
Entered: 2005-12-16
Days after submission: 3

		Site /
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Vaccination / Manufacturer	Lot / Dose	Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B006AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0343 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0378R / 2	LA / SC

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

Symptoms: [Injection site hypersensitivity](#), [Injection site oedema](#)

SMQs.: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling and redness at arm where DTaP and IPV were given. Swelling is from shoulder to elbow according to mom.

VAERS ID: 250559 (history)	Vaccinated:	2006-01-18
Form: Version 1.0	Onset:	2006-01-18
Age: 0.24	Days after vaccination:	0
Sex: Male	Submitted:	2006-01-19
Location: Vermont	Days after onset:	1
	Entered:	2006-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21013AA / UNK	- / -
HIBV: HIB (PROHIBIT) / SANOFI PASTEUR	- / UNK	- / -

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

Symptoms: [Crying](#)

SMQs:, Depression (excl suicide and self injury) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pediarix HIB vaccine administered on 1/18/06. About 4pm Baby started to cry unconsolable during every hour.

VAERS ID: 251209 (history)	Vaccinated:	2006-02-02
Form: Version 1.0	Onset:	2006-02-02
Age: 1.03	Days after vaccination:	0
Sex: Male	Submitted:	2006-02-02
Location: Vermont	Days after onset:	0
	Entered:	2006-02-03
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0378R / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0946R / 1	RL / SC

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

Symptoms: [Erythema](#), [Injection site induration](#), [Swelling](#), [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow),

Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride;Flovent

Current Illness: NONE

Preexisting Conditions: Persistent Dry Cough

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Hard, red swelling, with whitish blue center. Hive all over body. 6 hours after injection.

TX: Tylenol PRN; Benadryl PRN

VAERS ID: 251308 (history)	Vaccinated:	2005-12-01
Form: Version 1.0	Onset:	2005-12-02
Age: 0.19	Days after vaccination:	1
Sex: Female	Submitted:	2006-02-07
Location: Vermont	Days after onset:	67
	Entered:	2006-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RL / -
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RL / -
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LL / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LL / -

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

Symptoms: [Convulsion](#), [Erythema](#), [Haemorrhage intracranial](#), [Rash](#), [Screaming](#), [Swelling](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Haemorrhagic central nervous system vascular conditions (narrow), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Generalised convulsive seizures following immunisation (narrow),

Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 23 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: She was tested for blood clotting disorders which were all negative. Blood disorders were negative. She was tested for metabolic disorders, they were all negative. She also had MRI which found nothing but the blood. She also had xrays which found no broken bones.

CDC Split Type:

Write-up: 4 hours after her shots she cried for 12 hours straight! This was not normal crying but hard screaming. Her leg was very swollen and beat red. She developed a rash 2 days later. Her crying continued for a month straight, she cried all day and all night. 24 hours after the shots she had a seizure. 3 weeks later she had an intracranial bleed. By this time she had about 6 seizures and the day of the bleed she was having them every 3-6 minutes. Also her ventricles were swollen.

VAERS ID: 252222 (history)	Vaccinated:	2006-02-27
Form: Version 1.0	Onset:	2006-02-28
Age: 0.53	Days after vaccination:	1
Sex: Female	Submitted:	2006-03-01
Location: Vermont	Days after onset:	1
	Entered:	2006-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B034AA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE798AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08637F / 3	LL / IM

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

Symptoms: [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: 104 degrees fever~DTaP + HepB + IPV (Pediarix)~2~0.40~In Patient

Other Medications: Omnicef;Zantac

Current Illness:

Preexisting Conditions: GE Reflux/OM

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 6 mos checkup 2/27/06 #3"s Pediarix/Hib/PCV given. Mom called 2/28/06 w/fever 102.1 and fussy/irritable. Office visits 3/1/06 to check fever resolved, but irritable. Dx DTaP Rxn.

VAERS ID: 253783 (history)	Vaccinated:	2006-03-16
Form: Version 1.0	Onset:	2006-03-25
Age: 1.01	Days after vaccination:	9
Sex: Male	Submitted:	2006-04-06
Location: Vermont	Days after onset:	11
	Entered:	2006-04-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0239R / 1	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0784R / 1	UN / SC

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

Symptoms: [Erythema multiforme](#), [Pyrexia](#), [Rash](#)

SMQs: Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Fever to 102 started 3/25 and continued through 4/5. Rash started 3/29, rapidly progressed, erythema multiforme, trunk extremities, face. 3/31 was completely covered. 4/6 rash improved healing and scarring. Treated with ibuprofen for fever 3/25-3/31.

VAERS ID: 255076 (history)	Vaccinated:	2006-04-19
Form: Version 1.0	Onset:	2006-04-26
Age: 1.01	Days after vaccination:	7
Sex: Female	Submitted:	2006-05-04
Location: Vermont	Days after onset:	8
	Entered:	2006-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE825AA / UNK	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1132R / 1	RL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / UNK	LL / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Pyrexia](#), [Rash](#)**SMQs:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** none**Preexisting Conditions:** none**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Patient was brought into office for evaluation of a fever and rash. Fever developed 7 days following an MMRV vaccine and a rash developed 11 days following vaccine.

VAERS ID: 256476 (history)	Vaccinated:	2005-06-07
Form: Version 1.0	Onset:	2005-07-24
Age: 1.1	Days after vaccination:	47
Sex: Male	Submitted:	2006-05-12
Location: Vermont	Days after onset:	292
	Entered:	2006-05-17
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	- / UNK	- / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1344N / UNK	- / SC

Administered by: Other **Purchased by:** Other**Symptoms:** [Condition aggravated](#), [Otitis media](#), [Rash maculo-papular](#)**SMQs:** Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Ear tube insertion

Allergies:**Diagnostic Lab Data:** NONE**CDC Split Type:** WAES0507USA04183

Write-up: Information has been received from a health professional concerning a 13 month old male with a history of bilateral ear tubes and no allergies who on 07Jun05 was vaccinated SC with a 0.5ml dose of varicella virus vaccine live (lot648042/1134N). Concomitant vaccines that day included a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) and a dose of pneumococcal 4 6B 9V 14 18C 19F 23F conj vaccine (crm197) (PREVNAR). There was no other concomitant medication. On 24Jul05 the pt experienced a raised red rash on his back, legs and arms. He was afebrile. He was seen on 26Jul05 with a diagnosis of rash and ear infection. Treatment included diphenhydramine hcl (Benadryl) for rash and azithromycin (Zithromax) for the ear infection. No labs were performed. At this time the pt had not recovered. Additional information has been requested.

VAERS ID: 255822 (history)	Vaccinated:	2006-05-09
Form: Version 1.0	Onset:	2006-05-13
Age: 1.03	Days after vaccination:	4
Sex: Male	Submitted:	2006-05-15
Location: Vermont	Days after onset:	2
	Entered:	2006-05-19
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE825AA / 4	LL / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1138R / 1	RL / -

Administered by: Private **Purchased by:** Public**Symptoms:** [CSF cell count normal](#), [Cyanosis](#), [Febrile convulsion](#), [Irritability](#), [Lumbar puncture](#), [Pyrexia](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No

ER Visit? Yes**ER or Doctor Visit?** No**Hospitalized?** Yes, 1 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Vaccine given on 5/9/06, MMRV and Hib. Febrile seizures on 5/13/2006. Admit to hospital, spinal tap, IV. Physical exam normal. 5/30/06 Medical records received from hospital which reveal patient admitted overnight w/dx febrile seizures. Initially brought to ER w/ssizure & cyanosis. Neg eval & was d/c home. Later same day, recurrent seizure w/cyanosis & was admitted for observation. All labs including CSF were WNL & final diagnosis was fever associated w/MMR/ss. 60 day Follow-up Information 02-AUG-2006: This patient has had another febrile seizure since the vaccination event. Working diagnosis common childhood febrile seizure.

VAERS ID: 257333 (history)	Vaccinated:	2006-05-17
Form: Version 1.0	Onset:	2006-05-17
Age: 6.0	Days after vaccination:	0
Sex: Male	Submitted:	2006-05-19
Location: Vermont	Days after onset:	2
	Entered:	2006-06-01
	Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B018AA / 5	- / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y0575 / 4	- / -
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0491R / 2	- / -

Administered by: Private **Purchased by:** Public**Symptoms:** [Feeling hot](#), [Injection site erythema](#), [Injection site mass](#), [Injection site oedema](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No

ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:

Write-up: 12cm x 10cm redness and warmth pt received 1mm. 5/17/06 at 3:30PM sm redness that PM. In AM 5/18 redness with lump and increased swelling 5/19 appt.

VAERS ID: [259144](#) ([history](#)) **Vaccinated:** 2006-04-14
Form: Version 1.0 **Onset:** 2006-04-17
Age: 1.0 **Days after vaccination:** 3
Sex: Male **Submitted:** 2006-06-29
Location: Vermont **Days after onset:** 73
Entered: 2006-07-05
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / UNK	UN / -

Administered by: Other **Purchased by:** Other

Symptoms: [Malaise](#), [Rash](#)

SMQs.: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: UNK

Current Illness: Feeling unwell

Preexisting Conditions: UNK

Allergies:

Diagnostic Lab Data: UNK

CDC Split Type: WAES0604USA03182

Write-up: Information has been received from a physician concerning a 12 month old male who on 4/14/2006 was vaccinated with a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella Virus Vaccine live (upgrade process). On 4/17/2006, the patient presented with a rash which was all over the child's body. The physician noted that the child had not been feeling well on the date of vaccination, but did not have a fever. The physician did not think that the rash was related to therapy with measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella Virus Vaccine live (upgrade process). Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID: 259812 (history)	Vaccinated:	2006-07-17
Form: Version 1.0	Onset:	2006-07-19
Age: 5.0	Days after vaccination:	2
Sex: Male	Submitted:	2006-07-20
Location: Vermont	Days after onset:	1
	Entered:	2006-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B018AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1049 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0730R / 2	RA / SC

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

Symptoms: [Feeling hot](#), [Injection site hypersensitivity](#), [Injection site induration](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: NONE

Preexisting Conditions: NKDA

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Mom called 7/20/06 to report, 7/19/06 evening while changing pt noted la hot to touch no redness at that time. Today 7/20/06 am pt arm from shoulder to elbow red, hard, warm to touch. TX Benadryl and Tylenol PRN.

VAERS ID: 261147 (history)	Vaccinated:	2006-07-18
Form: Version 1.0	Onset:	2006-07-20
Age: 0.32	Days after vaccination:	2
Sex: Male	Submitted:	2006-08-03
Location: Vermont	Days after onset:	14
	Entered:	2006-08-07
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B051AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

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

Symptoms: [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Hives noticed in the morning of 07/20/2006, 4 months shots given 07/18/2006. Head to toe. No mouth swelling, no respiratory or cardiovascular symptoms.

VAERS ID: [262154](#) ([history](#)) **Vaccinated:** 2006-08-18
Form: Version 1.0 **Onset:** 2006-08-18
Age: 0.18 **Days after vaccination:** 0
Sex: Male **Submitted:** 2006-08-25
Location: Vermont **Days after onset:** 7
Entered: 2006-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

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

Symptoms: [Pyrexia](#), [Somnolence](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 2 month shots given 8/18/06. Developed a fever up to 101. 8 after shots and into Day 2. Playful but increased sleep. No other s/s.

VAERS ID: [262613](#) ([history](#)) **Vaccinated:** 2006-08-28
Form: Version 1.0 **Onset:** 2006-08-30
Age: 0.17 **Days after vaccination:** 2
Sex: Female **Submitted:** 2006-08-31
Location: Vermont **Days after onset:** 1
Entered: 2006-09-05
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B064AA / 1	- / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 1	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

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

Symptoms: [Haematochezia](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Infant received 1st dose of Rotateq on 8/28/06. Mom noticed blood in 2 stools on 8/30/06. No vomiting, no other sx, infant exam nl.

VAERS ID: [262758](#) ([history](#)) **Vaccinated:** 2006-08-30
Form: Version 1.0 **Onset:** 2006-08-31
Age: 0.17 **Days after vaccination:** 1
Sex: Male **Submitted:** 2006-09-07
Location: Vermont **Days after onset:** 7
Entered: 2006-09-08
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	UN / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	UN / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	UN / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0410F / 1	MO / PO

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

Symptoms: [Diarrhoea](#), [Faeces discoloured](#), [Gastrooesophageal reflux disease](#), [Vaccination complication](#)

SMQs: Pseudomembranous colitis (broad), Gastrointestinal nonspecific dysfunction (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Mom reported diarrhea x 8 days. 10/16/06 Received medical records from PCP office which reveal patient developed watery green diarrhea for approx 11 days, completely resolved by 9/29/06 but GERD remained. Treated w/zantac & formula change. Dx: probable immunization reaction to Rotateq, resolved./ss This is in follow-up to report(s) previously submitted on 10/10/2006. Information has been received from a physician concerning an 8-week-old male with no medical history who on 30-AUG-2006 was vaccinated PO with the first 2.0 mL dose of

ROTATEQ (Lot #654352/0410F). Concomitant vaccinations administered on that same day included the first IM dose of PEDIARIX (Lot #AC21B056AA), the first IM dose of ACTHIB (Lot #UE785AA) and the first IM dose of PREVNAR (Lot #B08653B). There was no illness at the time of vaccination. The physician reported that on 31-AUG-2006, the patient developed diarrhea characterized by 2-5 episodes per day. On 07-SEP-2006, the patient required an office visit. At that time, the patient afebrile and no blood was noted in his stools. No laboratory/diagnostic tests were performed. As of 11-SEP-2006, the patient's diarrhea persisted characterized by small voluminous episodes occurring five times daily. Subsequently, the patient's diarrhea resolved. Additional information is not expected.

VAERS ID: 264620 (history)	Vaccinated:	2006-09-29
Form: Version 1.0	Onset:	2006-09-29
Age: 0.34	Days after vaccination:	0
Sex: Male	Submitted:	2006-10-14
Location: Vermont	Days after onset:	15
	Entered:	2006-10-16
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE946AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 2	RL / IM

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

Symptoms: [Cough](#), [Irritability](#), [Nasal congestion](#), [Pyrexia](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~Hib (ActHIB)~1~0.17~In Sibling

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:**Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Fever 102.3 into next day, fussy, stuffy nose and cough 9/30/06.

VAERS ID: 264621 (history)	Vaccinated:	2006-09-21
Form: Version 1.0	Onset:	2006-09-21
Age: 0.24	Days after vaccination:	0
Sex: Male	Submitted:	2006-10-14
Location: Vermont	Days after onset:	23
	Entered:	2006-10-16
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 1	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Irritability](#)**SMQs:** Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE**Current Illness:** NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Fussy

VAERS ID: [264622](#) ([history](#)) **Vaccinated:** 2006-09-26
Form: Version 1.0 **Onset:** 2006-09-26
Age: 0.34 **Days after vaccination:** 0
Sex: Female **Submitted:** 2006-10-14
Location: Vermont **Days after onset:** 18
Entered: 2006-10-16
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B051AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08640E / 2	RL / IM

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

Symptoms: [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Cranky all evening after shots, temperature 101 wants to be held.

VAERS ID: [264624](#) ([history](#)) **Vaccinated:** 2006-09-19
Form: Version 1.0 **Onset:** 2006-09-19
Age: 0.38 **Days after vaccination:** 0
Sex: Male **Submitted:** 2006-10-14
Location: Vermont **Days after onset:** 25
Entered: 2006-10-16
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

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

Symptoms: [Screaming](#)

SMQs: Hostility/aggression (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Approximately 3 hours after shots-baby screaming, difficult to console lasted approximately 5 hours.

VAERS ID: [264625](#) ([history](#)) **Vaccinated:** 2006-09-20
Form: Version 1.0 **Onset:** 2006-09-20
Age: 0.38 **Days after vaccination:** 0
Sex: Male **Submitted:** 2006-10-14
Location: Vermont **Days after onset:** 24
Entered: 2006-10-16
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 2	RL / IM

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

Symptoms: [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONEQ

CDC Split Type:

Write-up: Evening of shots-baby very fussy, temperature 102.

VAERS ID: [264626](#) (history) **Vaccinated:** 2006-09-20
Form: Version 1.0 **Onset:** 2006-09-20
Age: 0.17 **Days after vaccination:** 0
Sex: Female **Submitted:** 2006-10-14
Location: Vermont **Days after onset:** 24
Entered: 2006-10-16
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE785AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08653B / 1	RL / IM

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

Symptoms: [Irritability](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Very fussy.

VAERS ID: [265578](#) (history) **Vaccinated:** 2006-10-17
Form: Version 1.0 **Onset:** 0000-00-00
Age: 7.0 **Submitted:** 2006-10-25
Sex: Male **Entered:** 2006-10-30
Location: Vermont **Days after submission:** 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2166AB / UNK	LA / -

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

Symptoms: [Eye oedema](#), [Face oedema](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Claritin, Flonase

Current Illness:

Preexisting Conditions: Allergic rhinitis, critical AS/aortic insufficiency

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Lip/eye swelling following Fluzone.

VAERS ID: 265579 (history)	Vaccinated:	2006-10-24
Form: Version 1.0	Onset:	2006-10-24
Age: 6.0	Days after vaccination:	0
Sex: Female	Submitted:	2006-10-25
Location: Vermont	Days after onset:	1
	Entered:	2006-10-30
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	71210 / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1048F / 2	LA / SC

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

Symptoms: [Erythema](#), [Eye oedema](#), [Injection site oedema](#), [Injection site reaction](#), [Skin ulcer](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome

(broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Albuterol, Nasonex, Ditrol LA**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** PT to f/u with allergy specialist and lab testing.**CDC Split Type:**

Write-up: Pt seen for Immunization administration. Returned to office 15 minutes later with swelling around eyes, 6cm diameter red, swelling, slight edema, around Varivax injection site, and few scattered urticarial lesions. Given Dexamethasone, Benadryl, Epi on hand. PT watches about 4 hours office released home.

VAERS ID: 265857 (history)	Vaccinated:	2006-10-27
Form: Version 1.0	Onset:	2006-10-28
Age: 1.0	Days after vaccination:	1
Sex: Female	Submitted:	2006-10-30
Location: Vermont	Days after onset:	2
	Entered:	2006-11-02
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U217UEA / 1	RL / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1091F / 1	LA / -

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site rash](#)**SMQs:** Hypersensitivity (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol
Current Illness: NONE
Preexisting Conditions: NONE
Allergies:
Diagnostic Lab Data: Allergy Testing
CDC Split Type:
Write-up: Rash around inj site and on buttocks. Treated with Benadryl.

VAERS ID: 266082 (history)	Vaccinated:	2006-10-26
Form: Version 1.0	Onset:	2006-10-28
Age: 11.0	Days after vaccination:	2
Sex: Male	Submitted:	2006-10-31
Location: Vermont	Days after onset:	3
	Entered:	2006-11-06
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C2609AA / 6	LA / IM

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

Symptoms: [Face oedema](#), [Injection site rash](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Benadryl, Tylenol

Current Illness: No

Preexisting Conditions: Hypotonia, learning disability, allergy to Amox.

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt received ADACEL 10/26/06 and presented in office 10/28/06 with swollen lips and

rash at site of injection.

VAERS ID: [266575](#) ([history](#)) **Vaccinated:** 2006-11-06
Form: Version 1.0 **Onset:** 2006-11-07
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2006-11-08
Location: Vermont **Days after onset:** 1
Entered: 2006-11-13
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B033AA / 5	RA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Y1030 / 4	LA / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1091F / 1	LA / -

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

Symptoms: [Injection site erythema](#), [Injection site oedema](#), [Injection site reaction](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: As per MTR (phone call) orange sized pink swelling over right arm (site of Dtap) no fever, Pt acts fine.

VAERS ID: [267049](#) ([history](#)) **Vaccinated:** 2006-11-14
Form: Version 1.0 **Onset:** 2006-11-15
Age: 8.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2006-11-16
Location: Vermont **Days after onset:** 1
Entered: 2006-11-17
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2243AA / 5	RA / IM

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

Symptoms: [Erythema](#), [Feeling hot](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flovent, Albuterol

Current Illness: NONE

Preexisting Conditions: Allergies to feathers, animals

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Thirty-six hours following injection noted redness, swelling and warmth progressing over next 12 hours. No fever, systemic signs of illness.

VAERS ID: [268128](#) ([history](#)) **Vaccinated:** 2006-11-30
Form: Version 1.0 **Onset:** 2006-11-30
Age: 1.01 **Days after vaccination:** 0
Sex: Female **Submitted:** 2006-12-01
Location: Vermont **Days after onset:** 1
Entered: 2006-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B056AA / 3	LL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U220FA / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE946AA / 3	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08503B / 3	RL / IM

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

Symptoms: [Coma](#), [Condition aggravated](#), [Febrile convulsion](#), [Hypoventilation](#), [Respiratory disorder](#), [Sluggishness](#), [Strabismus](#), [Tachycardia](#), [Vomiting](#), [White blood cell count increased](#)

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Acute central respiratory depression (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Ocular motility disorders (narrow), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Infective pneumonia (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: Febrile seizure history Birth HX: F/T vaginal, no complications. PMH: febrile seizures 8/06.

Allergies:

Diagnostic Lab Data: LABS: EEG was WNL. Blood cultures neg. Labs at initial hospital revealed WBC 24.1

CDC Split Type: 20061201

Write-up: Immunized yesterday after pe, last night 20 minutes after going to bed breathing funny, in emesis, unresponsive. Called 911. 73% O2 100% . Transport uneventful. Unresponsive to painful stimuli. T 98.9 at ER. O2 83% on room air. Resp shallow. Eyes deviated & sluggish to react. Tachycardiac @180. CXR nl. UA glucose. BS 171. Intubated. Ativan & rocephin admin. Then grand mal seizure. Improved after 20 min. WBC 20.10. Extubated prior to transfer. Transferred to hospital. "fine" "stable" Hx febrile seizure in past. 12/19/06 Received medical records from 2nd hospital which reveal patient admitted 12/1/06-12/2/06. At initial hospital patient was found to be actively seizing & was treated and transferred to PICU. Temp 102.5 on admit. Neuro exam at 2nd hospital found WNL & no further seizure activity noted. To be followed by peds neuro outpatient & have

repeat MRI. Final DX: Febrile seizure.

VAERS ID: [271114](#) ([history](#)) **Vaccinated:** 2006-11-30
Form: Version 1.0 **Onset:** 2006-11-30
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2007-01-16
Location: Vermont **Days after onset:** 47
Entered: 2007-01-22
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	- / IM

Administered by: Other **Purchased by:** Other

Symptoms: [Injection site pain](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: hormonal contraceptives

Current Illness:

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type: WAES0612USA02571

Write-up: Information has been received from a nurse practitioner concerning a 17 year old female with no medical history or allergies, who on 30-Nov-2006 was vaccinated IM with a 0.5 ml dose of Gardasil vaccine (yeast). Concomitant therapy included an unspecified hormonal contraceptives (unspecified). On 30-Nov-2006, the patient experienced severe injection site pain. Unspecified medical attention was sought. No diagnostic laboratory studies were performed. Subsequently, the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID: [271286](#) ([history](#)) **Vaccinated:** 2007-01-23
Form: Version 1.0 **Onset:** 2007-01-25
Age: 0.54 **Days after vaccination:** 2
Sex: Female **Submitted:** 2007-01-25
Location: Vermont **Days after onset:** 0
Entered: 2007-01-26
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B070BA / 3	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674B / 3	LL / IM

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

Symptoms: [Injection site erythema](#), [Injection site induration](#), [Injection site rash](#), [Injection site swelling](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Mom describing red, raised, hard, swollen area with a rash at injection site, approx size of quarter. Fever 101.1. Left thigh.

VAERS ID: [271893](#) ([history](#)) **Vaccinated:** 2007-01-30
Form: Version 1.0 **Onset:** 2007-02-02
Age: 5.0 **Days after vaccination:** 3
Sex: Female **Submitted:** 2007-02-05
Location: Vermont **Days after onset:** 3
Entered: 2007-02-06
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (TRIPEDIA) / SANOFI PASTEUR	02552AA / 5	RL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	V10312 / 4	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: erythema and swelling

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: erythema and swelling at injection site

VAERS ID: [272039](#) ([history](#)) **Vaccinated:** 2007-01-29
Form: Version 1.0 **Onset:** 2007-01-30
Age: 15.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2007-02-02
Location: Vermont **Days after onset:** 3
Entered: 2007-02-09
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
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TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS | AC52B007AA / 1 | LA / IM

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

Symptoms: [Pruritus](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: fever~DTP (no brand name)~4~1.50~In Patient

Other Medications: Strattera

Current Illness: No

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient developed hives all over his body and was very itchy within 48 hours. Benadryl given, itching subsided, hives resolved. Slept next am, had few residual hives on abdomen and back. Around 8-9 pm next night, developed hives again which were worse, Benadryl given, same occurrence the following night. No shortness of breath or difficulty breathing, MD notified.

VAERS ID: 272395 (history)	Vaccinated:	2007-02-05
Form: Version 1.0	Onset:	2007-02-07
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2007-02-12
Location: Vermont	Days after onset:	5
	Entered:	2007-02-16
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / SMITHKLINE BEECHAM	AC14B035AA / 5	- / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20001 / 4	- / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1387F / 1	- / -

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

Symptoms: [Erythema](#), [Local reaction](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Motrin, MV, Flomide

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: Local Iz reaction left arm. 6 cm x 8 cm area of diffuse erythema overlying left deltoid. Nontender-observe.

VAERS ID: 272396 (history)	Vaccinated:	2007-02-08
Form: Version 1.0	Onset:	2007-02-09
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2007-02-12
Location: Vermont	Days after onset:	3
	Entered:	2007-02-16
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B035AA / 5	LA / -
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	2001 / 4	RA / -
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	138TE / 2	RA / -

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

Symptoms: [Injection site erythema](#), [Local reaction](#), [Oedema](#), [Tenderness](#)

SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Tylenol**Current Illness:** NONE**Preexisting Conditions:** hearing loss, hearing aids**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** local Iz reaction 6 cm x 8 cm diam area of erythema around injection site on left arm, minimal tenderness and edema.

VAERS ID: 276010 (history)	Vaccinated:	2007-03-26
Form: Version 1.0	Onset:	2007-03-28
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2007-03-29
Location: Vermont	Days after onset:	1
	Entered:	2007-04-11
	Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0324 / 4	LA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0227U / 2	RA / SC

Administered by: Private **Purchased by:** Other**Symptoms:** [Injection site erythema](#), [Injection site pain](#), [Injection site pruritus](#), [Local reaction](#)**SMQs:**, Extravasation events (injections, infusions and implants) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications:**Current Illness:****Preexisting Conditions:** Asthma**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** DTaP + IPV administered in Left arm. on 3-26-07. Seen today 3-26-07-Large local reaction= 8x8cm in area of DTap. Arm, red, painful and itchy prescribed Zyrtec 10 mg; cold compresses.

VAERS ID: 276539 (history)	Vaccinated:	2007-02-01
Form: Version 1.0	Onset:	2007-04-08
Age: 0.3	Days after vaccination:	66
Sex: Male	Submitted:	2007-04-10
Location: Vermont	Days after onset:	2
	Entered:	2007-04-17
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B097AB / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 2	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674 / 2	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0979F / 2	MO / PO

Administered by: Private **Purchased by:** Public**Symptoms:** [Abdominal pain](#), [Abnormal faeces](#), [Barium double contrast](#), [Explorative laparotomy](#), [Intussusception](#), [Surgery](#)**SMQs:** Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal obstruction (narrow), Biliary system related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, ? days**Extended hospital stay?** No

Previous Vaccinations:**Other Medications:****Current Illness:****Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** Contrast enema in interventional radiology - intussusception record received 4/26/07-US positive for Intussusception.**CDC Split Type:****Write-up:** Patient developed abd pain, current jelly stools and diagnosed with intussusception. Not able to reduce via gastrografen enema. Brought to OR for ex-lap. Ileo-cecal intussusception reduced manually. Records received 4/26/07-DC Summary for DOS 4/8-4/10/07
DX: Intussusception. HX of vomiting and bloody stool. Exploratory laparotomy and appendectomy

VAERS ID: 277177 (history)	Vaccinated:	2007-04-16
Form: Version 1.0	Onset:	2007-04-17
Age: 0.35	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2007-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B090AA / 2	- / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 2	- / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08674C / 2	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1231F / 2	MO / PO

Administered by: Private **Purchased by:** Public**Symptoms:** [Diarrhoea](#), [Pyrexia](#), [Vomiting](#)**SMQs:** Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** NONE

Current Illness: NONE**Preexisting Conditions:** NONE**Allergies:****Diagnostic Lab Data:** NONE**CDC Split Type:****Write-up:** Started with fever 4/17, diarrhea 4/18, had some vomiting 4/20, no one else at home sick. Diarrhea continues as of 4/23, parents had been using Pedialyte and dilute apple juice.

VAERS ID: 277209 (history)	Vaccinated:	2007-04-18
Form: Version 1.0	Onset:	2007-04-19
Age: 11.0	Days after vaccination:	1
Sex: Male	Submitted:	2007-04-23
Location: Vermont	Days after onset:	4
	Entered:	2007-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B012AA / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0111U / 2	RA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Pain in extremity](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Fever 101-102 on 4/19, no redness or swelling, "just arm killing him" LA

VAERS ID: [278185](#) ([history](#)) **Vaccinated:** 2007-05-07
Form: Version 1.0 **Onset:** 2007-05-08
Age: 4.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2007-05-08
Location: Vermont **Days after onset:** 0
Entered: 2007-05-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 2	RA / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	Z0018 / 1	RA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1481F / 1	LA / SC

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

Symptoms: [Body temperature increased](#), [Erythema](#), [Induration](#), [Pain](#), [Skin warm](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride

Current Illness: none

Preexisting Conditions: none, NKQA

Allergies:

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: 5/7/07: Received vaccines. 5/8/07: Mom calling to report large red raised area, warm to touch and pain temp - 101.0. Mom to apply ice, give Motrin also itch.

VAERS ID: [279153](#) ([history](#)) **Vaccinated:** 2007-03-19
Form: Version 1.0 **Onset:** 2007-03-20
Age: 12.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2007-05-16
Location: Vermont **Days after onset:** 57
Entered: 2007-05-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B12AA / 6	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1334F / 2	LA / SC

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

Symptoms: [Injection site erythema](#), [Nausea](#), [Pyrexia](#), [Rash macular](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Nephrolithiasis; UTI; Sulfa allergy

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Tdap - local red area right deltoid and blotchy also nausea, fever.

VAERS ID: [279154](#) ([history](#)) **Vaccinated:** 2007-05-11
Form: Version 1.0 **Onset:** 2007-05-11
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2007-05-16
Location: Vermont **Days after onset:** 5
Entered: 2007-05-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2182AA / 1	LA / -

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

Symptoms: [Headache](#), [Injection site erythema](#), [Injection site pain](#), [Nausea](#), [Pyrexia](#)

SMQs.: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Nephrolithiasis; UTI's; Sulfa allergy

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Soreness at injection site 4 x 6cm erythema, fever, headache, nausea.

VAERS ID: 279405 (history)	Vaccinated:	2007-04-19
Form: Version 1.0	Onset:	2007-04-20
Age: 0.17	Days after vaccination:	1
Sex: Female	Submitted:	2007-05-23
Location: Vermont	Days after onset:	33
	Entered:	2007-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B074AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	BO8674B / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0726F / 1	MO / PO

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

Symptoms:

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2007-04-20

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: None.

Preexisting Conditions: None.

Allergies:

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Death. 6/12/07 Received Autopsy Report which reveal COD as Undetermined. Found unresponsive face down in bed between parents (anamnestic). No anomalies, trauma, infectious agents or metabolic anomalies detected. Toxicology revealed acetaminophen 6.5 mcg/mL; fluconazole + & caffeine. 6/25/07 Received vax record from pcp which confirms RO lot & dose # as reported.

VAERS ID: 279705 (history)	Vaccinated:	2007-05-14
Form: Version 1.0	Onset:	2007-05-14
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-05-22
Location: Vermont	Days after onset:	8
	Entered:	2007-05-25
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0096U / 1	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site rash](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Immediately after vaccination patients arm become warm, red, raised and a rash developed from above injection site to elbow 1/1 tsp Benadryl given - (+) effect 20 minutes later.

VAERS ID: 279706 (history)	Vaccinated:	2007-03-08
Form: Version 1.0	Onset:	2007-03-08
Age: 5.0	Days after vaccination:	0
Sex: Male	Submitted:	2007-05-22
Location: Vermont	Days after onset:	74
	Entered:	2007-05-25
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	1118F / 1	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site rash](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** vitamins, flonase**Current Illness:** none**Preexisting Conditions:** none**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** immediately after vaccine given arm became warm, raised, red and rashy from above injection site to below site approx 12 cm across 1 1/2 tsp Benadryl given in office

VAERS ID: 282256 (history)	Vaccinated:	2007-05-07
Form: Version 1.0	Onset:	2007-05-07
Age: 0.2	Days after vaccination:	0
Sex: Male	Submitted:	2007-06-11
Location: Vermont	Days after onset:	35
	Entered:	2007-06-19
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B090AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF021AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08682F / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1232F / 1	MO / PO

Administered by: Private **Purchased by:** Public**Symptoms:** [Crying](#)**SMQs:** Depression (excl suicide and self injury) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications:**Current Illness:** DNA**Preexisting Conditions:** DNA**Allergies:****Diagnostic Lab Data:** DNA**CDC Split Type:****Write-up:** Cried x 2 1/2 hrs initially straight then 1/2 hr break followed by additional 2 1/2 hrs. Crying then whimpered all night. Fine next morning.**VAERS ID:** [282396](#) ([history](#)) **Vaccinated:** 2007-06-19**Form:** Version 1.0 **Onset:** 0000-00-00**Age:** 17.0 **Submitted:** 0000-00-00**Sex:** Female **Entered:** 2007-06-20**Location:** Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2234AA / UNK	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0340U / UNK	LA / SC

Administered by: Private **Purchased by:** Private**Symptoms:** [Loss of consciousness](#), [Nausea](#)**SMQs.:** Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:**

CDC Split Type:

Write-up: Patient felt nauseated after HPV, Menactra and Varivax were administered. Patient then passed out of approx 5-10 seconds. HPV isn't listed below in #13. Lot# 0523U, administered IM in right deltoid

VAERS ID: 282998 (history)	Vaccinated:	2007-06-14
Form: Version 1.0	Onset:	2007-06-17
Age: 16.0	Days after vaccination:	3
Sex: Male	Submitted:	2007-06-20
Location: Vermont	Days after onset:	3
	Entered:	2007-06-27
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	04574 / 2	LA / SC

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

Symptoms: [Pruritus](#), [Rash vesicular](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: -Varicella vaccine #2 given 6/14/07 -onset of vesicular rash on (L) side of neck 6/16-6/17 -No fever, no pain, mild itching.

VAERS ID: [284760](#) ([history](#)) **Vaccinated:** 2007-06-12
Form: Version 1.0 **Onset:** 2007-06-12
Age: 0.33 **Days after vaccination:** 0
Sex: Male **Submitted:** 2007-07-16
Location: Vermont **Days after onset:** 34
Entered: 2007-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UE957AB / 1	RL / IM

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

Symptoms: [Crying](#)

SMQs: Depression (excl suicide and self injury) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Inconsolable crying after first administration of Hib vaccine.

VAERS ID: [285519](#) ([history](#)) **Vaccinated:** 2007-07-02
Form: Version 1.0 **Onset:** 2007-07-02
Age: 0.2 **Days after vaccination:** 0
Sex: Male **Submitted:** 2007-07-15
Location: Vermont **Days after onset:** 13
Entered: 2007-07-23
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / -
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN

IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	- / UNK	UN / UN
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / UNK	UN / UN

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

Symptoms: [Bowel movement irregularity](#), [Crying](#), [Inappropriate schedule of drug administration](#), [Irritability](#), [Off label use](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Noninfectious diarrhoea (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: irritable, fevers, non-stop crying. No bowel movements unless given laxative. After receiving his shots this all began. Called doctors, twice they said shots given could not cause this and this was normal, but I went online and my son had symptoms of site affects from Rotavirus vaccine.

VAERS ID: 285707 (history)	Vaccinated:	2007-07-18
Form: Version 1.0	Onset:	2007-07-18
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2007-07-19
Location: Vermont	Days after onset:	1
	Entered:	2007-07-24
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20548 / 4	RA / SC
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	0301U / 1	LA / SC

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Albuterol PRN Fluoride daily

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Mom noticed large red, swollen, hot, painful bump on pt's (R) arm today, same area as immunizations given 7-18-07 \$g 1/2 dollar. Tylenol PRN discomfort. Warm compresses PRN

VAERS ID: 286442 (history)	Vaccinated:	2007-07-31
Form: Version 1.0	Onset:	2007-08-01
Age: 13.0	Days after vaccination:	1
Sex: Female	Submitted:	2007-08-01
Location: Vermont	Days after onset:	0
	Entered:	2007-08-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1447F / 2	LA / IM

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

Symptoms: [Erythema](#), [Eye swelling](#), [Rash pruritic](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient awoke day after receiving HPV with eyes swollen shut, red itchy periorbital rash. Seen early afternoon approximately 24 hrs after injection. Eyes open, rash represent with residual swelling. Rx: Applications of cold, benedryl or claritin, motrin for inflammation. Photo taken of pt.

VAERS ID: 287867 (history)	Vaccinated:	2007-08-07
Form: Version 1.0	Onset:	2007-08-09
Age: 4.0	Days after vaccination:	2
Sex: Female	Submitted:	2007-08-09
Location: Vermont	Days after onset:	0
	Entered:	2007-08-10
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0306 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1325F / 2	RA / SC

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

Symptoms: [Oedema peripheral](#), [Skin warm](#)

SMQs: Cardiac failure (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Hard, warm, swollen right arm

VAERS ID: 287872 (history)	Vaccinated:	2007-03-26
Form: Version 1.0	Onset:	2007-03-26
Age: 1.0	Days after vaccination:	0
Sex: Male	Submitted:	2007-08-06
Location: Vermont	Days after onset:	133
	Entered:	2007-08-10
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B044AA / 2	LL / IM

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

Symptoms: [Crying](#), [Fatigue](#), [Feeling hot](#), [Hyperhidrosis](#), [Hypotonia](#), [Screaming](#), [Tremor](#)

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Eczema

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Woke from sleep at 8pm/screamed and cried and inconsolable x 3+ hours/ refused all attempts at comforting / very hot and sweaty and hands/arms shaking are red back and went limp and fell asleep in mothers arm/ next day seemed fine, tired and clingy.

VAERS ID: 288150 (history)	Vaccinated:	2007-08-15
Form: Version 1.0	Onset:	2007-08-15
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-08-15
Location: Vermont	Days after onset:	0
	Entered:	2007-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0680U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2234AA / 1	RA / IM

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

Symptoms: [Dizziness](#), [Immediate post-injection reaction](#), [Musculoskeletal stiffness](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: I gave HPV first in LA and patient was standing and appeared fine. I then gave the Menactra vaccine in the RA and patient immediately fainted and body stiffened for less than one minute. She then quickly reoriented and stood up and she was fine. Had two dizzy spells while sitting down, but they resolved w/ her head b/w legs. Monitored pt x2: 1st laying then sitting, then

standing.

VAERS ID: [289045](#) ([history](#)) **Vaccinated:** 2007-08-27
Form: Version 1.0 **Onset:** 0000-00-00
Age: 16.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2007-08-27
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	09284 / 1	LA / IM

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

Symptoms: [Loss of consciousness](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Orthotricyclen

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: First dose of Gardasil was administered. Patient fainted, losing consciousness for 10 seconds with full recovery. Lot # 09284, left arm IM

VAERS ID: [289057](#) ([history](#)) **Vaccinated:** 2007-08-22
Form: Version 1.0 **Onset:** 0000-00-00
Age: 13.0 **Submitted:** 2007-08-24
Sex: Female **Entered:** 2007-08-27
Location: Vermont **Days after submission:** 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0930U / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0535U / 2	RA / SC

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

Symptoms: [Cold compress therapy](#), [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Redness, warmth, swelling and tenderness at injection site. Advised cold compresses, ibuprofen, Benadryl and monitor.

VAERS ID: 289113 (history)	Vaccinated:	2007-08-22
Form: Version 1.0	Onset:	2007-08-22
Age: 9.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-08-27
Location: Vermont	Days after onset:	5
	Entered:	2007-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0837U / 2	LA / SC

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

Symptoms: [Headache](#), [Injection site erythema](#), [Injection site nodule](#), [Pain in extremity](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None noted**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** C/O HA since day of booster (x 5 days). Motrin not effective. Has 1 1/2cm red hard lump at site; entire upper arm painful to touch.

VAERS ID: 289336 (history)	Vaccinated:	2007-04-09
Form: Version 1.0	Onset:	2007-05-21
Age: 0.17	Days after vaccination:	42
Sex: Female	Submitted:	2007-08-29
Location: Vermont	Days after onset:	100
	Entered:	2007-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B070BA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF014AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	808691K / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0979F / UNK	MO / PO

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Coronary artery aneurysm](#), [Immunoglobulin therapy](#), [Kawasaki's disease](#)**SMQs:** Vasculitis (narrow), Immune-mediated/autoimmune disorders (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** Yes, 4 days**Extended hospital stay?** No

Previous Vaccinations:**Other Medications:****Current Illness:** None**Preexisting Conditions:** PMH: none. Maternal hx of Lupus. NKDA.**Allergies:**

Diagnostic Lab Data: LABS 5/21/07: blood & urine c/s neg. WBC 26.5, neutros 64.5 (H), lymphs 24 (L), monos 3 (L). CXR WNL. Labs and Diagnostics 5/29-6/02/07: Echocardiogram w/ dilatation of R & L coronary arteries, LAD and circumflex arteries. (+) aneurysmal changes. Repeat Echo as above with ectasia of the R & L main coronary arteries. CRP 148.9 down to 15.6. ESR 128 to 122. Platelets 1140 to 1218 @ d/c. LFTs WNL. Blood sugars WNL.

CDC Split Type:

Write-up: Kawasaki disease with probable coronary aneurysms. 9/10/2007 MR received for DOS 5/29-6/02/2007 for admission for DX of Kawasaki's Disease. Seen in ER at another facility for fever and discharged. Infant continued with fevers and developed red, cracked lips, red conjunctiva, and a diffuse macular rash. Emesis and diarrhea also present, now resolved. PE significant for tachycardia, (+) murmur, and erythematous macular rash. Txd with IVIG, ASA, and propranolol. D/C PE WNL except 1/6 systolic ejection murmur. 9/11/2007 Reviewed ER medical records of 5/21/07 which reveal patient experienced fever, nasal congestion, runny nose. Patient's 3 siblings have vupper respiratory viral syndromes. Tx w/IM antibiotics x 1. Released to home. FINAL DX: Fever. 5/12/10 Follow up: unknown-coronary arter aneurysms have resolved, but longterm effects of this unknown.

VAERS ID: 290148 (history)	Vaccinated:	2007-08-27
Form: Version 1.0	Onset:	2007-08-28
Age: 17.0	Days after vaccination:	1
Sex: Female	Submitted:	2007-09-07
Location: Vermont	Days after onset:	10
	Entered:	2007-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1061U / 2	LA / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Anorexia](#), [Chills](#), [Fatigue](#), [Pyrexia](#), [Rash erythematous](#), [Swelling face](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No

Hospitalized? No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** none**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt began to feel fatigue and anorexic the day after administration. This became progressively worse and then developed chills and rash on day 4. On day 5 awoke with swollen face, temp 101.3 in office and erythematous rash on face and slight on left upper arm and upper chest. Was seen in the office at that point and recommended to initiate Benadryl 50mg every 6 hrs for 48 hrs. Her fever was gone the next day and the swelling and rash subsided within 2-3 days.

VAERS ID: 290167 (history)	Vaccinated:	2007-09-06
Form: Version 1.0	Onset:	2007-09-06
Age: 1.5	Days after vaccination:	0
Sex: Male	Submitted:	2007-09-07
Location: Vermont	Days after onset:	1
	Entered:	2007-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB129AA / 2	LL / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Rash macular](#)**SMQs.:** Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** URI Symptoms - no fever**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:** VT0907071**Write-up:** Came into office with red splotches behind legs, woke from nap with them. Plan to treat

with Atarax and call mom for F/U.

VAERS ID: 290618 (history)	Vaccinated:	2007-08-31
Form: Version 1.0	Onset:	2007-09-01
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2007-09-14
Location: Vermont	Days after onset:	13
	Entered:	2007-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B046AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0873 / 4	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site pruritus](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Redness, swelling, itching at injection site.

VAERS ID: 292270 (history)	Vaccinated:	2007-07-17
Form: Version 1.0	Onset:	2007-07-17
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-10-07
Location: Vermont	Days after onset:	82
	Entered:	2007-10-05
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1447F / 3	RA / IM

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

Symptoms: [Injection site discharge](#), [Injection site erythema](#), [Injection site haemorrhage](#), [Injection site induration](#), [Injection site scab](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Same day as administered, injection site bled, oozed clear fluid and eventually scabbed over. Site also became red, with a hard lump, this lasted for 3 weeks. Pt applied ice and used ibuprofen as treatment.

VAERS ID: 292649 (history)	Vaccinated:	2007-10-01
Form: Version 1.0	Onset:	2007-10-02
Age: 10.0	Days after vaccination:	1
Sex: Male	Submitted:	2007-10-03
Location: Vermont	Days after onset:	1
	Entered:	2007-10-10
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1251U / 2	LA / SC

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

Symptoms: [Injection site erythema](#), [Oedema peripheral](#)

SMQs: Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Advair; Albuterol MDI PRN; Zyrtec

Current Illness: None noted

Preexisting Conditions: Bee allergy - gets allergy shots every 8 weeks

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 10/03/07 at 1630. Mom called describing 4"x3" round red area at site. 1/2 upper arm swollen and red started last night - mom called on call. Directed to take Zyrtec. Better today mom reports.

VAERS ID: 294303 (history)	Vaccinated:	2007-10-22
Form: Version 1.0	Onset:	2007-10-24
Age: 0.2	Days after vaccination:	2
Sex: Male	Submitted:	2007-10-24
Location: Vermont	Days after onset:	0
	Entered:	2007-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B127AA / 1	UN / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	UN / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 1	UN / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0504U / 1	MO / PO

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

Symptoms: [Breast feeding](#), [Haematochezia](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad)

Life Threatening? No

Birth Defect? No

Died? No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Vaccines done 10/22/07. Mom noted flecks of blood in stool, no other sx. Breast feeding, no formula.

VAERS ID: 294458 (history)	Vaccinated:	2007-10-19
Form: Version 1.0	Onset:	2007-10-19
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-10-25
Location: Vermont	Days after onset:	6
	Entered:	2007-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0522U / 3	LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Rash generalised](#), [Rash pruritic](#)**SMQs.:** Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Prozac; Denizen**Current Illness:** None noted**Preexisting Conditions:** None**Allergies:**

Diagnostic Lab Data: None**CDC Split Type:****Write-up:** 10/19/07 Received HPV #3, itchy rash started several hours after HPV #3 at injection site. Spread all over body. Took Benadryl. Rash gone 3-4 hrs later.

VAERS ID: 294494 (history)	Vaccinated:	2007-10-24
Form: Version 1.0	Onset:	2007-10-25
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2007-10-25
Location: Vermont	Days after onset:	0
	Entered:	2007-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B049AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	20873 / 4	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1333U / 2	LA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Pain in extremity](#), [Swelling](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** FLUORIDE; MIRALAX PRN**Current Illness:** None noted**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient received vaccines at 5 year patient 10/24/07. No calling today to report red, swollen, painful hard area size of baseball left arm. Tylenol for discomfort no itching

VAERS ID: [295600](#) ([history](#)) **Vaccinated:** 2007-10-25
Form: Version 1.0 **Onset:** 2007-10-25
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2007-11-01
Location: Vermont **Days after onset:** 7
Entered: 2007-11-05
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1333U / 2	LA / SC

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

Symptoms: [Erythema](#), [Pain](#), [Pruritus](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: instantly ached, same afternoon of vaccine increased swelling and redness. Redness and swelling persisted x 4 days. (+) itch.

VAERS ID: [297461](#) ([history](#)) **Vaccinated:** 2007-11-19
Form: Version 1.0 **Onset:** 2007-11-19
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2007-11-20
Location: Vermont **Days after onset:** 1
Entered: 2007-11-20

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

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

Symptoms: [Erythema](#), [Induration](#), [Pruritus](#), [Pyrexia](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Later in the evening after receiving vaccine pt has some swelling, in the morning had redness and hardening of area along with fever of 100.5 and itchiness. Advised Benadryl, Tylenol, cold compresses and observation.

VAERS ID: 298921 (history)	Vaccinated:	2007-08-30
Form: Version 1.0	Onset:	2007-08-30
Age: 0.2	Days after vaccination:	0
Sex: Male	Submitted:	2007-12-06
Location: Vermont	Days after onset:	98
	Entered:	2007-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B127AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	RL / IM

PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08690E / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0504U / 1	MO / PO

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

Symptoms: [Abdominal pain](#), [Diet refusal](#), [Irritability](#), [Pyrexia](#), [Retching](#), [Screaming](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Ranitidine

Current Illness: None

Preexisting Conditions: GE reflux

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Began with severe screaming and flailing of arms & legs 2 hrs. after receiving vaccines. Acted like he had abdominal pain, wouldn't drink bottle, gagging & dry heaving, febrile x10-12 hrs. Ty1 given q 4 hrs & ibuprofen q 6 hrs x24 hrs.

VAERS ID: 298925 (history)	Vaccinated:	2007-11-15
Form: Version 1.0	Onset:	2007-11-15
Age: 0.2	Days after vaccination:	0
Sex: Female	Submitted:	2007-12-06
Location: Vermont	Days after onset:	21
	Entered:	2007-12-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B114BB / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF110AA / 1	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0507U / 1	MO / PO

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

Symptoms: [Abdominal pain upper](#), [Crying](#), [Diet refusal](#), [Screaming](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Began screaming inconsolably about 5 hrs after vaccines. Wouldn't breast feed. Mom states she acts like her belly hurts. Suggest Tylenol, warm bath & comf measures.

VAERS ID: 298953 (history)	Vaccinated:	2007-11-26
Form: Version 1.0	Onset:	2007-11-26
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	2007-11-28
Location: Vermont	Days after onset:	2
	Entered:	2007-12-06
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2386BA / 1	LA / IM

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

Symptoms: [Drug hypersensitivity](#), [Erythema](#), [Musculoskeletal stiffness](#), [Pruritus](#), [Rash](#), [Skin warm](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Dystonia (broad), Parkinson-like

events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Pharyngitis

Preexisting Conditions: Bactrim-Rash

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: stiff neck within 12 hr-redness-swelling-hot itchy x 24 hr

VAERS ID: 302604 (history)	Vaccinated:	2008-01-07
Form: Version 1.0	Onset:	2008-01-09
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2008-01-14
Location: Vermont	Days after onset:	5
	Entered:	2008-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B042BA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A01692 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0411U / 2	RA / IM

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

Symptoms: [Enuresis](#)

SMQs:

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** none**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** He has been wetting the bed, sometimes twice a night starting one day after the shots. Normally he only has an accident once a month.

VAERS ID: 304109 (history)	Vaccinated:	2007-11-14
Form: Version 1.0	Onset:	2007-11-14
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	2008-01-25
Location: Vermont	Days after onset:	72
	Entered:	2008-02-01
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0929U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2182AA / 1	RA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Bradycardia](#), [Electrocardiogram](#), [Laboratory test](#), [Syncope](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Yaz

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: Labs EKG - Seen by cardiologist ER LABS: CBC, chemistry, cardiac enzymes, UA all WNL. Hospital LABS: EKG revealed bradycardia. Echocardiogram WNL. Stress test WNL.

CDC Split Type:

Write-up: Immediately after shots - became faint with pulse 50; Next Am had syncopal episode - \$g ER -\$g hosp Adm. with significant bradycardia -\$g cardiac work-up; now on Atenolol. 2/1/08 Reviewed ER medical records of 11/15/07 which reveal patient experienced feeling lightheaded, warmth & nauseated. Felt faint, lost consciousness & collapsed for approx 1 min witnessed by parent. Recovered at the scene. In ER placed on O2. Had additional episodes of syncope w/HR 30"s while laying on gurney in ER. Noted to have eye twitching, pallor & eyes rolling back in head, flaccid. Awoke immediately but was very tired. Transferred to higher level of care. FINAL ER Dx: syncope of unknown cause. 2/8/08 Reviewed hospital medical records which reveal patient admitted to PICU 11/15-11/16/2007. Cardio consult done. Syncopal episodes felt to be neurocardiogenic w/significant cardioinhibitory component, resulting in secondary bradycardia/asystole & syncope. Tx w/meds & hydration & d/c to home w/cardio f/u. FINAL DX: syncope, probably neurally-mediated syncope; periods of marked bradycardia.

VAERS ID: [304596](#) ([history](#)) **Vaccinated:** 2007-11-26
Form: Version 1.0 **Onset:** 2007-11-26
Age: 0.1 **Days after vaccination:** 0
Sex: Male **Submitted:** 2007-11-26
Location: Vermont **Days after onset:** 0
Entered: 2008-02-08
Days after submission: 74

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B129AA / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	201AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	870143AA / 1	LL / IM

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

Symptoms: [Body temperature increased](#), [Irritability](#)

SMQs: Neuroleptic malignant syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Temperature 100.4. Seen 11-26-07 in evening, fussy for 2 days, temperature 101.6.

VAERS ID: [306429](#) ([history](#)) **Vaccinated:** 2008-02-25
Form: Version 1.0 **Onset:** 2008-02-27
Age: 5.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2008-02-28
Location: Vermont **Days after onset:** 1
Entered: 2008-03-04
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 3	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0169 / 3	RA / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0526U / 2	LA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1471U / 2	RA / UN

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Large, warm, red, swelling at site. Approximately 10cm long, 6cm wide.

VAERS ID: [306651](#) ([history](#)) **Vaccinated:** 2008-02-14
Form: Version 1.0 **Onset:** 0000-00-00
Age: 3.0 **Submitted:** 2008-02-14
Sex: Female **Entered:** 2008-03-07
Location: Vermont **Days after submission:** 22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B129AA / 4	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	Z0306-2 / 5	LL / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0539F / 2	RA / SC

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

Symptoms: [Wrong drug administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: topical lotrisone

Current Illness: OM

Preexisting Conditions: eczema

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: DTap, IPV, and MMR ordered. DTap/IPV/HepB IPV and MMR administered

VAERS ID: [306928](#) ([history](#)) **Vaccinated:** 2008-02-26
Form: Version 1.0 **Onset:** 2008-02-26
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2008-03-07
Location: Vermont **Days after onset:** 10
Entered: 2008-03-12
Days after submission: 4

		Site /

Vaccination / Manufacturer	Lot / Dose	Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0169 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1471U / 2	RA / SC

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

Symptoms: [Erythema](#), [Pruritus](#), [Skin warm](#), [Swelling](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Left upper extremity redness, warmth, swelling, mild itching approximately 7cm area.

VAERS ID: 307223 (history)	Vaccinated:	2008-03-10
Form: Version 1.0	Onset:	2008-03-11
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2008-03-12
Location: Vermont	Days after onset:	1
	Entered:	2008-03-17
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	4B054AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0301 / 4	LA / SC

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1512U / 2	RA / SC

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

Symptoms: [Local reaction](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Large local reaction to DTaP on (L) arm.

VAERS ID: 307712 (history)	Vaccinated:	2008-03-14
Form: Version 1.0	Onset:	2008-03-16
Age: 11.0	Days after vaccination:	2
Sex: Male	Submitted:	2008-03-17
Location: Vermont	Days after onset:	1
	Entered:	2008-03-21
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2384BA / 1	LA / IM

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

Symptoms: [Erythema](#), [Skin warm](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** Well child**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 4cm x 6cm, red hot area on left upper deltoid; Zyrtec 10 mg qd, NSAIDS

VAERS ID: 307953 (history)	Vaccinated:	2008-02-21
Form: Version 1.0	Onset:	2008-03-03
Age: 1.0	Days after vaccination:	11
Sex: Female	Submitted:	2008-03-14
Location: Vermont	Days after onset:	10
	Entered:	2008-03-24
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0424U / 1	RL / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B08700H / 5	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1273U / 1	RL / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Irritability](#), [Pruritus](#), [Pyrexia](#), [Rash generalised](#), [Rash papular](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No

ER Visit? Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Fever, severe diffuse full-body rash with red confluent papules and raised urticarial lesions, pruritis, irritability. Her twin sister had same shots and identical reaction.

VAERS ID: 308740 (history)	Vaccinated:	2006-03-24
Form: Version 1.0	Onset:	2006-03-24
Age: 0.5	Days after vaccination:	0
Sex: Male	Submitted:	2008-03-26
Location: Vermont	Days after onset:	732
	Entered:	2008-04-01
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B137AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF119AA / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	B97283C / 2	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Body temperature increased](#), [Crying](#), [Irritability](#), [Muscle rigidity](#), [Oedema peripheral](#), [Opisthotonus](#)**SMQs:** Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Dystonia (narrow), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:** intense crying~Hib (no brand name)~1~0.17~In Patient**Other Medications:****Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: 4 hrs after vaccine sudden onset of intense crying (inconsolable) arching back rigid could not put in carseat both legs swollen temp began with irritability T max 103 similar event at 2mos when received no series at 4 mos had HIB only- fussy, temp 99 but much less than when he had all 3 shots at 2mos + 6 mos

VAERS ID: [309052](#) (history) **Vaccinated:** 2008-04-02**Form:** Version 1.0 **Onset:** 0000-00-00**Age:** 17.0 **Submitted:** 0000-00-00**Sex:** Unknown **Entered:** 2008-04-07**Location:** Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB216AA / UNK	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / UNK	RA / IM

Administered by: Private **Purchased by:** Other**Symptoms:** [Convulsion](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:**

Diagnostic Lab Data:**CDC Split Type:**

Write-up: After HPV and Hep A were administered patient fainted and had a brief seizure lasting approx. 30 seconds. Patient recovered and left with mom. HPV isn't listed under vaccines: Merck, lot # 1740U, right arm, IM.

VAERS ID: 309909 (history)	Vaccinated:	2008-04-15
Form: Version 1.0	Onset:	2008-04-16
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2008-04-17
Location: Vermont	Days after onset:	1
	Entered:	2008-04-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B051AA / 5	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0301 / 4	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Right deltoid red/swollen \$g 1/2".

VAERS ID: [311652](#) ([history](#)) **Vaccinated:** 2008-05-01
Form: Version 1.0 **Onset:** 2008-05-03
Age: 9.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 2008-05-05
Location: Vermont **Days after onset:** 2
Entered: 2008-05-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1448U / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B019AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1768U / 2	LA / SC

Administered by: Other **Purchased by:** Public

Symptoms: [Erythema](#), [Inappropriate schedule of drug administration](#), [Local reaction](#), [Pain in extremity](#), [Skin warm](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~Varicella (Varivax)~2~6.00~In Sibling

Other Medications: Lexapro 5mg daily

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: c/o R arm hurt on 5/2/08 & then on 5/3/08 arm redness & warmth developed. 7 1/2" L x 6" W redness & warmth R upper arm. Able to lift arm overhead & strong hand squeeze. Dx: Local reaction to shot, allergic vrs. cellulitis. TC to mom 5/5/08 & she did begin Keflex 500mg TID x5 days due to increased redness below elbow. Taking as prescribed.

VAERS ID: [312256](#) ([history](#)) **Vaccinated:** 2008-05-02
Form: Version 1.0 **Onset:** 2008-05-02
Age: 0.33 **Days after vaccination:** 0
Sex: Male **Submitted:** 2008-05-13
Location: Vermont **Days after onset:** 11
Entered: 2008-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B139AA / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF292AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57536 / 2	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	170U / 1	MO / PO

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

Symptoms: [Pyrexia](#), [Rash erythematous](#), [Vaccine positive rechallenge](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: S/P first set of immunizations developed fever and fine red rash x2 days. S/P second set of immunizations began to develop fine red rash within 20 mins. of immunizations. Given Benadryl 1/4 tsp in office with resolution of rash. Rash did not return but had fever x48 hours again, peaked @102.0 with Tylenol

VAERS ID: [313800](#) ([history](#)) **Vaccinated:** 2008-05-20
Form: Version 1.0 **Onset:** 2008-05-22
Age: 4.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2008-05-22
Location: Vermont **Days after onset:** 0
Entered: 2008-05-28
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B060AB / 4	RA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0298 / 4	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0866U / 2	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1768U / UNK	LL / SC

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

Symptoms: [Injection site erythema](#), [Injection site pruritus](#), [Injection site swelling](#), [Oedema peripheral](#)

SMQs: Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: Adopted

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 2nd day after shots, mom noticed kept scratching his lefty arm. Mom noticed red area red raised, spread thru-out day, kept scratching, entire left upper arm red

VAERS ID: [315890](#) ([history](#)) **Vaccinated:** 2008-06-06
Form: Version 1.0 **Onset:** 0000-00-00
Age: 12.0 **Submitted:** 2008-06-10
Sex: Male **Entered:** 2008-06-10
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	942440 / UNK	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	1925U / UNK	LA / UN
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC14B049AA / UNK	UN / UN
VARCEL: VARICELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	008X / UNK	LA / UN

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

Symptoms: [Body temperature increased](#), [Culture wound negative](#), [Hypersensitivity](#), [Incisional drainage](#), [Injection site erythema](#), [Injection site induration](#)

SMQs: Angioedema (broad), Neuroleptic malignant syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: Wound culture -\$g " no growth" = Final report

CDC Split Type:

Write-up: 12 year old male "allergic reaction to varicella vacc."; 6/8 seen in ER at hospital; Temperature 99.9 - Induration 3cm left tricep-surrounded by 10cm erythema I+D -\$g serosanguineous fluid -\$g rare gram pos/epith cells/Rbc. No growth

VAERS ID: [316313](#) ([history](#)) **Vaccinated:** 2008-05-23
Form: Version 1.0 **Onset:** 2008-05-24
Age: 10.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-06-11
Location: Vermont **Days after onset:** 18
Entered: 2008-06-16
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1805U / 2	UN / SC

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site pruritus](#), [Injection site swelling](#), [Injection site warmth](#), [Rash macular](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: multi vitamin

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: none

CDC Split Type:

Write-up: VARIVAX given 5/23/08. 5/24/08 2" red itchy, swelling around injection site. 5/25/08 well circumscribed blotchy red warm tender swelling 6x8cm.

VAERS ID: [317729](#) ([history](#)) **Vaccinated:** 2008-06-16
Form: Version 1.0 **Onset:** 2008-06-18
Age: 4.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2008-06-18
Location: Vermont **Days after onset:** 0
Entered: 2008-06-27
Days after submission: 9

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B0606AB / 5	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0390X / 2	LA / SC

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

Symptoms: [Induration](#), [Pallor](#), [Swelling](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Eczema

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Indurated wheal - 3 cm diameter around injection site and surrounding pale, pink swelling approximately 10 cm diameter.

VAERS ID: 318329 (history)	Vaccinated:	2008-07-02
Form: Version 1.0	Onset:	2008-07-03
Age: 14.0	Days after vaccination:	1
Sex: Male	Submitted:	2008-07-07
Location: Vermont	Days after onset:	4
	Entered:	2008-07-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2423AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC5213019AA / 1	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site pruritus](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: cleft uvula at birth

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Mom calling 2nd day red, raised, warm to touch. Swollen size of "1/2 baseball", + itching, + tenderness at site.

VAERS ID: 319516 (history)	Vaccinated:	2008-07-16
Form: Version 1.0	Onset:	2008-07-16
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	2008-07-17
Location: Vermont	Days after onset:	1
	Entered:	2008-07-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0070X / 2	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1465U / 2	LA / SC

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

Symptoms: [Hypoaesthesia](#), [Nausea](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** No**Preexisting Conditions:** No**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Numbness in face, hands, & abdomen, nausea, vomiting x4.

VAERS ID: 320135 (history)	Vaccinated:	2008-07-18
Form: Version 1.0	Onset:	2008-07-18
Age: 0.5	Days after vaccination:	0
Sex: Male	Submitted:	2008-07-22
Location: Vermont	Days after onset:	4
	Entered:	2008-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B149AA / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF368AB / 3	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57538 / 3	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0144X / 3	MO / PO

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Rash](#)**SMQs:** Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:**

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Shortly after injection rash occurs, this time we pre treated him with benadryl and he still had a rash within minutes after injections

VAERS ID: 320252 (history)	Vaccinated:	2008-07-16
Form: Version 1.0	Onset:	2008-07-16
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	2008-07-17
Location: Vermont	Days after onset:	1
	Entered:	2008-07-23
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	0492 / 4	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0147X / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1897U / 2	RA / SC

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

Symptoms: [Erythema](#), [Induration](#), [Local reaction](#), [Pain](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Large, local reaction to DPAT left arm 9 x 11 cm induration, erythema, pain.

VAERS ID: [320916](#) ([history](#)) **Vaccinated:** 2008-07-25
Form: Version 1.0 **Onset:** 2008-07-26
Age: 15.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-07-28
Location: Vermont **Days after onset:** 2
Entered: 2008-07-31
Days after submission: 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 2	LA / IM

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

Symptoms: [Oedema peripheral](#), [Rash](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Rash on various parts of body right thumb swollen.

VAERS ID: [321357](#) ([history](#)) **Vaccinated:** 2008-07-23
Form: Version 1.0 **Onset:** 2008-07-24
Age: 15.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2008-07-28
Location: Vermont **Days after onset:** 4
Entered: 2008-08-05
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2638AA / 1	LA / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	1380U / 1	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Leukocytosis](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Leukocytosis, fever, injection site swelling + erythema.

VAERS ID: 321786 (history)	Vaccinated:	2008-07-24
Form: Version 1.0	Onset:	2008-07-27
Age: 13.0	Days after vaccination:	3
Sex: Female	Submitted:	2008-08-11
Location: Vermont	Days after onset:	15
	Entered:	2008-08-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2633AA / 1	RA / IM

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

Symptoms: [Blood creatine phosphokinase](#), [Borrelia burgdorferi serology negative](#), [Full blood](#)

[count](#), [Gait disturbance](#), [Headache](#), [Myalgia](#), [Pain](#), [Parvovirus B19 serology positive](#), [Pyrexia](#), [Red blood cell sedimentation rate increased](#)

SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: H/O peanut/nut allergy

Allergies:

Diagnostic Lab Data: CK; Mono; BH: CBC; Lyme titer NL; ESR increased, 30; Parvo B19, c/w post infection

CDC Split Type:

Write-up: Fever 101-103 associated with headache & body aches. Intense muscle aches lower extrem \$g upper extrem to the point of difficulty walking, getting out of chair, etc. Duration 5-6d. Rx ibuprofen 600mg q 6 hr.

VAERS ID: 321792 (history)	Vaccinated:	2008-08-05
Form: Version 1.0	Onset:	2008-08-05
Age: 14.0	Days after vaccination:	0
Sex: Female	Submitted:	2008-08-05
Location: Vermont	Days after onset:	0
	Entered:	2008-08-11
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1968U / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2384BA / 1	RA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Syncope ~3 min - cold cloths to forehead, juice.

VAERS ID: 322205 (history)	Vaccinated:	2008-02-04
Form: Version 1.0	Onset:	2008-02-05
Age: 13.0	Days after vaccination:	1
Sex: Female	Submitted:	2008-08-14
Location: Vermont	Days after onset:	190
	Entered:	2008-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0525U / 1	LA / IM

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

Symptoms: [Abdominal pain](#), [Asthenia](#), [Malaise](#), [Pain](#)

SMQs:, Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: 24 hours after gardasil feels unwell with abdominal pain, ackey, sore decreased energy lasting approx 1 to 2 days

VAERS ID: 322206 (history)	Vaccinated:	2008-04-07
Form: Version 1.0	Onset:	2008-04-08
Age: 13.0	Days after vaccination:	1
Sex: Female	Submitted:	2008-08-14
Location: Vermont	Days after onset:	128
	Entered:	2008-08-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1448U / 2	LA / IM

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

Symptoms: [Abdominal pain](#), [Asthenia](#), [Influenza like illness](#), [Malaise](#), [Pain](#)

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 24 hours after 2nd HPV injection patient became ill with flu like sytoms, body aches, abdominal pain, decreased energy, generally feeling unwell.

VAERS ID: [322296](#) ([history](#)) **Vaccinated:** 2008-08-13
Form: Version 1.0 **Onset:** 2008-08-14
Age: 14.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-08-15
Location: Vermont **Days after onset:** 1
Entered: 2008-08-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B027AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0334X / 2	RA / SC

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

Symptoms: [Injection site pain](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Upper Right arm slightly swollen, hot to touch, pain with shoulder abduction. At site of varicella injection.

VAERS ID: [323917](#) ([history](#)) **Vaccinated:** 2008-08-22
Form: Version 1.0 **Onset:** 2008-08-28
Age: 11.0 **Days after vaccination:** 6
Sex: Female **Submitted:** 2008-09-02
Location: Vermont **Days after onset:** 5
Entered: 2008-09-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0381X / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2686AA / 1	LA / IM

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

Symptoms: [Pharyngolaryngeal pain](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~DTaP (no brand name)~5~4.00~In Patient

Other Medications:

Current Illness: None

Preexisting Conditions: ?Tetanus toxoid

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Please see hospital notes - skin rash. Patient has developed a rash over the last 2 hours on her arms and left knees. She is now complaining of throat pain. She got her first GARDASIL shot and her meningitis vaccine about 7 days ago and her mom says when patient was five she had a reaction to a tetanus shot 6 days after she got the vaccine. Mom is concerned.

VAERS ID: 324374 (history)	Vaccinated:	2008-09-04
Form: Version 1.0	Onset:	2008-09-04
Age: 12.0	Days after vaccination:	0
Sex: Male	Submitted:	2008-09-05
Location: Vermont	Days after onset:	1
	Entered:	2008-09-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2632AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	ACS2BO30AA / 1	LA / IM

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0954X / 2	LA / SC
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Administered by: Private **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site pruritus](#), [Injection site swelling](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NONE

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: TELEPHONE CALL FROM MOM STATING VARICELLA INJECTION SITE ITCHY, SIZE OF SOFTBALL, REDDENED AND SWOLLEN APPROX 1/2" HIGH. MENINGOCOCCAL INJECTION SITE REDDENED ABOUT 1/2 DOLLAR SIZED, SWOLLEN, AND ACHY. INSTRUCTED TO APPLY ICE AND GIVE BENADRYL AND TO COME TO OFFICE IF SYMPTOMS WORSEN, OR FEVER OR RASH APPEARS.

VAERS ID: 326208 (history)	Vaccinated:	2008-09-23
Form: Version 1.0	Onset:	2008-09-24
Age: 14.0	Days after vaccination:	1
Sex: Female	Submitted:	2008-09-24
Location: Vermont	Days after onset:	0
	Entered:	2008-09-25
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2661AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site inflammation](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Lg red, baseball size, inflamed injection site, 24 hours post shot. Ice, ibuprofen, BENADRYL.

VAERS ID: 326279 (history)	Vaccinated:	2008-09-19
Form: Version 1.0	Onset:	2008-09-20
Age: 12.0	Days after vaccination:	1
Sex: Male	Submitted:	2008-09-22
Location: Vermont	Days after onset:	2
	Entered:	2008-09-26
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC528030AA / 1	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Chills](#), [Muscle twitching](#), [Pyrexia](#), [Vomiting](#)
SMQs.: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (broad), Dystonia (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:**Other Medications:** ZOLOFT**Current Illness:** None**Preexisting Conditions:** ODD/OCD**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: On set 9-20-2008 0500 - of fever, chills, twitching, full body, vomited x1 (vomiting reported by child) not certain as parent did not witness discussed with on call MD - question flu like viral illness or reaction to TDAP. Monitor & hydrate call if increasing concerns.

VAERS ID: 327133 (history)	Vaccinated:	2008-06-25
Form: Version 1.0	Onset:	2008-09-29
Age: 0.2	Days after vaccination:	96
Sex: Female	Submitted:	2008-10-04
Location: Vermont	Days after onset:	5
	Entered:	2008-10-06
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B142AA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF345AC / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C57538 / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	0970U / 1	MO / PO

Administered by: Private **Purchased by:** Public**Symptoms:** [Barium double contrast](#), [Intussusception](#)**SMQs:** Gastrointestinal obstruction (narrow)**Life Threatening?** Yes**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None 9/20/08-records received-Two weeks prior developed upper

respiratory infection with runny nose and slight cough.

Allergies:

Diagnostic Lab Data: Air contrast enema - diagnostic + therapeutic 9/20/08-records received-CXR increased density in right middle lobe. Abdominal x-ray normal. 10/28/08-records received-Barium enema reduction with air enema.WBC 21.

CDC Split Type:

Write-up: 9/29/08 Intussusception - reduced with air contrast enema. 10/08/08-records received for DOS 9/20/08-presented with vomiting, lethargy and cough. On day of admission began to vomiting 1-15 times and greenish in color with dark material in it. Diapers not wet, decreased urine output. Not interested in drinking. Weight loss, pale with decreased capillary refill and decreased responsiveness to stimulation and pain. Tachycardic, abdomen distended infrequent bowel sounds. Transferred to another facility. 10/08/08-ED report for DOS 10/8/08-C/O lethargy, pale and bilious forming again. Probably recurrent intussusception. Previously hospitalized for intussusception and lung infection on 9/29/08. 10/28/08-records received from receiving facility for DOS 9/30/08 and 10/8-10/9/08-DC DX: Reduced Intussusception.

VAERS ID: 328559 (history)	Vaccinated:	2008-09-22
Form: Version 1.0	Onset:	2008-10-04
Age: 1.0	Days after vaccination:	12
Sex: Male	Submitted:	2008-10-09
Location: Vermont	Days after onset:	5
	Entered:	2008-10-15
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB245AA / UNK	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	C25655 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0273Y / UNK	LL / SC

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

Symptoms: [Erythema](#), [Injection site abscess](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Abscess at vaccine injection site. 3 given - same thigh. About 2 x 2 cm erythematous area. Rx with antibiotics and warm soaks to area.

VAERS ID: 329616 (history)	Vaccinated:	2008-10-22
Form: Version 1.0	Onset:	2008-10-22
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	2008-10-22
Location: Vermont	Days after onset:	0
	Entered:	2008-10-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2829AA / 1	LA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB247AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U273AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B020AA / UNK	RA / IM

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

Symptoms: [Grand mal convulsion](#), [Scan brain](#)

SMQs: Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: PAMPRIN given 10/21/08

Current Illness:

Preexisting Conditions: Chronic functional abdominal pain

Allergies:

Diagnostic Lab Data: CT Head

CDC Split Type:

Write-up: Patient had clonic / tonic seizure lasting aproximately 60 seconds.

VAERS ID: 330842 (history)	Vaccinated:	2008-10-22
Form: Version 1.0	Onset:	2008-10-23
Age: 9.0	Days after vaccination:	1
Sex: Female	Submitted:	2008-10-24
Location: Vermont	Days after onset:	1
	Entered:	2008-10-31
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2829AA / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B06AA / 1	RA / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Red hot deltoid 180 degrees around. Not circumferential; Tender to palp. Started 24 hrs after shot given Tdap.

VAERS ID: 331763 (history)	Vaccinated:	2008-08-26
Form: Version 1.0	Onset:	2008-08-27
Age: 9.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2008-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	9724308 / 2	UN / SC

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

Symptoms: [Rash](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Per-nasal rash~Varicella (no brand name)~2~12.00~Sibling

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Peri-nasal rash < 24 hours after vaccine. Lasting more than one month.

VAERS ID: 331768 (history)	Vaccinated:	2008-08-26
Form: Version 1.0	Onset:	2008-08-27
Age: 12.0	Days after vaccination:	1
Sex: Male	Submitted:	2008-11-04
Location: Vermont	Days after onset:	69
	Entered:	2008-11-07
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	9724308 / 2	UN / SC

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

Symptoms: [Rash](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Peri-nasl rash~Varicella (no brand name)~2~0.00~In Sibling
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Per-nasal rash < 24 hours after vaccine lasting \$g 1 month.

VAERS ID: 331884 (history)	Vaccinated:	2008-11-07
Form: Version 1.0	Onset:	2008-11-07
Age: 0.83	Days after vaccination:	0
Sex: Male	Submitted:	2008-11-10
Location: Vermont	Days after onset:	3
	Entered:	2008-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U2783CA / 1	LL / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Immediate post-injection reaction](#), [Pyrexia](#), [Rash](#)
SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: High fever (103) 10 mins after injection with rash shortly thereafter

VAERS ID: [332398](#) ([history](#)) **Vaccinated:** 2008-10-29
Form: Version 1.0 **Onset:** 2008-10-29
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2008-11-07
Location: Vermont **Days after onset:** 9
Entered: 2008-11-14
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A029U / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0891X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0536X / 2	RA / SC

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

Symptoms: [Ecchymosis](#), [Erythema](#), [Myalgia](#), [Pyrexia](#), [Skin warm](#), [Swelling](#), [Tenderness](#)

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Peanut, milk, eggs, tree nut allergies

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Developed fever and muscle aches over night. Ecchymosis, erythema, swelling, tenderness and warmth 5x8cm.

VAERS ID: [332976](#) ([history](#)) **Vaccinated:** 2008-11-04
Form: Version 1.0 **Onset:** 2008-11-05
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-11-07
Location: Vermont **Days after onset:** 2
Entered: 2008-11-21
Days after submission: 14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14BO64AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A0492 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0984X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0536X / 2	RA / SC

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

Symptoms: [Erythema](#), [Induration](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Albuterol

Current Illness: None

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Phone call from MGM-red, swollen, firm to touch, starts at (L) shoulder to 2" above elbow.

VAERS ID: [333287](#) ([history](#)) **Vaccinated:** 2008-11-11
Form: Version 1.0 **Onset:** 2008-11-12
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-11-25
Location: Vermont **Days after onset:** 13
Entered: 2008-11-25

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

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

Symptoms: [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None, but did have a UTI two weeks prior and was on Keflex for 10 days

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: My daughter had the LAIV (nasal spray) and had a severe reaction - hives from her head to her toes. She needed to be on steroids to bring relief. Not sure if doctor reported this reaction.

VAERS ID: [337558](#) ([history](#)) **Vaccinated:** 2008-11-25
Form: Version 1.0 **Onset:** 2008-11-26
Age: 4.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-11-26
Location: Vermont **Days after onset:** 0
Entered: 2008-12-18
Days after submission: 22

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	IN500561P / UNK	NS / IN

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

Symptoms: [Chills](#), [Oropharyngeal pain](#), [Pyrexia](#), [Rhinorrhoea](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Concomitant Drug (s) Not Reported

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: MEDI0007561

Write-up: A non-serious spontaneous report of fever, vomiting, chills sore throat, and runny nose has been received from a nurse concerning a four- year old female subsequent to FLUMIST. This case is submitted in accordance with MedImmune's post-marketing commitment on accelerated reporting for the newly indicated population of 2 years to 59 months of age for FLUMIST. Neither past medical history nor concomitant medications were reported. The patient received FLUMIST on 25-Nov-2008. The patient woke up on 26-Nov-2008 with a fever, vomiting, chills, sore throat, and runny nose. The outcome was not reported. The events of fever, vomiting, chills, sore throat, and runny nose resolved on approximately 03-Dec-2008, within one week after the onset of the events. Additional information received 08-Jan-2009 and incorporated into the case outcome and resolution date.

VAERS ID: [336731](#) ([history](#)) **Vaccinated:** 2008-12-23

Form: Version 1.0 **Onset:** 2008-12-23

Age: 14.0 **Days after vaccination:** 0

Sex: Female **Submitted:** 2009-01-07

Location: Vermont **Days after onset:** 15

Entered: 2009-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 3	LA / IM

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

Symptoms: [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Syncope within minutes of administration of vaccines.

VAERS ID: 339904 (history)	Vaccinated:	2009-02-04
Form: Version 1.0	Onset:	2009-02-10
Age: 1.2	Days after vaccination:	6
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2009-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0931X / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1282X / 1	LL / SC

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

Symptoms: [Pyrexia](#), [Rash maculo-papular](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Intermittent fever and maculopapular rash of trunk.

VAERS ID: [339968](#) ([history](#)) **Vaccinated:** 2009-01-09
Form: Version 1.0 **Onset:** 2009-01-09
Age: 4.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-01-19
Location: Vermont **Days after onset:** 10
Entered: 2009-02-18
Days after submission: 30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B064AA / 5	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	A09962 / 4	LA / UN

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

Symptoms: [Rash pruritic](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None

Current Illness: None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient developed itchy rash minutes after imms have given (DTaP + IPV)

VAERS ID: 341427 (history)	Vaccinated:	2009-03-04
Form: Version 1.0	Onset:	2009-03-04
Age: 1.49	Days after vaccination:	0
Sex: Male	Submitted:	2009-03-05
Location: Vermont	Days after onset:	1
	Entered:	2009-03-10
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1469X / 1	RL / SC

Administered by: Public **Purchased by:** Public**Symptoms:** [Gait disturbance](#), [Injection site erythema](#), [Injection site induration](#), [Irritability](#), [Lethargy](#), [Lymphadenopathy](#), [Muscle rigidity](#), [Pyrexia](#)**SMQs:** Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** same~DTaP + HepB + IPV (Pediatrix)~2~0.50~Patient**Other Medications:****Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient spike a fever of 102, became "unconsolable and rigid" within 2 hours after receiving vaccine. Also site of vaccine became "hard as a rock" and "bright red" and hour after administration and patient not able to walk, mom described as "lethargic". Patient dev swollen glands in neck several hours after shot. Similar reactions on 11/15/07 and 3/14/08 to DTaP-HPV-Hep B, HIB, PREVNAR- mild rxn to VARIVAX - No rxn to HIB alone.

VAERS ID: [341638](#) ([history](#)) **Vaccinated:** 2008-09-10
Form: Version 1.0 **Onset:** 2008-10-10
Age: 13.0 **Days after vaccination:** 30
Sex: Female **Submitted:** 2009-03-12
Location: Vermont **Days after onset:** 153
Entered: 2009-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0843X / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U2661AA / 1	RA / IM

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

Symptoms: [Type 1 diabetes mellitus](#), [Vision blurred](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (narrow), Anticholinergic syndrome (broad), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None noted

Preexisting Conditions: None. PMH: acne.

Allergies:

Diagnostic Lab Data: Labs: Fasting glucose 247. UA (+) for glucose and mod ketones. Hgb A1C 11.1%.

CDC Split Type:

Write-up: Mom is requesting VAERS done...one month after receiving MENACTRA & 1st GARDASIL on 9/10/08, Pt had blurred vision. 3 months later diagnosed with Type 1 Diabetes.

3/16/09 MR received from PCP including endocrine consult. Seen for !# yr WCC 9/10/08.

Assessment: healthy. PE WNL. Vax given. Seen by ophth for intermittant blurry vision with visual

acuity OK. Seen 1/29/09 with c/o onset excessive thirst, recent weight loss and increased UO. Reports feeling tired. Dx: New onset Diabetes Type I after labs. Referred to endocrine. Dx: IDDM.

VAERS ID: [341645](#) ([history](#)) **Vaccinated:** 2009-03-11
Form: Version 1.0 **Onset:** 2009-03-12
Age: 1.2 **Days after vaccination:** 1
Sex: Male **Submitted:** 2009-03-12
Location: Vermont **Days after onset:** 0
Entered: 2009-03-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B066AA / 4	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D05879 / 4	LL / IM

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

Symptoms: [Erythema](#), [Induration](#), [Skin mass](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Eczema

Preexisting Conditions: Recent ring worm 3/05/2009

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Red, swollen, hard, lump "the size of 2 Quarters" no c/o discomfort noted.

VAERS ID: [342394](#) ([history](#)) **Vaccinated:** 2009-03-02
Form: Version 1.0 **Onset:** 2009-03-02
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2008-03-09
Location: Vermont **Days after onset:** 358
 Entered: 2009-03-23
 Days after submission: 378

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B066AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	B0009 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1369X / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1541X / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#), [Local reaction](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: none

CDC Split Type:

Write-up: 7x7 cm local swollen, red , warm on lateral left arm. No fever.

VAERS ID: [342799](#) ([history](#)) **Vaccinated:** 2009-03-06
Form: Version 1.0 **Onset:** 2009-03-25
Age: 1.0 **Days after vaccination:** 19
Sex: Female **Submitted:** 2009-03-26
Location: Vermont **Days after onset:** 1
Entered: 2009-03-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB330BA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1506X / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1397X / 1	LL / SC

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

Symptoms: [Injection site erythema](#), [Injection site mass](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride

Current Illness: (+) BOM

Preexisting Conditions: nkda

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Mom calling today to report that on 3/25/09 bright red lump appeared on left leg where she received vaccines at 1yr wcc 3/6/09. No warmth, dime sized with tiny whole in center. No discomfort. Mom reports needle came out of skin and nurse reinserted needle.

VAERS ID: [342906](#) ([history](#)) **Vaccinated:** 2009-03-25
Form: Version 1.0 **Onset:** 2009-03-25
Age: 4.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-03-25
Location: Vermont **Days after onset:** 0
Entered: 2009-03-27
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1469X / 1	RL / SC

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

Symptoms: [Pain in extremity](#), [Pyrexia](#), [Screaming](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 2 hrs after MMR began screaming, writhing and complaining of arm pain (not at site of injection which was not inflamed) screamed x 3 hrs, had fever. Resolved with TYLENOL at about 4 hrs after injection give today. Spent 3 hrs at office under observation.

VAERS ID: [344691](#) ([history](#)) **Vaccinated:** 2009-04-23
Form: Version 1.0 **Onset:** 2009-04-23
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-04-23
Location: Vermont **Days after onset:** 0
Entered: 2009-04-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1740U / 2	RA / IM

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

Symptoms: [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: After leaving office Pt had a delayed fainting spell - Returned to office - No injury.

VAERS ID: 346190 (history)	Vaccinated:	2009-03-25
Form: Version 1.0	Onset:	2009-03-26
Age: 1.34	Days after vaccination:	1
Sex: Female	Submitted:	2009-05-06
Location: Vermont	Days after onset:	41
	Entered:	2009-05-12
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D15050 / 4	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	17384 / 1	LL / SC

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

Symptoms: [Convulsion](#), [Pyrexia](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug

reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: High fever followed by seizure 24 after vaccine

VAERS ID: 349532 (history)	Vaccinated:	2009-03-18
Form: Version 1.0	Onset:	2009-03-28
Age: 1.0	Days after vaccination:	10
Sex: Female	Submitted:	2009-06-18
Location: Vermont	Days after onset:	82
	Entered:	2009-06-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT2792FA / 2	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB329CA / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1506X / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1397X / 1	RL / SC

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

Symptoms: [Erythema](#), [Rash generalised](#), [Rash papular](#), [Rash pruritic](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** Conjunctivitis**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Pt father reported "it looked like hives all over" - Rash-1wk- after MMR II, VARIVAX, HAVRIX given. Red itchy papules 2mm-1cm varying site and location. Lasted 1mo. No resp sx. No intercurrent illness.

VAERS ID: 349673 (history)	Vaccinated:	2009-06-19
Form: Version 1.0	Onset:	2009-06-19
Age: 0.17	Days after vaccination:	0
Sex: Female	Submitted:	2009-06-22
Location: Vermont	Days after onset:	3
	Entered:	2009-06-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B177CA / 1	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UF606AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D36145 / 1	RL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Diet refusal](#), [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none

Current Illness: no**Preexisting Conditions:** none**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Mother came in 6/22/09 stating that child has been fussy, running a low grade fever and unwilling to take a bottle since vaccines given. No fever today, no sign of redness or swelling at injection sites, remains fussy

VAERS ID: 349714 (history)	Vaccinated:	2008-04-10
Form: Version 1.0	Onset:	2008-05-20
Age: 2.0	Days after vaccination:	40
Sex: Female	Submitted:	2009-06-15
Location: Vermont	Days after onset:	391
	Entered:	2009-06-22
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB200BA / 2	UN / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1309U / 1	UN / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Contusion](#), [Idiopathic thrombocytopenic purpura](#), [Platelet count decreased](#)**SMQs:** Haematopoietic thrombocytopenia (narrow), Haemorrhage terms (excl laboratory terms) (narrow), Systemic lupus erythematosus (broad), Accidents and injuries (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** ITP; Bruises from Low Platelet count**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** Plt count 26,000, low; decrease platelet count; still waxing and waning;

She has chronic idiopathic thrombocytopenia but her baseline plt has improved

CDC Split Type:

Write-up: - Child received MMR and Hep A on 4-10-08, at age 2. - Mom noticed increase bruising 1 wk prior to office visit for the same. She was seen on 5-20-08 and Dxd to have Idiopathic Thrombocytopenia; Mom recently let me know that she believes this was a result of vaccination.

VAERS ID: 350573 (history)	Vaccinated:	2009-06-29
Form: Version 1.0	Onset:	2009-06-29
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-06-30
Location: Vermont	Days after onset:	1
	Entered:	2009-06-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LL / -

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

Symptoms: [Anorexia](#), [Chills](#), [Lethargy](#), [Pyrexia](#), [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: fever~Hep A (no brand name)~1~1.00~In Patient

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: vaccination for hepatitis A

CDC Split Type:

Write-up: High fever,lethargic,shakes,chills,no appetite

VAERS ID: [352373](#) ([history](#)) **Vaccinated:** 2009-07-15
Form: Version 1.0 **Onset:** 2009-07-16
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2009-07-21
Location: Vermont **Days after onset:** 5
Entered: 2009-07-24
Days after submission: 3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B080AA / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	B0475 / 4	RA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1773X / 2	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	04944 / 2	LA / SC

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

Symptoms: [Erythema](#), [Skin warm](#), [Tenderness](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: SINGULAIR; ALBUTEROL; FLOVENT; TRIAMCINOLONE; BETAMETHASONE

Current Illness: None

Preexisting Conditions: Asthma; Eczema; IgG deficiency

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 5 cm X 6 cm erythema, red, tender warm to touch

VAERS ID: [355575](#) ([history](#)) **Vaccinated:** 2008-11-25
Form: Version 1.0 **Onset:** 2008-11-26
Age: 10.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2008-11-26
Location: Vermont **Days after onset:** 0
Entered: 2009-08-13
Days after submission: 259

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500561P / UNK	NS / IN

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

Symptoms: [Chills](#), [Oropharyngeal pain](#), [Pyrexia](#), [Rhinorrhoea](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Concomitant Drug(s) Not Reported

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: MEDI0007559

Write-up: A non-serious report of fever, vomiting, chills, sore throat, and runny nose has been received from a nurse concerning a 10-year-old female, subsequent to FLUMIST. No medical history nor concomitant medications were provided. The patient received FLUMIST on 25-Nov-2008. On the next morning, the patient woke up with symptoms of fever, vomiting, chills, sore throat, and runny nose. Outcome for the events not reported.

VAERS ID: [354489](#) (history) **Vaccinated:** 2009-08-04
Form: Version 1.0 **Onset:** 2009-08-10
Age: 11.0 **Days after vaccination:** 6
Sex: Male **Submitted:** 2009-08-12
Location: Vermont **Days after onset:** 2
Entered: 2009-08-18
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3098AA / 1	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site vesicles](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 5 inch by 3 3/4 red raised area at site of injection with small blisters through out area - No itching - burning etc - Temp 97.8.

VAERS ID: [355738](#) (history) **Vaccinated:** 2009-08-25
Form: Version 1.0 **Onset:** 2009-08-26
Age: 4.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2009-08-27
Location: Vermont **Days after onset:** 1
Entered: 2009-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B115AA / 1	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	04264 / 2	RA / SC

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

Symptoms: [Injection site discomfort](#), [Injection site erythema](#), [Injection site swelling](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Upper arm redness, swelling & discomf. Ibuprofen & BENADRYL topical admin.

VAERS ID: 356861 (history)	Vaccinated:	2009-08-19
Form: Version 1.0	Onset:	2009-08-19
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2009-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0672Y / 1	LA / IM

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

Symptoms: [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Syncope several seconds after HPV shot, recovered after several minutes (out X approximately 30 sec) took approximately 10 min to feel better.

VAERS ID: 357557 (history)	Vaccinated:	2009-09-03
Form: Version 1.0	Onset:	2009-09-05
Age: 3.0	Days after vaccination:	2
Sex: Male	Submitted:	2009-09-10
Location: Vermont	Days after onset:	5
	Entered:	2009-09-17
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B100A / 4	RL / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	D0037 / 1	LL / UN

Administered by: Private **Purchased by:** Private**Symptoms:** [Oedema peripheral](#), [Urticaria](#)**SMQs:** Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Mebendazole 100mg**Current Illness:** Pin worms**Preexisting Conditions:** None

Allergies:**Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Pt received Shot Thur and reported "some reaction Sat. to MD. Dr. reassured patient. School nurse and mom report the side polio was received on ended up becoming hives and swelling from groin to knee and hives from midchest down into lower groin.

VAERS ID: 357913 (history)	Vaccinated:	2009-07-01
Form: Version 1.0	Onset:	2009-07-01
Age: 0.17	Days after vaccination:	0
Sex: Female	Submitted:	2009-09-09
Location: Vermont	Days after onset:	70
	Entered:	2009-09-22
	Days after submission:	13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C3295AA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB663AA / 1	LL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D34438 / 1	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	A41FA734A / 1	MO / PO

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

Symptoms: [Condition aggravated](#), [Depressed level of consciousness](#), [Feeding disorder of infancy or early childhood](#), [Heart rate increased](#), [Oxygen saturation](#), [Sinus tachycardia](#), [Tachycardia](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 2 days**Extended hospital stay?** No

Previous Vaccinations:**Other Medications:****Current Illness:** Possible mild viral illness; Borderline anemia**Preexisting Conditions:** Ex 35 + week prematurity. Delivered early secondary tachycardia and concern for infection. Jaundiced at birth.**Allergies:****Diagnostic Lab Data:** HR \$g 200; Sinus tachycardia; Normal O2 saturation; No fever. 10/5/09 Hospital records, DC summary, received DOS 7/2/09 to 7/3/09. LABS and DIAGNOSTICS: CBC - WBC 16.2 (H) RBC 2.91 (L) HGB 8.9 (L) HCT 26.5 (L) Platelets 717 (H) Neut 54% (H) Band 9% (H) Meta 1% (H) Lymph 36% (L) Reticulocytes 2.60 (H). C-Reactive Pr 2.5 (H). CHEM - Glucose 111 (H) Creatinine 0.5 (L). N-terminal pro b-type natriuretic peptide 486 (H). EKG - Abnormal, tachycardia.**CDC Split Type:****Write-up:** Sustained tachycardia presenting as poor feeding and decreased responsiveness. 10/5/09 Hospital records, DC summary, received DOS 7/2/09 to 7/3/09. Assessment: Viral infection with unknown location, anemia unknown etiology, tachycardia, lethargy, dehydration. Patient became lethargic and had low-grade fever. Fussy. Poor feeding and decreased level of activity. Bandemia. Pallor. Grunting respirations. Labored breathing. Spitting up. Heart rate 200 /min. ICD-9 Codes: 785.0 Tachycardia NOS, 285.9 Anemia NOS.

VAERS ID: 359654 (history)	Vaccinated:	2009-09-30
Form: Version 1.0	Onset:	2009-09-30
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-10-06
Location: Vermont	Days after onset:	6
	Entered:	2009-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	- / UNK	- / -

Administered by: Private **Purchased by:** Public**Symptoms:** [Discomfort](#), [Erythema](#), [Facial pain](#), [Headache](#), [Oedema](#), [Rhinalgia](#)**SMQs:** Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Glaucoma (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** no**Preexisting Conditions:** no**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: given nasal flu vaccine - had nose pain, felling of needing to sneeze, later medial face discomfort left greater than right, no runny nose, no cough, some headache bilat temples and some throat clearing. Exam 10/6 reveals erythema and edema of nasal mucosa left \$g right. treated with nasal steroid spray

VAERS ID: 360749 (history)	Vaccinated:	2009-10-10
Form: Version 1.0	Onset:	2009-10-11
Age: 2.0	Days after vaccination:	1
Sex: Female	Submitted:	2009-10-14
Location: Vermont	Days after onset:	3
	Entered:	2009-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3177AA / 2	LL / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Injection site pruritus](#), [Injection site urticaria](#)**SMQs:**, Anaphylactic reaction (broad), Hypersensitivity (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** No**Preexisting Conditions:** Premature at 27 weeks gestation**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Woke up itching on legs, hives developed. Patients father denied any difficult with breathing, patient acting well otherwise. Hives improved with Benedryl.

VAERS ID: [361482](#) ([history](#)) **Vaccinated:** 2009-09-29
Form: Version 1.0 **Onset:** 2009-09-30
Age: 3.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2009-10-15
Location: Vermont **Days after onset:** 15
Entered: 2009-10-19
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B080AA / 2	LL / UN

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

Symptoms: [Abasia](#), [Body temperature increased](#), [Erythema](#), [Injection site pain](#), [Injection site swelling](#), [Skin warm](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dystonia (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Site was swollen and tender temp 100.8 degrees F at office - 9/30/2009 couldn't walk on it. 10/1/2009 - no fever - redness and swelling spread and hot to the touch could walk on it 7x7cm.

VAERS ID: [361988](#) ([history](#)) **Vaccinated:** 2009-10-13
Form: Version 1.0 **Onset:** 2009-10-18
Age: 2.0 **Days after vaccination:** 5
Sex: Male **Submitted:** 2009-10-21
Location: Vermont **Days after onset:** 3
Entered: 2009-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT32531A / 3	LL / IM
FLUN(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (MEDIMMUNE)) / MEDIMMUNE VACCINES, INC.	500759P / 1	NS / IN

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

Symptoms: [Wheezing](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Asthma/bronchospasm (broad), Eosinophilic pneumonia (broad), Hypersensitivity (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Awoke Wheezing with no previous hx. Given Albuterol Nebulizer treatment and sent home with a machine. Went to ER later that day with increased symptoms

VAERS ID: [364021](#) ([history](#)) **Vaccinated:** 2009-10-27
Form: Version 1.0 **Onset:** 2009-10-28
Age: 8.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2009-10-30
Location: Vermont **Days after onset:** 2
Entered: 2009-10-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

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

Symptoms: [Fatigue](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Student takes no medication, to my knowledge. I am unaware if the student had any other vaccines within 4 weeks. I have not notified the family of this report. I have notified the MD.

Current Illness: Did not appear to be ill.

Preexisting Conditions: N/A

Allergies:

Diagnostic Lab Data: At time of report I believe the student is at home resting and recovering and will be returning to school on Monday.

CDC Split Type:

Write-up: Teacher noted fatigue in the AM. Fever checked at noon--103.3. Student was sent home with family for rest and care. MD notified and VDH called to inquire if this report was required. They advised "Yes."

VAERS ID: [364228](#) ([history](#)) **Vaccinated:** 2009-10-29
Form: Version 1.0 **Onset:** 2009-10-29
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-01
Location: Vermont **Days after onset:** 3
Entered: 2009-11-02
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

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

Symptoms: [Nausea](#), [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Reported feeling nauseous following vaccination and then fainted. Responsive within minutes, cold compress applied to forehead. Remained supine for approx. 30 minutes then returned to classroom.

VAERS ID: [364870](#) ([history](#)) **Vaccinated:** 2009-10-27
Form: Version 1.0 **Onset:** 2009-10-28
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2009-11-03
Location: Vermont **Days after onset:** 6
Entered: 2009-11-04
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP10AA / 1	RA / IM

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

Symptoms: [Pyrexia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Fever~ ()~UN~0.00~Patient

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 10/28/09-vomiting in evening. OK next day. 10/30/09-fever 103 degrees in evening-OK next day.

VAERS ID: [364938](#) ([history](#)) **Vaccinated:** 2009-10-23
Form: Version 1.0 **Onset:** 2009-10-23
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-10-27
Location: Vermont **Days after onset:** 4
Entered: 2009-11-04
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP001AA / 1	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3210AA / 4	LL / IM

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

Symptoms: [Rash](#), [Urticaria](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: Vacterl syndrome

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Vomited about 10 min. after vaccine and continued to vomit intermittently for 5 hrs. Developed hive-like rash on trunk and extremities within 1 hour of vaccine which persisted about 5 hrs.

VAERS ID: [365047](#) ([history](#)) **Vaccinated:** 2009-10-26
Form: Version 1.0 **Onset:** 2009-10-26
Age: 9.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-10-26
Location: Vermont **Days after onset:** 0
Entered: 2009-11-04
Days after submission: 9

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	RA / IM

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

Symptoms: [Fall](#), [Muscle twitching](#)

SMQs: Dyskinesia (broad), Dystonia (broad), Accidents and injuries (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Child received H1N1 vaccine, #1 dose, at 10:15 AM. Within 5 minutes patient dropped to the floor. This was not witnessed by an adult. Once observed by adult, within a minute, observer noted minor twitching of upper extremities. Heart rate was 80-88.

VAERS ID: [365156](#) ([history](#)) **Vaccinated:** 2009-11-03
Form: Version 1.0 **Onset:** 2009-11-03
Age: 13.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-04
Location: Vermont **Days after onset:** 1
Entered: 2009-11-04

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / IM

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

Symptoms: [Headache](#), [Hypoaesthesia](#)

SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: One hour after receiving vaccination had a headache. Reported to school nurse, rested and returned to class. Later in day around 2:30 PM experienced left sided numbness in arm and leg. Home at 2:45 reported numbness symptoms to parent who called primary physician. Parent instructed to take child to ED at local hospital. At Southwestern VT Medical Center, child seen in ED with continued left sided numbness in arm and leg. Vital signs & temp within normal limits. ED physician examined child and parent told no abnormal neurological symptoms found. Child released to home. On 11/04/09, child still experiencing left sides numbness in upper leg but not arm. Child returned to school 11-/4/09.

Preexisting Conditions: NKA

Allergies:

Diagnostic Lab Data: Vital signs and temperature No tests done according to parent

CDC Split Type:

Write-up: Headache one hour after vaccination, numbness left arm & leg 2:30 PM evaluation by ED physician No treatment

VAERS ID: 365856 (history)	Vaccinated:	2009-11-06
Form: Version 1.0	Onset:	2009-11-06
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-07
Location: Vermont	Days after onset:	1
	Entered:	2009-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) /	UP017AA /	RA / IM

SANOFI PASTEUR

1

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Chills](#), [Nausea](#), [Pyrexia](#), [Thirst](#), [Vomiting projectile](#)**SMQs:** Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Fever, cold chills, nausea, excessive unquenchable thirst, projectile vomiting.

VAERS ID: 366009 (history)	Vaccinated:	2009-11-04
Form: Version 1.0	Onset:	2009-11-08
Age: 9.0	Days after vaccination:	4
Sex: Male	Submitted:	2009-11-09
Location: Vermont	Days after onset:	1
	Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Cough](#), [Pyrexia](#)**SMQs:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Cough, fever of 101.8, lethargy, cough syrup and Motrin.

VAERS ID: 366010 (history)	Vaccinated:	2009-11-04
Form: Version 1.0	Onset:	2009-11-05
Age: 6.0	Days after vaccination:	1
Sex: Male	Submitted:	2009-11-09
Location: Vermont	Days after onset:	4
	Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (UNKNOWN)) / UNKNOWN MANUFACTURER	- / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: [Cough](#), [Pyrexia](#), [Vomiting](#)
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: No**Preexisting Conditions:** Allergies - dust mites, cats Asthma**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Fever of 102.00, cough, vomiting.

VAERS ID: 366013 (history)	Vaccinated:	2009-11-05
Form: Version 1.0	Onset:	2009-11-05
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-09
Location: Vermont	Days after onset:	4
	Entered:	2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	RA / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Oropharyngeal pain](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none reported**Current Illness:** none known**Preexisting Conditions:** no known allergies or pre-existing conditions**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Approximately 4 hours post vaccine, parent reports c/o sore throat. Fever (101-102F) developed, persisting to next day (none in early am, then recurrence around 10am 11/6), treated with Tylenol by family. h/o family illnesses earlier in the week.

VAERS ID: [366015](#) (history) **Vaccinated:** 2009-11-05
Form: Version 1.0 **Onset:** 2009-11-05
Age: 8.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-09
Location: Vermont **Days after onset:** 4
Entered: 2009-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	RA / IM

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

Symptoms: [Nausea](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none known

Current Illness: none known. h/o family illness earlier in the week

Preexisting Conditions: none known

Allergies:

Diagnostic Lab Data: none

CDC Split Type:

Write-up: c/o nausea several hours following vaccine administration. Rest, sips of water, gradually resolved.

VAERS ID: [366424](#) (history) **Vaccinated:** 2009-11-04
Form: Version 1.0 **Onset:** 2009-11-04
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-04
Location: Vermont **Days after onset:** 0
Entered: 2009-11-10
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP008AA / 1	LA / IM

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

Symptoms: [Body temperature increased](#), [Dry skin](#), [Headache](#), [Malaise](#), [Skin warm](#)

SMQs: Neuroleptic malignant syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: EPIPEN prn; fluoride

Current Illness: None reported

Preexisting Conditions: Peanut allergies; tree nut allergies

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient received the vaccine at 11:00 AM. At 12:00 PM reports to school nurse that he felt "sick". Temp 102 degrees F, skin warm and dry, alert and oriented x 3. RR=28, pulse=120.

Denies difficulty breathing or swallowing. No localized reaction at injection site. No hives.

Complains of headache. Has a history of peanut allergies.

VAERS ID: 366699 (history)	Vaccinated:	2009-11-09
Form: Version 1.0	Onset:	2009-11-09
Age: 5.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-11
Location: Vermont	Days after onset:	2
	Entered:	2009-11-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC203137AA / 5	LA / IM

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

Symptoms: [Dysphonia](#), [Fatigue](#), [Feeling hot](#), [Irritability](#), [Pyrexia](#)

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered 11/9/09. Within 1/2 hr - 40 minutes pt became tired and very warm and irritable through out the same night. Hoarse voice and fever same night. Fever next day 11/10/09 103F. Pt's feeling much better today 11/11/09.

VAERS ID: 366972 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-04
Location: Vermont	Days after onset:	2
	Entered:	2009-11-12
	Days after submission:	8

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

Administered by: Other **Purchased by:** Other

Symptoms: [Chills](#), [Erythema of eyelid](#), [Eyelid pain](#), [Influenza like illness](#), [Influenza serology negative](#), [Swelling](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Periorbital and eyelid disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** Body aches, sl. cough**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** Went to MD 11/3/09 to check L eye. No infection noted. Tested for seasonal flu - negative.**CDC Split Type:****Write-up:** Experienced chills 3 1/2 hour after vaccine admin. At 5:30 patient had 103 fever. Continued with flu-like symptoms x 2 days. T-99 degrees the morning of 11/4. Feeling better. Complained of L lower eyelid soreness with redness and drainage. Periorbital swelling continues as of 11/6/09.

VAERS ID: 367931 (history)	Vaccinated:	2009-11-13
Form: Version 1.0	Onset:	0000-00-00
Age: 6.0	Submitted:	2009-11-16
Sex: Male	Entered:	2009-11-17
Location: Vermont	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / UNK	LA / UN

Administered by: Public **Purchased by:** Other**Symptoms:** [Inappropriate schedule of drug administration](#), [No adverse event](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:**

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Student received dose 2 with this clinic within 21 days of receiving prior H1N1 vaccine per mother of student. Verbal decline form parent failed to be reinforced with paperwork: consent did not get removed. Per mom and school nurse student never showed signs or an adverse reaction to date of form being completed.

VAERS ID: 367990 (history)	Vaccinated:	2009-11-09
Form: Version 1.0	Onset:	2009-11-09
Age: 10.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-09
Location: Vermont	Days after onset:	0
	Entered:	2009-11-17
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	- / IM

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

Symptoms: [Feeling hot](#), [Immediate post-injection reaction](#), [Pallor](#)

SMQs: Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Student became hot/pale immediately after injection. He was given a cool towel for his fore head and put his head between his legs x5 min. Regained normal - temp color within 10 min.

VAERS ID: [367991](#) ([history](#)) **Vaccinated:** 2009-11-09
Form: Version 1.0 **Onset:** 2009-11-09
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2009-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	UN / IM

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

Symptoms: [Erythema](#), [Headache](#), [Local swelling](#), [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Local swelling, redness, itching. Cold pack applied w/ some relief. Some headache.

VAERS ID: [367992](#) ([history](#)) **Vaccinated:** 2009-11-09
Form: Version 1.0 **Onset:** 2009-11-09
Age: 6.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-09
Location: Vermont **Days after onset:** 0
Entered: 2009-11-17
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
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FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP01017AA / 1	AR / IM
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Administered by: Public **Purchased by:** Unknown

Symptoms: [Abdominal pain upper](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Stomach hurts.

VAERS ID: 367996 (history)	Vaccinated:	2009-11-09
Form: Version 1.0	Onset:	2009-11-09
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-09
Location: Vermont	Days after onset:	0
	Entered:	2009-11-17
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	AR / IM

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

Symptoms: [Chest pain](#), [Immediate post-injection reaction](#), [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pat said she felt shaky and her chest hurt immediately after injection. No complaints weaken 20 min after injection.

VAERS ID: [368108](#) ([history](#)) **Vaccinated:** 2009-11-12
Form: Version 1.0 **Onset:** 0000-00-00
Age: 3.0 **Submitted:** 2009-11-13
Sex: Male **Entered:** 2009-11-17
Location: Vermont **Days after submission:** 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / 1	LL / IM

Administered by: Other **Purchased by:** Public

Symptoms:

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:**CDC Split Type:**

Write-up: Novartis vaccine administered to 3 yo. Manufacturer's insert states to be used for children 4 and older, i.e. as off-label use.

VAERS ID: 368110 (history)	Vaccinated:	2009-11-12
Form: Version 1.0	Onset:	2009-11-12
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-13
Location: Vermont	Days after onset:	1
	Entered:	2009-11-17
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102042P1 / 1	RA / IM

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

Symptoms: [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient complained of itchy ear, head, neck 15 minutes post vaccine observed for additional 15 minutes and the itchiness had resolved.

VAERS ID: [368120](#) ([history](#)) **Vaccinated:** 2009-11-13
Form: Version 1.0 **Onset:** 2009-11-13
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-13
Location: Vermont **Days after onset:** 0
Entered: 2009-11-17
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

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

Symptoms: [Malaise](#), [Nausea](#), [Vertigo](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vertigo; nausea. One hour later still not feeling well-school nurse sending home.

VAERS ID: [368123](#) ([history](#)) **Vaccinated:** 2009-11-13
Form: Version 1.0 **Onset:** 2009-11-13
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-15
Location: Vermont **Days after onset:** 2
Entered: 2009-11-17
Days after submission: 2

	Lot /	Site /
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Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

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

Symptoms: [Vertigo](#)

SMQs:, Vestibular disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Vertigo, 0.

VAERS ID: [368216](#) ([history](#)) **Vaccinated:** 2009-11-16
Form: Version 1.0 **Onset:** 2009-11-16
Age: 9.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-17
Location: Vermont **Days after onset:** 1
Entered: 2009-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: [Inappropriate schedule of drug administration](#), [No adverse event](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions: history of asthma
Allergies:
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: Student received 1st H1N1 vaccine 2 weeks prior. Student did not exhibit adverse symptoms.

VAERS ID: 368369 (history)	Vaccinated:	2009-11-16
Form: Version 1.0	Onset:	2009-11-16
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-18
Location: Vermont	Days after onset:	2
	Entered:	2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: [Dizziness](#), [Hypoesthesia](#)
SMQs:, Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** "Felt dizzy" Left arm and left leg felt numb and tingling--like it felt asleep. Observed for 45 minutes Checked VS within normal limits. Given juice and rested. Went to lunch with mother who works at the school the site of the public health H1N1 clinic.**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Patient felt dizzy and numbness in left arm & left leg following the administration of H1N1 vaccine IM. Patient observed & rested for 45 minutes. Given juice. Symptoms resolved and patient went to lunch and then back to class.

VAERS ID: 368380 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-02
Location: Vermont	Days after onset:	0
	Entered:	2009-11-18
	Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	VP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown**Symptoms:** [Headache](#), [Nausea](#)**SMQs:**, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:**

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Headache, nausea, pulse - 76. Sat down, had a snack.

VAERS ID: 368382 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-02
Location: Vermont	Days after onset:	0
	Entered:	2009-11-18
	Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Dizziness](#), [Headache](#)**SMQs:**, Anticholinergic syndrome (broad), Vestibular disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Lightheaded. Headache - sat down. Pulse - 102.

VAERS ID: [368383](#) ([history](#)) **Vaccinated:** 2009-11-02
Form: Version 1.0 **Onset:** 2009-11-02
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-02
Location: Vermont **Days after onset:** 0
Entered: 2009-11-18
Days after submission: 16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

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

Symptoms: [Asthenia](#), [Dizziness](#), [Nausea](#), [Pallor](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Felt faint, nauseated, pale, pulse 68, laid down, elevated feet, rested, still felt weak, laid down in nurse's office.

VAERS ID: [368385](#) (history) **Vaccinated:** 2009-11-02
Form: Version 1.0 **Onset:** 2009-11-02
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-02
Location: Vermont **Days after onset:** 0
Entered: 2009-11-18
Days after submission: 16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: [Dizziness](#), [Headache](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded, headache, pulse 62. Sat down-put head down.

VAERS ID: [368387](#) (history) **Vaccinated:** 2009-11-02
Form: Version 1.0 **Onset:** 2009-11-02
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-02
Location: Vermont **Days after onset:** 0
Entered: 2009-11-18
Days after submission: 16

Vaccination / Manufacturer	Lot / Dose	Site / Route
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FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM
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Administered by: Public **Purchased by:** Other

Symptoms: [Headache](#), [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Headache, shaky, pulse -80, sat down - put head down

VAERS ID: 368389 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-02
Location: Vermont	Days after onset:	0
	Entered:	2009-11-18
	Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

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

Symptoms: [Dizziness](#), [Headache](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Dizzy-lightheaded-occurred 1st, nausea, H/A, pulse 82-sat down, had a snack.

VAERS ID: 368390 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-02
Location: Vermont	Days after onset:	0
	Entered:	2009-11-18
	Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: [Paraesthesia](#)
SMQs.: Peripheral neuropathy (broad), Guillain-Barre syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:**CDC Split Type:**

Write-up: Tingling in legs after receiving shot. Initial pulse 45, after 2min heart rate 60. Laid down, feet elevated, felt better after resting.

VAERS ID: 368392 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 10.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-02
Location: Vermont	Days after onset:	0
	Entered:	2009-11-18
	Days after submission:	16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Other

Symptoms: [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fainted after shot, pulse 60, laid down feet elevated, rested, pulse 60, drank juice, felt better.

VAERS ID: [368397](#) ([history](#)) **Vaccinated:** 2009-11-16
Form: Version 1.0 **Onset:** 2009-11-16
Age: 7.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-18
Location: Vermont **Days after onset:** 2
Entered: 2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 1	LA / IM

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

Symptoms: [Crying](#), [Dizziness](#), [Emotional distress](#), [Fall](#), [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Accidents and injuries (narrow), Depression (excl suicide and self injury) (broad), Vestibular disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Patient felt dizzy & shaky following vaccine shot fell to floor from sitting position. Nurse immediately responded to patient. Checked vital signs, patient awake crying very upset. Remained with nurse for one hour given fluids that were tolerated well. Patient did not have breakfast thus patient given juice and sent to lunch. Symptoms resolved and returned to class.

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Received H1N1 vaccine injection immediately felt dizzy & shaky fell to floor from a sitting position. Patient crying & upset Vital signs normal no mental status changes. given juice as patient had no eaten breakfast. Observed by a nurse for 1 hour and symptoms resolved and returned to class.

VAERS ID: [368400](#) ([history](#)) **Vaccinated:** 2009-11-17
Form: Version 1.0 **Onset:** 2009-11-17
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-18
Location: Vermont **Days after onset:** 1
Entered: 2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

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

Symptoms: [Rash erythematous](#), [Throat irritation](#)

SMQs: Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Within 10 minutes after receiving the H1N1 vaccine injection, red raised rash appeared on left arm and "itchy" throat. With school nurse and given 1 teaspoon Benadryl and rash resolved. Returned to class.

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Within 10 minutes after receiving the H1N1 vaccination injection, red rash appeared on the left arm. Patient complained of an itchy throat. Patient given 1 teaspoon of Benadryl and rash resolved. Returned to class

VAERS ID: [368410](#) ([history](#)) **Vaccinated:** 2009-11-02
Form: Version 1.0 **Onset:** 2009-11-02
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-02
Location: Vermont **Days after onset:** 0
Entered: 2009-11-18
Days after submission: 16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	RA / IM

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

Symptoms: [Dizziness](#), [Flushing](#), [Headache](#), [Heart rate decreased](#), [Nausea](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Felt faint, headache, nausea, laid down, elevated feet, pulse 40, rested, pulse rechecked 68, drank juice, still flushed but reports feeling better.

VAERS ID: [368450](#) ([history](#)) **Vaccinated:** 2009-11-17
Form: Version 1.0 **Onset:** 2009-11-17
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-18
Location: Vermont **Days after onset:** 1
Entered: 2009-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 2	LA / IM

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

Symptoms: [Headache](#), [Pain](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Within 15 minutes of receiving the H1N1 vaccine injection, patient experienced a shooting pain down to fingers & had a "bad" headache. Given Tylenol by school nurse and symptoms resolved and child went back to class.

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: After receiving H1N1 vaccine injection in left arm, patient complained of shooting pain down to fingers in left arm and reported a bad headache. Patient observed by school nurse and given Tylenol. Symptoms resolved and child returned to class.

VAERS ID: 368628 (history)	Vaccinated:	2009-11-16
Form: Version 1.0	Onset:	2009-11-16
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-16
Location: Vermont	Days after onset:	0
	Entered:	2009-11-19
	Days after submission:	3

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

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

Symptoms: [Dizziness](#), [Nausea](#), [Presyncope](#)

SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vagal response - dizzy, nauseated. Gave vaccine lying down due to previous fainting with vaccines.

VAERS ID: 368991 (history)	Vaccinated:	2009-10-29
Form: Version 1.0	Onset:	2009-10-29
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-03
Location: Vermont	Days after onset:	5
	Entered:	2009-11-20
	Days after submission:	17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	UP008AA / 1	LA / IM

Administered by: Other **Purchased by:** Other

Symptoms: [Palpitations](#)

SMQs:, Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: c/o fast/hard HR, HR auscultated, reg + strong rate of 66, no trouble breathing monitored.

VAERS ID: [368993](#) (history) **Vaccinated:** 2009-10-29
Form: Version 1.0 **Onset:** 2009-10-29
Age: 7.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-03
Location: Vermont **Days after onset:** 5
Entered: 2009-11-20
Days after submission: 17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	JP008AA / 1	LA / IM

Administered by: Other **Purchased by:** Other
Symptoms: [Rash papular](#)
SMQs: Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: Unknown
Preexisting Conditions: Asthma
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Small raised dots around mouth. Not itchy/irritating, rechecked 1 hr later, without change. Msg left for mother. No difficulty breathing/no mouth involvement.

VAERS ID: [369006](#) ([history](#)) **Vaccinated:** 2009-11-03
Form: Version 1.0 **Onset:** 2009-11-03
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-03
Location: Vermont **Days after onset:** 0
Entered: 2009-11-20
Days after submission: 17

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	UP008AA / UNK	UN / UN

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

Symptoms: [Headache](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None noted

Preexisting Conditions: Listed as allergic to lentils

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Complaints of headache at 1405-vital signs taken-temp= 98.6, BP=102/62, HR=86, 300mg. Ibuprofen given-stayed with nurses until 14:30- called mom left a message-feeling better reported at 1505.

VAERS ID: [369382](#) ([history](#)) **Vaccinated:** 2009-11-17
Form: Version 1.0 **Onset:** 2009-11-17
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-17
Location: Vermont **Days after onset:** 0
Entered: 2009-11-23
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1009231P / 1	LA / IM

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

Symptoms: [Abnormal sensation in eye](#), [Dizziness](#)

SMQs:, Anticholinergic syndrome (broad), Corneal disorders (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Dizzy and eyes felt funny

VAERS ID: [369565](#) ([history](#)) **Vaccinated:** 2009-11-19
Form: Version 1.0 **Onset:** 2009-11-20
Age: 0.35 **Days after vaccination:** 1
Sex: Female **Submitted:** 2009-11-23
Location: Vermont **Days after onset:** 3
Entered: 2009-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT3178D / 2	RA / IM

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

Symptoms: [Pyrexia](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: Will be having allergy testing

CDC Split Type:

Write-up: Hives at 2nd dose, given ZYRTEC. Low grade fever on face, L & R legs, left & R arms, buttocks.

VAERS ID: 369692 (history)	Vaccinated:	2009-11-12
Form: Version 1.0	Onset:	0000-00-00
Age: 1.27	Submitted:	2009-11-18
Sex: Male	Entered:	2009-11-24
Location: Vermont	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP022AA / 1	LL / IJ

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

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Received 0.5ml of H1N1 vaccine instead of 0.25mls. No adverse reaction reported by mom. No treatment needed.

VAERS ID: 369733 (history)	Vaccinated:	2009-10-10
Form: Version 1.0	Onset:	2009-10-11
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2009-11-13
Location: Vermont	Days after onset:	33
	Entered:	2009-11-24
	Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B137AA / 5	LA / IM
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1009224P / UNK	RA / IM
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500741P / 3	NS / IN

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site induration](#), [Injection site swelling](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:**

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: In same arm that previously in 2/05 a BCG was given, a 10 x 14 cm, red swelling with slight induration at site of BCG - not at site of DTaP/IPB was vigorous (was above site of BCG).

VAERS ID: 369813 (history)	Vaccinated:	2009-11-11
Form: Version 1.0	Onset:	2009-11-12
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2009-11-16
Location: Vermont	Days after onset:	4
	Entered:	2009-11-24
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	AC208136AA / 4	LA / IJ
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	AC208136AA / 4	LA / IJ

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None needed

CDC Split Type:

Write-up: Approximately an 18 x 12 area on L upper deltoid. Arm very red and swollen. Non-tender.

VAERS ID: [370522](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 13.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

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

Symptoms: [Hypoaesthesia](#)

SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: C/O "can't feel Lt. arm". (Injection site Rt arm). Observation x 15".

VAERS ID: [370526](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Lot /	Site /
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Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: [Dizziness](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: "dizzy" - juice given; observed

VAERS ID: [370529](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
 Entered: 2009-11-30
 Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: [Dizziness](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Felt faint - moved to floor. Given juice drink. Observation x 15".

VAERS ID: [370532](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
 Entered: 2009-11-30
 Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

Administered by: Public **Purchased by:** Public
Symptoms: [Nausea](#), [Vertigo](#)
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:

Write-up: C/o head spinning, sl. nauseous 30" after immunization - hydrated well. T 97 degrees.

VAERS ID: 370534 (history)	Vaccinated:	2009-11-20
Form: Version 1.0	Onset:	2009-11-20
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-20
Location: Vermont	Days after onset:	0
	Entered:	2009-11-30
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	10208P1 / 1	RA / UN

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

Symptoms: [Pruritus](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: C/O itchy Rt hand-site of wk stamp. Rx-observation x 15".

VAERS ID: [370541](#) (history) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 13.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

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

Symptoms: [Nausea](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Nausea, T 98.5. Observed-hydrated, rested in nurse's office.

VAERS ID: [370559](#) (history) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	- / 1	LA / UN

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

Symptoms: [Dizziness](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Nausea, dizzy. Well hydrated. 97.5 T.

VAERS ID: 370565 (history)	Vaccinated:	2009-11-20
Form: Version 1.0	Onset:	2009-11-20
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-20
Location: Vermont	Days after onset:	0
	Entered:	2009-11-30
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) /	102128P1	LA /

NOVARTIS VACCINES AND DIAGNOSTICS

/ 1

UN

Administered by: Public **Purchased by:** Public
Symptoms: [Dizziness](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: C/O dizziness, lightheaded. Well hydrated. 98.3.

VAERS ID: [370567](#) (history) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
 Entered: 2009-11-30
 Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public **Purchased by:** Public
Symptoms: [Dizziness](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No

ER Visit? No
 ER or Doctor Visit? No
 Hospitalized? No
 Previous Vaccinations:
 Other Medications:
 Current Illness: None
 Preexisting Conditions:
 Allergies:
 Diagnostic Lab Data:
 CDC Split Type:

Write-up: Lightheaded after eating lunch. Observed - sent back to class x 15".

VAERS ID: [370570](#) (history) Vaccinated: 2009-11-20
 Form: Version 1.0 Onset: 2009-11-20
 Age: 14.0 Days after vaccination: 0
 Sex: Female Submitted: 2009-11-20
 Location: Vermont Days after onset: 0
 Entered: 2009-11-30
 Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

Administered by: Public Purchased by: Public

Symptoms: [Dizziness](#), [Dyspepsia](#)

SMQs: Anticholinergic syndrome (broad), Gastrointestinal nonspecific dysfunction (narrow), Vestibular disorders (broad)

Life Threatening? No
 Birth Defect? No
 Died? No
 Permanent Disability? No
 Recovered? No

Office Visit? No
 ER Visit? No
 ER or Doctor Visit? No
 Hospitalized? No
 Previous Vaccinations:
 Other Medications:
 Current Illness: No
 Preexisting Conditions:
 Allergies:
 Diagnostic Lab Data:
 CDC Split Type:

Write-up: 30 minutes after injection - lightheaded + felt acid stomach. T 97.5.

VAERS ID: [370572](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

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

Symptoms: [Head injury](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Same.~Vaccine not specified (no brand name)~UN~0.00~Patient

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fainted after injection. Hit Lt side of head on table. No c/o headache. Hydrated and observed x 20". 1040 AM T 99.5 / T. 99.8 1052 AM T 99.6 @ 1105.

VAERS ID: [370573](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 13.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

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

Symptoms: [Abdominal pain upper](#), [Dizziness](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Lightheaded + sl. stomach ache" onset 10:40 am Observed x15 "\$g OK. T976

VAERS ID: [370575](#) ([history](#)) **Vaccinated:** 2009-11-20
Form: Version 1.0 **Onset:** 2009-11-20
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-20
Location: Vermont **Days after onset:** 0
Entered: 2009-11-30
Days after submission: 10

Lot /	Site /
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Vaccination / Manufacturer	Dose	Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	LA / UN

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

Symptoms: [Abdominal discomfort](#), [Hypoaesthesia](#)

SMQs:, Peripheral neuropathy (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: C/o injection arm "numb. Upset stomach. Observation X 10 hours.

VAERS ID: 370576 (history)	Vaccinated:	2009-11-20
Form: Version 1.0	Onset:	2009-11-20
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-11-20
Location: Vermont	Days after onset:	0
	Entered:	2009-11-30
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

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

Symptoms: [Dizziness](#), [Fatigue](#), [Somnolence](#)

SMQs:, Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular

disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Tired, drowsy, lightheaded - 5" after injection. Felt tired this AM. T 98.3. Rx - hydration.

VAERS ID: 370578 (history)	Vaccinated:	2009-11-20
Form: Version 1.0	Onset:	2009-11-20
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-20
Location: Vermont	Days after onset:	0
	Entered:	2009-11-30
	Days after submission:	10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102128P1 / 1	RA / UN

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

Symptoms: [Dizziness](#), [Headache](#), [Sensation of heaviness](#)

SMQs: Anticholinergic syndrome (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:**Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Rt arm "feels heavy" , dizzy, head hurts, T 97.4. Rx- hydration. Sent to class 10:14 a.m.

VAERS ID: 370823 (history)	Vaccinated:	2009-11-20
Form: Version 1.0	Onset:	2009-11-20
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-20
Location: Vermont	Days after onset:	0
	Entered:	2009-12-01
	Days after submission:	11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	LA102128P1 / 1	RA / IM

Administered by: Public **Purchased by:** Other**Symptoms:** [Blood pressure normal](#), [Dizziness](#), [Headache](#), [Heart rate normal](#)**SMQs:**, Anticholinergic syndrome (broad), Vestibular disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** HR and BP WNL**CDC Split Type:****Write-up:** Initial dizziness then c/o headache. Headache continued x about 30 - 40 mins. Student layed down and slept - felt better afterwards.

VAERS ID: [370892](#) ([history](#)) **Vaccinated:** 2009-10-14
Form: Version 1.0 **Onset:** 0000-00-00
Age: 5.0 **Submitted:** 2009-11-13
Sex: Female **Entered:** 2009-12-01
Location: Vermont **Days after submission:** 18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	04264 / 2	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1072Y / 2	UN / SC

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

Symptoms: [Unevaluable event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Multivitamins; Fluoride

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: No adverse reaction. Pt. will need to get the MMR and varicella repeated. Mother notified.

VAERS ID: [371775](#) ([history](#)) **Vaccinated:** 2009-12-02
Form: Version 1.0 **Onset:** 2009-12-02
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-02
Location: Vermont **Days after onset:** 0
Entered: 2009-12-07
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
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FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR

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RA / UN

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

Symptoms: [Feeling of body temperature change](#), [Injection site anaesthesia](#), [Injection site pain](#), [Oxygen saturation normal](#), [Pain in extremity](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: Asthmatic

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pain in arm at at site of injection c/o hot & cold & numbness in area VS. & O2 sat WNL.

VAERS ID: 371833 (history)	Vaccinated:	2009-12-03
Form: Version 1.0	Onset:	2009-12-03
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-07
Location: Vermont	Days after onset:	4
	Entered:	2009-12-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102130P1 / 2	LA / IM

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

Symptoms: [Cold sweat](#), [Eye swelling](#), [Feeling abnormal](#), [Pallor](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Dementia (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None known.
Preexisting Conditions: None known.
Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Student became pale, clammy. After rest and hydration student continued to feel "off." His vital signs were WNL. Parents were called and he went home to rest. Parents reported he felt fine all day and night. The following AM student woke with swollen eyes. The parents were unclear if this was due to cat exposure and student's allergy to cats or a flu shot reaction. Student referred to MD and was seen 22.5 hours after receiving the vaccine. Parent reported there was no swelling, redness at site of injection, no malaise felt. MD suggested Benadryl and monitoring at home.

VAERS ID: 372038 (history)	Vaccinated:	2009-11-30
Form: Version 1.0	Onset:	2009-11-30
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-12-01
Location: Vermont	Days after onset:	1
	Entered:	2009-12-08
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102124P1 / 1	LA / IM

Administered by: Public **Purchased by:** Other

Symptoms: [Dizziness](#), [Erythema](#), [Eye swelling](#), [Headache](#), [Lip swelling](#), [Paraesthesia oral](#), [Rash macular](#), [Swelling face](#), [Throat irritation](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No

Permanent Disability? No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None noted|| Reported? reaction to MIDOL on 11/28/09**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: About 30 mins after vaccination - light-headed, sl headache, R hand redder than left. Tx"d with ibuprofen. @ 3pm student called mom @ work c/o tingling/swollen lips, 1 eye swelling. @ 430pm mom home - student with increased facial swelling, eyes swelling, throat itchy, "splotches all over" went to ER IV BENADRYL 12/1/09 8 am - eyes still sl swollen, few blotches - 10:30 am appears clear.

VAERS ID: 372082 (history)	Vaccinated:	2009-11-24
Form: Version 1.0	Onset:	2009-11-24
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2009-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0819Y / 1	RA / UN
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3062AA / 1	RA / UN
TDAP: TDAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	AC52B049B / 1	LA / UN

Administered by: Private **Purchased by:** Unknown**Symptoms:** [Electrocardiogram QT prolonged](#), [Full blood count normal](#), [Loss of consciousness](#), [Metabolic function test](#), [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Conduction defects (narrow), Torsade de pointes, shock-associated conditions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No**Birth Defect?** No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: Prolonged QT on EKG done @ ER all other labs WNL (CBC, BMP)
CDC Split Type:
Write-up: Syncope 15 min after receiving vaccine with LOC.

VAERS ID: [373485](#) ([history](#)) **Vaccinated:** 2009-12-11
Form: Version 1.0 **Onset:** 2009-12-11
Age: 7.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-11
Location: Vermont **Days after onset:** 0
 Entered: 2009-12-16
 Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP037DA / 2	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: [Dizziness](#)
SMQs: Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:

Allergies:**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Client complained of dizziness 10 minutes post vaccine administration. Recovered quickly after laying down in health office. Released to clinic area 15 minutes later.

VAERS ID: 373490 (history)	Vaccinated:	2009-12-10
Form: Version 1.0	Onset:	2009-12-10
Age: 9.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-12-10
Location: Vermont	Days after onset:	0
	Entered:	2009-12-16
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP077AB / 2	LA / IM

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

Symptoms: [Dizziness](#), [Headache](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Dizzy, headache, nausea resolved after 20 mins. Temp 99.5.

VAERS ID: [373492](#) ([history](#)) **Vaccinated:** 2009-12-02
Form: Version 1.0 **Onset:** 2009-12-03
Age: 13.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2009-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

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

Symptoms: [Migraine](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Symptoms of a migraine H.A. next day.

VAERS ID: [373494](#) ([history](#)) **Vaccinated:** 2009-12-11
Form: Version 1.0 **Onset:** 2009-12-11
Age: 8.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-11
Location: Vermont **Days after onset:** 0
Entered: 2009-12-16
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 2	UN / IM

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

Symptoms: [Nausea](#), [Vertigo](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: - Vertigo and nausea following injection. - Lasting 1-2 hrs.

VAERS ID: 373496 (history)	Vaccinated:	2009-12-11
Form: Version 1.0	Onset:	2009-12-11
Age: 11.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-12-11
Location: Vermont	Days after onset:	0
	Entered:	2009-12-16
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP037DA / 1	UN / IM

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

Symptoms: [Body temperature increased](#), [Injection site anaesthesia](#), [Nausea](#), [Vertigo](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Pt c/o numbness at injection site. Persisting 2 hours after injection. 3 hrs after injection, Temp increased 99.3 and nausea and vertigo. Pt was sent home with mother.

VAERS ID: 373528 (history)	Vaccinated:	2009-12-10
Form: Version 1.0	Onset:	2009-12-10
Age: 10.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-12-10
Location: Vermont	Days after onset:	0
	Entered:	2009-12-16
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP027AB / 2	UN / IM

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

Symptoms: [Chills](#), [Pallor](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pallor, chills, fever 100.5. 20 minutes after 1st Temp -99.5. -Student was sent home.

VAERS ID: 373529 (history)	Vaccinated:	2009-12-10
Form: Version 1.0	Onset:	2009-12-10
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-10
Location: Vermont	Days after onset:	0
	Entered:	2009-12-16
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP027AB / 2	LA / IM

Administered by: Public **Purchased by:** Public**Symptoms:** [Headache](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Headache, Tylenol 160 mg.

VAERS ID: [373880](#) ([history](#)) **Vaccinated:** 2009-12-07
Form: Version 1.0 **Onset:** 2009-12-07
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-07
Location: Vermont **Days after onset:** 0
Entered: 2009-12-17
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 1	LA / IM

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

Symptoms: [Cold sweat](#), [Fall](#), [Loss of consciousness](#), [Pallor](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Child briefly lost consciousness after dropping to the floor. Became alert spontaneously. B/P - 120/70 P. 80 Pale & clammy; alert & oriented. No incontinence or seizure activity. Was fine the next day.

VAERS ID: [373916](#) ([history](#)) **Vaccinated:** 2009-12-17
Form: Version 1.0 **Onset:** 2009-12-17
Age: 17.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-12-17
Location: Vermont **Days after onset:** 0
Entered: 2009-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	LA / IM

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

Symptoms: [Dizziness](#), [Feeling hot](#), [Head injury](#), [Headache](#), [Hyperhidrosis](#), [Loss of consciousness](#), [Nausea](#), [Syncope](#), [Visual impairment](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: faint~Td Adsorbed (no brand name)~UN~0.00~Patient

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None known

CDC Split Type:

Write-up: At 10:50 patient was in post vaccination area, states he felt faint, saw spots before his eyes and fainted. Hit head on table then floor. Witness states he was out for 15 sec. then came to. Alert and oriented x3. Warm, sweaty, nauseated pupils equal and reactive, hand and foot grasp equal and strong. HR 60 and regular. C/o HA. Mother called will follow-up with MD.

VAERS ID: [374473](#) (history) **Vaccinated:** 2009-12-16
Form: Version 1.0 **Onset:** 2009-12-16
Age: 11.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-12-16
Location: Vermont **Days after onset:** 0
Entered: 2009-12-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / UNK	LA / IM

Administered by: Unknown **Purchased by:** Unknown
Symptoms: [Dizziness](#)
SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Lightheaded. Rested, food.

VAERS ID: [374499](#) (history) **Vaccinated:** 2009-12-16
Form: Version 1.0 **Onset:** 2009-12-16
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-16
Location: Vermont **Days after onset:** 0
Entered: 2009-12-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR

UP067AA /
1

LA / IM

Administered by: Other **Purchased by:** Other

Symptoms: [Abdominal discomfort](#), [Dizziness](#), [Headache](#), [Hypotonia](#), [Pallor](#)

SMQs: Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: PCH; SULFA

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt became dizzy approx 5 min after receiving the injection. Her stomach was also upset and she complained of a headache. She appeared pale and limp when I had her rest on a mat. BP 112/72 home with dad feeling better @ 11:30.

VAERS ID: 374500 (history)	Vaccinated:	2009-12-16
Form: Version 1.0	Onset:	2009-12-16
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-16
Location: Vermont	Days after onset:	0
	Entered:	2009-12-21
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	RA / IM

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

Symptoms: [Dizziness](#), [Nausea](#)

SMQs:, Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Nausea, lightheaded, rested good

VAERS ID: 374501 (history)	Vaccinated:	2009-12-16
Form: Version 1.0	Onset:	2009-12-16
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-16
Location: Vermont	Days after onset:	0
	Entered:	2009-12-21
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP067AA / 1	LA / IM

Administered by: Other **Purchased by:** Other

Symptoms: [Abdominal pain upper](#), [Headache](#), [Immediate post-injection reaction](#), [Injection site pruritus](#)

SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Vaccinated-1005 immediate-stomach crampy, injection site itchy BP 90/60 headache. Rest-home with mother. Mom reports felt fine by noon.

VAERS ID: 374502 (history)	Vaccinated:	2009-12-16
Form: Version 1.0	Onset:	2009-12-16
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-16
Location: Vermont	Days after onset:	0
	Entered:	2009-12-21
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP067AA / 1	LA / IM

Administered by: Other **Purchased by:** Other**Symptoms:** [Dizziness](#), [Headache](#), [Nausea](#)**SMQs:** Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** Pen**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Pt presented at the nurses office with nausea, dizziness and a headache. BP 95/66. Rested-home with mother @ 1pm. Starting to feel better at that time.

VAERS ID: 374503 (history)	Vaccinated:	2009-12-16
Form: Version 1.0	Onset:	2009-12-16
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-16
Location: Vermont	Days after onset:	0
	Entered:	2009-12-21
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	LA / IM

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

Symptoms: [Chest discomfort](#)

SMQs:, Anaphylactic reaction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: tightness in center chest after 15m wait time pulse 76 R - regular, no SOB

VAERS ID: [374504](#) ([history](#)) **Vaccinated:** 2009-12-16
Form: Version 1.0 **Onset:** 2009-12-16
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-16
Location: Vermont **Days after onset:** 0
Entered: 2009-12-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

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

Symptoms: [Dizziness](#), [Headache](#), [Hyperhidrosis](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: KNA

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Felt faint @ 10:05. Palms sweaty. Nausea. Headache. Took student to a mat to lie down. Improved. Refused water. 10:20 escorted back to classroom.

VAERS ID: [374506 \(history\)](#) **Vaccinated:** 2009-12-16
Form: Version 1.0 **Onset:** 2009-12-16
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-16
Location: Vermont **Days after onset:** 0
Entered: 2009-12-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

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

Symptoms: [Injection site erythema](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Redness, size of half dollar, at injection site. No other adverse symptoms after 15/20 minutes.

VAERS ID: [374508 \(history\)](#) **Vaccinated:** 2009-12-16
Form: Version 1.0 **Onset:** 2009-12-16
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2009-12-16
Location: Vermont **Days after onset:** 0
Entered: 2009-12-21
Days after submission: 5

Lot /	Site /
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Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	RA / IM

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

Symptoms: [Dizziness](#), [Vertigo](#)

SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: vertigo, light headed, pulse about 80, resp about 16/18, improved after 25 minutes

VAERS ID: 375093 (history)	Vaccinated:	2009-12-21
Form: Version 1.0	Onset:	2009-12-21
Age: 14.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-12-21
Location: Vermont	Days after onset:	0
	Entered:	2009-12-28
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102130P1 / 1	LA / UN

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

Symptoms: [Anxiety](#), [Chest discomfort](#), [Nausea](#)

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Anxiety related to needles
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Nausea, "Tight chest" (Patient states normal anxiety reaction).

VAERS ID: 375200 (history)	Vaccinated:	2009-12-16
Form: Version 1.0	Onset:	2009-12-17
Age: 13.0	Days after vaccination:	1
Sex: Male	Submitted:	2009-12-22
Location: Vermont	Days after onset:	5
	Entered:	2009-12-29
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102139P1 / 1	UN / IM

Administered by: Public **Purchased by:** Unknown
Symptoms: [Malaise](#), [Pyrexia](#)
SMQs.: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Seasonal allergies-none active at this time

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Student had fever and malaise x3 days post vaccine (per dad).

VAERS ID: 375235 (history)	Vaccinated:	2009-11-02
Form: Version 1.0	Onset:	2009-11-02
Age: 3.0	Days after vaccination:	0
Sex: Female	Submitted:	2009-11-23
Location: Vermont	Days after onset:	21
	Entered:	2009-12-29
	Days after submission:	36

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP010AA / 1	LA / UN

Administered by: Other **Purchased by:** Public**Symptoms:** [Body temperature normal](#), [Cough](#), [Headache](#), [Pyrexia](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Fluoride; vitamins**Current Illness:** May have had a fever**Preexisting Conditions:** Skin reaction to swimming in chlorinated pools**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient c/o a headache 10 min. after shot admin. Temp was taken=102 degrees. Wet cough and fever x 3 days. 11/5 developed hives, afebrile. Hives x 5 days. Hives responded to CLARITAN. Cough x 3 wks.

VAERS ID: [375443](#) ([history](#)) **Vaccinated:** 2009-12-08
Form: Version 1.0 **Onset:** 2009-12-09
Age: 11.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2009-12-29
Location: Vermont **Days after onset:** 20
Entered: 2009-12-30
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP025AA / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0581Y / 2	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site pruritus](#), [Injection site reaction](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: On 12/11/09 - patient's mother called to report a local reaction at injection site of VARIVAX vaccine given to patient on 12/8/09. Mother only wanted it reported to facility-that area was reddened, swollen (approx. the size of a tangerine) with itchiness - and at time of phone call to us - resolving - patient's mother refused offered appoint. for patient to be seen.

VAERS ID: [376319](#) (history) **Vaccinated:** 2009-12-10
Form: Version 1.0 **Onset:** 2009-12-10
Age: 9.0 **Days after vaccination:** 0
Sex: Unknown **Submitted:** 2009-12-11
Location: Vermont **Days after onset:** 1
Entered: 2010-01-08
Days after submission: 28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	102140P1 / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site pain](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Received vaccine @ 10:12 am - arrived @ 10:37 a.m. redness/tenderness @ injection site. Iced/observed x 10 min. Ice off x 10 min. No change. Called mom. Gave 12.5mg BENADRYL.

VAERS ID: [377276](#) (history) **Vaccinated:** 2010-01-14
Form: Version 1.0 **Onset:** 2010-01-14
Age: 6.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2010-01-18
Location: Vermont **Days after onset:** 4
Entered: 2010-01-18

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP099AA / 2	RA / IM

Administered by: Other **Purchased by:** Public

Symptoms: [Confusional state](#), [Flushing](#), [Headache](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypersensitivity (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None known

Preexisting Conditions: Tonsilectomy and ear tubes 06

Allergies:

Diagnostic Lab Data: None VS WNL

CDC Split Type:

Write-up: Vaccine administered (H1N1) @ approximately 9:15am. 10am - facial flushing and headache "confusion" stated by student but remained alert and oriented x 3. Vital signs WNL T99.5. 10:45am flushing headache and self stated confusion resolved.

VAERS ID: 377477 (history)	Vaccinated:	2009-12-31
Form: Version 1.0	Onset:	2010-01-10
Age: 4.0	Days after vaccination:	10
Sex: Male	Submitted:	2010-01-14
Location: Vermont	Days after onset:	4
	Entered:	2010-01-20
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP076AA / 1	RL / IM

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

Symptoms: [Arthralgia](#), [Erythema multiforme](#), [Joint swelling](#), [Malaise](#), [Pyrexia](#), [Rash](#), [Urticaria](#)

SMQs: Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: OMNICEF

Current Illness: Acute otitis media

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Severe sickness - like illness with fever, joint pain, ankle swelling, urticarial/erythema multiform type rash.

VAERS ID: 377517 (history)	Vaccinated:	2010-01-13
Form: Version 1.0	Onset:	2010-01-13
Age: 7.0	Days after vaccination:	0
Sex: Male	Submitted:	2010-01-13
Location: Vermont	Days after onset:	0
	Entered:	2010-01-20
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP099AA / 2	UN / IM

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

Symptoms: [Dizziness](#), [Headache](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data: No rxn to #1 dose H1N1. Stated "this one hurt".

CDC Split Type:

Write-up: Nausea, lightheadedness, allowed to rest, feet up, cold compress on head. After 10 min c/o of headache, at 30 min hungry-eating snack. (At 11:00 Mom picked up to take home).

VAERS ID: [378265](#) ([history](#)) **Vaccinated:** 2010-01-20
Form: Version 1.0 **Onset:** 2010-01-20
Age: 9.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2010-01-20
Location: Vermont **Days after onset:** 0
 Entered: 2010-01-26
 Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP099AA / 1	RA / IM

Administered by: Other **Purchased by:** Public

Symptoms: [Body temperature decreased](#), [Feeling hot](#), [Hyperhidrosis](#), [Nausea](#), [Pallor](#), [Somnolence](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: C/O SA/nausea. Pale, quiet-sweaty brow-had juice/gold fish, said feels hot, T 95.7, pulse 80-Rest in health office-9:45 TC to mom-she talked with son-encouraged try recess- Reassessed at 11:00, feeling fine.

VAERS ID: [378449](#) ([history](#)) **Vaccinated:** 2009-12-02
Form: Version 1.0 **Onset:** 2009-12-02
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-12-07
Location: Vermont **Days after onset:** 5
Entered: 2010-01-27
Days after submission: 51

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP017AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site swelling](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:**Write-up:** Localized reaction at site of inj. swollen and red/mom gave her Benadryl.

VAERS ID: 378451 (history)	Vaccinated:	2009-12-07
Form: Version 1.0	Onset:	2009-12-07
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	2009-12-07
Location: Vermont	Days after onset:	0
	Entered:	2010-01-27
	Days after submission:	51

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (NOVARTIS)) / NOVARTIS VACCINES AND DIAGNOSTICS	1013282P / 1	AR / IM

Administered by: Public **Purchased by:** Public**Symptoms:** [Confusional state](#), [Convulsion](#), [Feeling cold](#), [Pallor](#), [Syncope](#), [Urinary incontinence](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** none known**Preexisting Conditions:** none known**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Approximate 5 min after receiving H1N1 injection child reportedly fainted and had seizure like activity was incontinent of urine. Remained pale, cold and some confusion. Applied O2 and was transported to ER. He was observed and released. Questions of hx of seizures in the past.

VAERS ID: [378452](#) (history) **Vaccinated:** 2009-11-18
Form: Version 1.0 **Onset:** 2009-11-18
Age: 4.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-11-18
Location: Vermont **Days after onset:** 0
 Entered: 2010-01-27
 Days after submission: 70

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP022AA / 1	LA / IM

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

Symptoms: [Unevaluable event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: None stated.

VAERS ID: [378941](#) (history) **Vaccinated:** 2010-01-26
Form: Version 1.0 **Onset:** 2010-01-26
Age: 8.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-01-26
Location: Vermont **Days after onset:** 0
 Entered: 2010-02-01
 Days after submission: 6

	Lot /	Site /

Vaccination / Manufacturer	Dose	Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	LA / UN

Administered by: Other **Purchased by:** Other

Symptoms: [Abdominal discomfort](#), [Dizziness](#), [Feeling cold](#), [Headache](#), [Neck pain](#)

SMQs.: Anticholinergic syndrome (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Lightheaded, felt cold, back of neck/head started to hurt, upset stomach. Home with parent.

VAERS ID: 378942 (history)	Vaccinated:	2010-01-26
Form: Version 1.0	Onset:	2010-01-26
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	2010-01-26
Location: Vermont	Days after onset:	0
	Entered:	2010-02-01
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	RA / UN

Administered by: Other **Purchased by:** Other

Symptoms: [Dizziness](#), [Feeling cold](#), [Tremor](#)

SMQs.: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-

like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Dizzy - felt cold and shaky - Home with parent.

VAERS ID: [378943](#) (history) **Vaccinated:** 2010-01-26
Form: Version 1.0 **Onset:** 2010-01-26
Age: 6.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-01-26
Location: Vermont **Days after onset:** 0
 Entered: 2010-02-01
 Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UP089AA / 2	LA / UN

Administered by: Other **Purchased by:** Other
Symptoms: [Nausea](#), [Vomiting](#)
SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Nauseated after received immun. (10:30am). Vomited at 1:40 pm. Home with parent.

VAERS ID: 379654 (history)	Vaccinated:	2010-02-03
Form: Version 1.0	Onset:	2010-02-04
Age: 6.0	Days after vaccination:	1
Sex: Male	Submitted:	2010-02-05
Location: Vermont	Days after onset:	1
	Entered:	2010-02-08
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U32733A / 5	LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Inflammation](#), [Injection site pruritus](#)**SMQs:** Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** FOCALIN 5 mg qd**Current Illness:** none**Preexisting Conditions:** ADHD**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 2/4 itchiness @ site, sore 2/5 L arm red and inflamed below inject site.

VAERS ID: [381364](#) ([history](#)) **Vaccinated:** 2009-12-07
Form: Version 1.0 **Onset:** 2009-12-10
Age: 2.0 **Days after vaccination:** 3
Sex: Male **Submitted:** 2010-02-26
Location: Vermont **Days after onset:** 78
Entered: 2010-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UT023AA / 2	LL / IJ

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

Symptoms: [Abnormal behaviour](#), [Abnormal faeces](#), [Aggression](#), [Diarrhoea](#), [Incorrect dose administered](#)

SMQs: Dementia (broad), Pseudomembranous colitis (broad), Psychosis and psychotic disorders (broad), Biliary system related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (narrow), Noninfectious diarrhoea (narrow), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: The doctor was not concerned about the shot and I do not think he reported my findings. On 2/24/10 I told the nurse about my concerns. She asked to see his shot record and what she found scared us both. On 12/07/09 she was given .5 of the H1N1 shot and on 01/08/10 he was given another .25. This is a total of .75 way more than an adult dose. My grandson was overdosed and may be damaged for life, because of this. I no longer have that genteel little boy. If you can give me advice on what to do, Please let me know.

CDC Split Type:

Write-up: My grandson went from a genteel and loving child to an aggressive and unpredictable child, this is still continuing today. He had loose and smelly bowel movements for about two weeks after each H1N1 shot.

VAERS ID: [383270](#) ([history](#)) **Vaccinated:** 2010-02-09
Form: Version 1.0 **Onset:** 2010-02-11
Age: 16.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 2010-03-22
Location: Vermont **Days after onset:** 38
Entered: 2010-03-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1099Y / 3	LA / UN

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

Symptoms: [Computerised tomogram normal](#), [Electroencephalogram normal](#), [Endotracheal intubation](#), [Epilepsy](#), [Grand mal convulsion](#), [Laboratory test normal](#), [Movement disorder](#), [Nuclear magnetic resonance imaging normal](#), [Postictal state](#), [Sedation](#), [Simple partial seizures](#), [Speech disorder](#)

SMQs: Angioedema (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Dementia (broad), Convulsions (narrow), Akathisia (broad), Dyskinesia (broad), Dystonia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: mild cold symptoms

Preexisting Conditions: allergy to Keflex- reaction is hives; no other medical conditions

Allergies:

Diagnostic Lab Data: Epilepsy- no cause determined; lingering language and motor difficulties. MRI, CT, EEG and all labs were good.

CDC Split Type:

Write-up: 30-45 minute simple partial seizures followed by grand mal at about 7:00 pm. Very challenging post-ictal state requiring sedation and intubation, and 2 day hospital stay. Second seizure on 2/27/2010 followed same pattern. following

VAERS ID: [387022](#) ([history](#)) **Vaccinated:** 2010-05-05
Form: Version 1.0 **Onset:** 2010-05-05
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-05-07
Location: Vermont **Days after onset:** 2
Entered: 2010-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MEN: MENINGOCOCCAL (MENOMUNE) / SANOFI PASTEUR	U3088AA / 1	LA / IM

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

Symptoms: [Impaired driving ability](#), [Loss of consciousness](#), [Road traffic accident](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient got vaccine, while being observed she slept for 1 hour in waiting room, then began to drive herself home. Lost consciousness while driving and ran into guard rail - doesn't remember feeling faint or dizzy or sleepy before LOC.

VAERS ID: [389015](#) ([history](#)) **Vaccinated:** 2010-05-10
Form: Version 1.0 **Onset:** 2010-05-18
Age: 1.01 **Days after vaccination:** 8
Sex: Male **Submitted:** 2010-05-22
Location: Vermont **Days after onset:** 4
Entered: 2010-05-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	- / -

Administered by: Public **Purchased by:** Other

Symptoms: [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever/irritable. Treated with Tylenol.

VAERS ID: 389205 (history)	Vaccinated:	2010-05-21
Form: Version 1.0	Onset:	2010-05-22
Age: 6.0	Days after vaccination:	1
Sex: Female	Submitted:	2010-05-25
Location: Vermont	Days after onset:	3
	Entered:	2010-05-25

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

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

Symptoms: [Abdominal discomfort](#), [Injection site erythema](#), [Injection site swelling](#), [Pain in extremity](#)

SMQs: Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Extravasation events (injections, infusions and implants) (broad),

Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Soreness of arm, red and swelling at injection site, upset stomach.

VAERS ID: 389336 (history)	Vaccinated:	2010-05-21
Form: Version 1.0	Onset:	2010-05-22
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2010-05-25
Location: Vermont	Days after onset:	3
	Entered:	2010-05-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B115AA / 1	RA / IM

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

Symptoms: [Injection site erythema](#), [Injection site warmth](#), [Petechiae](#)

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None. Child was treated with cephalexin for possible cellulitis.**CDC Split Type:****Write-up:** Rapidly increasing erythema at vaccination site without pain or itching. I saw him on 5/24/2010, and nearly the entire upper arm was involved, circumferentially, with erythema and warmth, without any area of fluctuance, although there was evidence of deeper redness with a few petechiae around the immediate vaccination site.

VAERS ID: 391077 (history)	Vaccinated:	2010-06-15
Form: Version 1.0	Onset:	2010-06-15
Age: 14.0	Days after vaccination:	0
Sex: Female	Submitted:	2010-06-15
Location: Vermont	Days after onset:	0
	Entered:	2010-06-21
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1411X / 2	RA / SC

Administered by: Private **Purchased by:** Unknown**Symptoms:** [Syncope](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** T : 98.8; HR, 76; FSBS, 93; BP, 128/78; RR, 16**CDC Split Type:**

Write-up: GARDASIL & VARICELLA vaccine given. Pt alert, appropriate. Escorted to hall. Pt had syncopal episode, attended & examined by PA. VSS.

VAERS ID: 391102 (history)	Vaccinated:	2010-06-17
Form: Version 1.0	Onset:	2010-06-18
Age: 2.0	Days after vaccination:	1
Sex: Female	Submitted:	2010-06-21
Location: Vermont	Days after onset:	3
	Entered:	2010-06-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	E47469 / 1	LL / UN

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: allergy to peanuts

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Developed redness, swelling, warmth at injection site requiring ER visit for antihistamine and antibiotic.

VAERS ID: [391233](#) ([history](#)) **Vaccinated:** 2010-06-16
Form: Version 1.0 **Onset:** 2010-06-17
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2010-06-18
Location: Vermont **Days after onset:** 1
Entered: 2010-06-23
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B091AA / 5	LA / UN
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	D0532 / 4	RA / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1289Y / 2	RA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0026Z / 2	LA / UN

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

Symptoms: [Keloid scar](#), [Pain in extremity](#), [Pruritus](#), [Skin warm](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 9.5 cm x 7.5 cm flare warm to the touch. Painful and itchy. This happened the next day after. Also a 1 cm keloid looking mark (left deltoid area).

VAERS ID: [393169](#) ([history](#)) **Vaccinated:** 2010-01-15
Form: Version 1.0 **Onset:** 2010-01-16
Age: 0.33 **Days after vaccination:** 1
Sex: Male **Submitted:** 2010-07-20
Location: Vermont **Days after onset:** 184
Entered: 2010-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C35333AA / 2	LL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVB799AA / 2	RL / IM
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	D84740 / 2	RL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	A41FA966A / 2	MO / PO

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

Symptoms: [Biopsy muscle abnormal](#), [Blood creatine phosphokinase increased](#), [Central nervous system lesion](#), [Disturbance in social behaviour](#), [Eye movement disorder](#), [Irritability](#), [Myofascitis](#), [Nuclear magnetic resonance imaging brain abnormal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Myocardial infarction (broad), Dementia (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Drug abuse and dependence (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Ocular motility disorders (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 5 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: Prematurity Gastroesophageal Reflux

Allergies:

Diagnostic Lab Data: MRI: lesions in basal ganglia, thalamus, brainstem. Elevated CK initially
Muscle Biopsy: Macrophagic myofasciitis

CDC Split Type:

Write-up: Patient became progressively more irritable over 24 hours. He then stopped interacting

and had dancing eye movements. He was brought to the local hospital and underwent a neurologic workup yielding a diagnosis of possible Leigh Disease. He had a muscle biopsy that showed macrophagic myofasciitis that was attributed to the immunizations.

VAERS ID: 393383 (history)	Vaccinated:	2010-07-22
Form: Version 1.0	Onset:	2010-07-22
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	2010-07-22
Location: Vermont	Days after onset:	0
	Entered:	2010-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 2	LA / IM

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

Symptoms: [Loss of consciousness](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: After apx. 5 min after receiving 2nd HPV vaccine pt passed out. Pt rested lying down - cool compress to head. BP immed after passing out 98/54 BP 15 min after resting 106/64.

VAERS ID: [396151](#) ([history](#)) **Vaccinated:** 2009-10-26
Form: Version 1.0 **Onset:** 2009-10-26
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2009-10-27
Location: Vermont **Days after onset:** 1
Entered: 2010-08-16
Days after submission: 293

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	500723P / UNK	NS / IN

Administered by: Other **Purchased by:** Other
Symptoms: [Contraindication to vaccination](#), [No adverse event](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Concomitant Drug(s) Not Reported

Current Illness: Asthma

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: MEDI0009234

Write-up: A non-serious spontaneous report of inadvertent administration of FLUMIST to a 9-year-old with asthma was received from a registered nurse. The patient's medical history included asthma. Concomitant medications included the Flu Shot given 22-Sep-2009. There was no adverse event associated with this medication error; therefore, treatment and reporter/sponsor causality assessments are not applicable, and the event is considered resolved.

VAERS ID: [399469](#) ([history](#)) **Vaccinated:** 2009-10-22
Form: Version 1.0 **Onset:** 2009-10-22
Age: 2.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-08-04
Location: Vermont **Days after onset:** 286
Entered: 2010-09-08
Days after submission: 35

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / UN

Administered by: Other **Purchased by:** Other

Symptoms: [Wrong drug administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness:

Preexisting Conditions: Unknown

Allergies:

Diagnostic Lab Data: Unknown

CDC Split Type: WAES0910USA02810

Write-up: Information has been received from a physician concerning a 33 month old female patient who on 22-OCT-2009 was inadvertently vaccinated with a dose of GARDASIL instead of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (MSD). There was no product confusion but a human error. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID: [399017](#) ([history](#)) **Vaccinated:** 2010-09-16
Form: Version 1.0 **Onset:** 2010-09-16
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2010-09-16
Location: Vermont **Days after onset:** 0
Entered: 2010-09-21
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B248CA / 3	LA / UN
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3566AA / 1	RA / UN

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

Symptoms: [Crying](#), [Headache](#), [Injection site erythema](#), [Injection site pain](#), [Insomnia](#), [Pain](#), [Pyrexia](#), [Screaming](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Same.~Hib (no brand name)~3~0.50~Patient|Same.~Measles + Mumps + Rubella (no brand name)~1~1.50~Patient|Same.~DTaP + HepB + IPV

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Awake all night, screaming and crying; fever 101, began 3-4 hours after getting vaccine; complained of body and head hurting. Said (L) arm hurt more but bot equally red.

VAERS ID: [400338](#) ([history](#)) **Vaccinated:** 2010-09-22
Form: Version 1.0 **Onset:** 2010-09-22
Age: 3.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-09-24
Location: Vermont **Days after onset:** 2
Entered: 2010-09-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U3566A3N / 3	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	AHIBC252C / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	913965NDO / 5	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: URI

Preexisting Conditions: Spastic cerebral palsy, GERD, developmental delay, sensorineural hearing loss, congenital CMV exposure

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling and redness with pain at injection site on R upper thigh, which worsened over next 24 hours before improving.

VAERS ID: [402008](#) ([history](#)) **Vaccinated:** 2010-09-30
Form: Version 1.0 **Onset:** 2010-09-30
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2010-09-30
Location: Vermont **Days after onset:** 0
Entered: 2010-10-06
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1333Y / 3	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3475AA / UNK	LA / UN

Administered by: Public **Purchased by:** Other

Symptoms: [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Syncopy after TDap and HPV vaccines. Pt seated, evaluated by FNP. Pt quickly regained consciousness. Left clinic with mom 15 minutes later asymptomatic.

VAERS ID: 402099 (history)	Vaccinated:	2010-10-01
Form: Version 1.0	Onset:	2010-10-02
Age: 13.0	Days after vaccination:	1
Sex: Male	Submitted:	2010-10-06
Location: Vermont	Days after onset:	4
	Entered:	2010-10-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B061CA / 5	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0410Z / 1	RA / SC

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

Symptoms: [Pyrexia](#), [Rash erythematous](#), [Rash macular](#), [Rash pruritic](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: None.
CDC Split Type:

Write-up: Fever - 101 degrees - 10/2/10. Itchy, red blotches on 10/5/10 on chest and back. Calamine lotion applied.

VAERS ID: 403507 (history)	Vaccinated:	2010-10-08
Form: Version 1.0	Onset:	2010-10-09
Age: 11.0	Days after vaccination:	1
Sex: Male	Submitted:	2010-10-15
Location: Vermont	Days after onset:	6
	Entered:	2010-10-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU(H1N1): INFLUENZA (H1N1) (H1N1 (MONOVALENT) (SANOFI)) / SANOFI PASTEUR	UH180AA / 2	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U330600AA / 1	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B063AA / 1	RA / IM

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

Symptoms: [Erythema](#), [Oedema peripheral](#), [Pruritus](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes

Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: right arm, redness, swollen, itchy, redness spreading from outside arm to inside of arm (7"w x 5.5"L)

VAERS ID: [411621](#) (history) **Vaccinated:** 2009-11-09
Form: Version 1.0 **Onset:** 2009-11-09
Age: 0.57 **Days after vaccination:** 0
Sex: Male **Submitted:** 2010-09-27
Location: Vermont **Days after onset:** 321
 Entered: 2010-11-23
 Days after submission: 57

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUVIRIN) / NOVARTIS VACCINES AND DIAGNOSTICS	1009225PA / 1	LG / IM

Administered by: Other **Purchased by:** Other
Symptoms: [Inappropriate schedule of drug administration](#), [No adverse event](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No other medications
Current Illness: Unknown
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: PHHY2009US64097

Write-up: Case previously recorded as MA2009-4085. Initial case report received from a nurse on 09 NOV 2009. A 6-month-old male patient was vaccinated with 0.5 mL FLUVIRIN (batch no. 1009225PA) i.m into the thigh on 09 NOV 2009. No adverse events were reported. Reference no: NA09-07868.

VAERS ID: 412988 (history)	Vaccinated:	2010-09-16
Form: Version 1.0	Onset:	2010-09-19
Age: 5.0	Days after vaccination:	3
Sex: Male	Submitted:	2010-12-10
Location: Vermont	Days after onset:	82
	Entered:	2010-12-16
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	501017P / 1	NS / IN

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

Symptoms: [Lymphadenopathy](#)

SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Lymphadenopathy R cervical & submand. nodes torticollis TYLENOL & Ibuprofen.

VAERS ID: [413097](#) ([history](#)) **Vaccinated:** 2010-12-16
Form: Version 1.0 **Onset:** 2010-12-16
Age: 13.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2010-12-19
Location: Vermont **Days after onset:** 3
Entered: 2010-12-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B062AA / 1	LA / IM

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

Symptoms: [Abdominal pain upper](#), [Asthenia](#), [Chills](#), [Dizziness](#), [Headache](#), [Nausea](#), [Pain](#), [Pyrexia](#), [Tremor](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: hives around ankle~Measles + Mumps + Rubella (Virivac)~1~1.00~Patient

Other Medications:

Current Illness: none

Preexisting Conditions: amoxicillin, and seasonal allergies

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: High fever as high as 102.4, dizzy, nausea, aches all over, weak, headache, stomach ache, shaking chills.

VAERS ID: [413813](#) ([history](#)) **Vaccinated:** 2010-12-28
Form: Version 1.0 **Onset:** 2010-12-28
Age: 0.31 **Days after vaccination:** 0
Sex: Male **Submitted:** 2011-01-02
Location: Vermont **Days after onset:** 5
Entered: 2011-01-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	- / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / 1	LL / IM

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

Symptoms: [Cough](#), [Crying](#), [Decreased appetite](#), [Diet refusal](#), [Haematochezia](#), [Irritability](#), [Pyrexia](#), [Rectal fissure](#), [Respiratory tract congestion](#)

SMQs: Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Ischaemic colitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None.

Current Illness: None.

Preexisting Conditions: None.

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient became unusually fussy and could not be consoled easily. Wasn't nursing well. Fell asleep around 10pm and woke up around 1am with 101-102 fever. Treated with infant ibuprofen. Fever went down to 99-100. Fever/treatment continued for next day. That evening (12/29) noticed three areas of red blood in stool. Called PCP and was told it was likely an anal tear. Patient is breastfed so no straining to have movement, and movements had been normal. Continued fussy for next day. On 1/1 developed dry cough and some chest congestion. Eating normally, and having regular wet/soiled diapers. Was not ill prior to shots (Pevnar 13 and Hib), does not attend daycare and has not been exposed to sick people.

VAERS ID: [414514](#) ([history](#)) **Vaccinated:** 2011-01-03
Form: Version 1.0 **Onset:** 2011-01-04
Age: 1.58 **Days after vaccination:** 1
Sex: Female **Submitted:** 2011-01-04
Location: Vermont **Days after onset:** 0
Entered: 2011-01-11
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1104Z / 2	LA / SC

Administered by: Private **Purchased by:** Unknown
Symptoms: [Injection site erythema](#), [Oedema peripheral](#)
SMQs: Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Large red reaction surrounding injection site, swelling of upper arm.

VAERS ID: [418129](#) ([history](#)) **Vaccinated:** 2011-02-14
Form: Version 1.0 **Onset:** 2011-02-23
Age: 1.02 **Days after vaccination:** 9
Sex: Female **Submitted:** 2011-03-03
Location: Vermont **Days after onset:** 8
Entered: 2011-03-07
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route

HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH239AB / 4	UN / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	Z2090 / 1	UN / SC
PNC: PNEUMO (PREVNAR) / PFIZER/WYETH	914515 / 4	UN / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	Z9660 / 1	UN / SC

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

Symptoms: [Induration](#), [Rash macular](#), [Skin discolouration](#), [Skin lesion](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Received HiB #4, PREVNAR #4, Varicella #1 and MMR #1 on 02/14/11 / on 02-24-11 pt. had a rash - (see attached note).

VAERS ID: [419564](#) ([history](#)) **Vaccinated:** 2011-02-07

Form: Version 1.0 **Onset:** 0000-00-00

Age: 5.0 **Submitted:** 2011-03-25

Sex: Male **Entered:** 2011-03-25

Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B172AA / 1	RA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1272Z / 1	RA / UN

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

Symptoms: [Condition aggravated](#), [Death](#), [Epilepsy](#), [Status epilepticus](#), [Unresponsive to stimuli](#),

[Vomiting](#)

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2011-02-08

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin B; LAMICTAL; KEPBRA; TOPAMAX

Current Illness: None

Preexisting Conditions: Epilepsy; Right hemiparesis; GERD; Strabismus; Cerebral Palsy

Allergies:

Diagnostic Lab Data: Known left middle cerebral artery infarct with right hemiplegia and epilepsy.

CDC Split Type:

Write-up: DTaP/IPV and VARIVAX given at 14:30 on 2/7/11 as health care maintenance. Patient found unresponsive with vomit in bed around 6 am on 2/8/11. Pronounced deceased on arrival to the ED on 2/8/11. Presumed cause of death is status epilepticus in this patient with known and worsening epilepsy. Medical Examiner involved, and no autopsy performed.

VAERS ID: 420121 (history)	Vaccinated:	2011-03-28
Form: Version 1.0	Onset:	2011-03-28
Age: 1.78	Days after vaccination:	0
Sex: Female	Submitted:	2011-03-31
Location: Vermont	Days after onset:	3
	Entered:	2011-04-01
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B118CA / 4	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB462BA / 1	LL / IM

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

Symptoms: [Gaze palsy](#), [Posture abnormal](#), [Pyrexia](#), [Somnolence](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Noninfectious encephalitis (broad), Noninfectious

encephalopathy/delirium (broad), Noninfectious meningitis (broad), Ocular motility disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Mother reports 8 hrs. following immunizations that pt. was sleepy with rolling eyes and sticking her tongue out, along with fever. The next night pt. had leg up in the air and mother had difficult time pulling it down. (Mother did give Acetaminophen the first night).

VAERS ID: 421011 (history)	Vaccinated:	2011-04-08
Form: Version 1.0	Onset:	2011-04-10
Age: 5.0	Days after vaccination:	2
Sex: Male	Submitted:	2011-04-11
Location: Vermont	Days after onset:	1
	Entered:	2011-04-14
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B178CB / 1	LA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	E55587 / 1	LA / IM

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

Symptoms: [Injection site swelling](#), [Lymphadenopathy](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: Amoxicillin
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Swelling 10 x 8cm (L) deltoid with erythema. (L) axillary node 3 x 5 cm.

VAERS ID: 422686 (history)	Vaccinated:	2011-05-09
Form: Version 1.0	Onset:	2011-05-10
Age: 12.0	Days after vaccination:	1
Sex: Male	Submitted:	2011-05-11
Location: Vermont	Days after onset:	1
	Entered:	2011-05-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	UA3668AAN / 1	LA / IM

Administered by: Unknown **Purchased by:** Private
Symptoms: [Injection site erythema](#), [Injection site swelling](#)
SMQs.: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: allergic rhinitis
Preexisting Conditions: amoxicillin - hives no other chronic medical problems
Allergies:

Diagnostic Lab Data:**CDC Split Type:**

Write-up: Redness and swelling at the injection site, not warm or painful. Increased over the next 24h

VAERS ID: 422765 (history)	Vaccinated:	2011-04-26
Form: Version 1.0	Onset:	2011-05-02
Age: 11.0	Days after vaccination:	6
Sex: Female	Submitted:	2011-05-12
Location: Vermont	Days after onset:	10
	Entered:	2011-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1167Z / 1	RA / UN
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3671AA / 1	RA / UN
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC523048AC / 1	LA / UN

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

Symptoms: [Rash generalised](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 5/2/11 Phone call from mom stating "bug bite" looking rash all over body. Not ill. No fever. Probably, per mom, related to old sunscreen.

VAERS ID: [423091](#) ([history](#)) **Vaccinated:** 2011-05-09
Form: Version 1.0 **Onset:** 2011-05-12
Age: 1.03 **Days after vaccination:** 3
Sex: Male **Submitted:** 2011-05-13
Location: Vermont **Days after onset:** 1
Entered: 2011-05-18
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1045Z / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0996Z / 1	LL / SC

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

Symptoms: [Convulsion](#), [Pyrexia](#)

SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: LURIDE 0.25 chew Sodium Fluoride

Current Illness: Minor cold sx"s

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt received MMR and Varicella vaccine 5/9/11, developed a fever 5/12/11 102.7, had 2 seizures, one last 10 minutes the other 7 minutes. Taken to nearest ER via rescue.

VAERS ID: [425586](#) ([history](#)) **Vaccinated:** 2011-06-17
Form: Version 1.0 **Onset:** 2011-06-17
Age: 13.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2011-06-17
Location: Vermont **Days after onset:** 0
Entered: 2011-06-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB458AA / 2	RA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0337Z / 2	LA / IM

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

Symptoms: [Hyperhidrosis](#), [Nausea](#), [Pallor](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 3 min following vaccine administration pt was sitting on exam table and suddenly became pale, diaphoretic, and c/o feeling nauseous. She immed laid down and felt better within 5 min - *had not eaten or had anything to drink this am prior to appt*.

VAERS ID: [426662](#) ([history](#)) **Vaccinated:** 2011-06-17
Form: Version 1.0 **Onset:** 2011-06-27
Age: 6.0 **Days after vaccination:** 10
Sex: Female **Submitted:** 2011-06-29
Location: Vermont **Days after onset:** 2
Entered: 2011-07-05
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0409Z / 1	UN / SC

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

Symptoms: [Arthralgia](#), [Lymphadenopathy](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 10 days after vaccine developed fever 0f 101-102. Swollen glands at neck - achey joints.

VAERS ID: 427805 (history)	Vaccinated:	2011-05-16
Form: Version 1.0	Onset:	2011-05-16
Age: 0.17	Days after vaccination:	0
Sex: Female	Submitted:	2011-07-20
Location: Vermont	Days after onset:	65
	Entered:	2011-07-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LL / -
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RL / -

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

Symptoms: [Discomfort](#), [Injection site erythema](#), [Irritability](#), [Pyrexia](#), [Screaming](#), [Vaccination site swelling](#)

SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient woke from her nap crankier than normal; within an hour, she was screaming inconsolably. Her legs became red and swollen at each vaccination site. She seemed to be running a slight fever, but nothing over 101F. At our pediatrician's advice, we gave her a dose of infant Tylenol, and applied cold compresses to the vaccination sites; this eased her discomfort. We needed to repeat the Tylenol at two more doses to keep her from becoming extremely upset at those times; irritability continued for about 36 hours after the vaccination.

VAERS ID: 433480 (history)	Vaccinated:	2011-09-01
Form: Version 1.0	Onset:	2011-09-05
Age: 11.0	Days after vaccination:	4
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2011-09-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3848AA / 1	LA / UN
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC52B060BA / 1	RA / UN

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

Symptoms: [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt came in with urticaria one week after shots.

VAERS ID: 436717 (history)	Vaccinated:	2011-10-03
Form: Version 1.0	Onset:	2011-10-03
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2011-10-04
Location: Vermont	Days after onset:	1
	Entered:	2011-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH476AC / 6	RA / IM

Administered by: Private **Purchased by:** Unknown
Symptoms: [Arthralgia](#), [Body temperature](#)
SMQs: Arthritis (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:

Diagnostic Lab Data: None**CDC Split Type:****Write-up:** Pt c/o temp and joint aches after Influenza vaccine - Mom request report be made.

VAERS ID: 437594 (history)	Vaccinated:	2011-09-23
Form: Version 1.0	Onset:	2011-09-24
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2011-10-10
Location: Vermont	Days after onset:	16
	Entered:	2011-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B171FA / 1	LA / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1427Z / 1	LA / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0116AA / 1	RA / UN

Administered by: Public **Purchased by:** Public**Symptoms:** [Contusion](#), [Injection site haematoma](#), [Injection site warmth](#)**SMQs:** Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: See attached. I saw her 10/10/11 when her sister was in. Still has a 6cm x 4cm bruise. It doesn't hurt, but it is hard to tell which vaccine. Looks like MMR. I spoke with mom and she said it was her left arm. Unaware which vaccine it was. She couldn't tell me if it was deltoid or back of her arm. But she says its about the size of patient's hand, and hot to the touch. A little bruising. I told her ice and MOTRIN, she said she only had TYLENOL and I said that was fine but it may not work as well. She could have 2 tsp of childrens. I told her to draw a circle around it and to call back in the am and tell us how much bigger it spreads. If it gets too large and she is worried I said

nurse is on call and she will talk to her. If it gets too big we need to see her and do a VAERS report. She is still able to move her arm fine, she just doesn't like people touching it.

VAERS ID: [438206](#) ([history](#)) **Vaccinated:** 2011-09-30
Form: Version 1.0 **Onset:** 2011-10-13
Age: 1.01 **Days after vaccination:** 13
Sex: Female **Submitted:** 2011-10-14
Location: Vermont **Days after onset:** 1
Entered: 2011-10-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -

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

Symptoms: [Eye swelling](#), [Eyelid oedema](#), [Pyrexia](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Periorbital and eyelid disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No.

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: She has been the doctor twice and still has rash.

CDC Split Type:

Write-up: Slight rash that turned into fever. As days went by rash got worse. All over back, stomach, face and was spreading to limbs. Puffy and swollen eyes.

VAERS ID: [439536](#) ([history](#)) **Vaccinated:** 2011-10-20
Form: Version 1.0 **Onset:** 2011-10-21
Age: 1.35 **Days after vaccination:** 1
Sex: Female **Submitted:** 2011-10-23
Location: Vermont **Days after onset:** 2
Entered: 2011-10-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	LL / IM

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

Symptoms: [Pyrexia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions: none

Allergies:

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Child vomited. Fever 101 to 103 degrees lasting 24 hours. Children's Tylenol 1.5 ML every 4 hours to control fever.

VAERS ID: [440742](#) ([history](#)) **Vaccinated:** 2011-09-30
Form: Version 1.0 **Onset:** 2011-10-13
Age: 1.0 **Days after vaccination:** 13
Sex: Male **Submitted:** 2011-10-21
Location: Vermont **Days after onset:** 8
Entered: 2011-10-31
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB481AB / 1	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0048AA / 1	UN / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0687Z / 1	UN / UN

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

Symptoms: [Injection site discolouration](#), [Injection site erythema](#), [Injection site urticaria](#), [Nasopharyngitis](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: POLY-VI-SOL 1ml daily

Current Illness: None

Preexisting Conditions: Prematurity

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Rash on trunk area - not pustular - rash began 1 wk after vaccine. 1 wk prior to rash - \$ cold sxs. Area with pale purplish red urticaria on (R) thigh (injection site) approx 3 cm diameter.

VAERS ID: 440798 (history)	Vaccinated:	2011-10-28
Form: Version 1.0	Onset:	2011-10-28
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2011-10-31
Location: Vermont	Days after onset:	3
	Entered:	2011-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLULAVAL) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA652AA / 2	LA / IM

MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U3837AA / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3900AA / UNK	RA / IM

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

Symptoms: [Respiratory arrest](#)

SMQs: Anaphylactic reaction (broad), Acute central respiratory depression (narrow), Guillain-Barre syndrome (broad), Hypersensitivity (broad), Respiratory failure (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: PCN; asthma

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Resp. arrest after exposure to "fog machine" at school dance, then cold air - occurred within 6 hours after immunization. H/O bad asthma.

VAERS ID: 443733 (history)	Vaccinated:	2011-11-15
Form: Version 1.0	Onset:	2011-11-15
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	2011-11-16
Location: Vermont	Days after onset:	1
	Entered:	2011-11-22
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4197B / 7+	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0692AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4008AA / 1	LA / IM

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

Symptoms: [Chest discomfort](#), [Dyspnoea](#), [Rash erythematous](#), [Rash pruritic](#), [Sensory loss](#)

SMQs: Anaphylactic reaction (narrow), Peripheral neuropathy (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: FLOVENT; PRO-AIR; SINGULAIR

Current Illness: Physical

Preexisting Conditions: Asthma; Seasonal allergies

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Had below imms on 11/15/11. That eve - red, itchy rash bil hands. Then chest tight. Took to ER - given BENADRYL. They thought possibly viral. Slept well. Next AM SOB, chest tight, no feeling (R) hand. Rash continues. On BENADRYL and her albuterol (has asthma). Site of injection WNL, no erythema, no edema.

VAERS ID: 443877 (history)	Vaccinated:	2011-11-18
Form: Version 1.0	Onset:	2011-11-19
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2011-11-23
Location: Vermont	Days after onset:	4
	Entered:	2011-11-28
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT414CA / 4	LA / IM

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

Symptoms: [Arthralgia](#), [Erythema nodosum](#), [Myalgia](#)

SMQs: Rhabdomyolysis/myopathy (broad), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Erythema nodosum, myalgia, arthralgias started 48 hours after immunization.

VAERS ID: 444950 (history)	Vaccinated:	2011-12-02
Form: Version 1.0	Onset:	2011-12-03
Age: 7.0	Days after vaccination:	1
Sex: Female	Submitted:	2011-12-08
Location: Vermont	Days after onset:	5
	Entered:	2011-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH476AD / UNK	LA / IM

Administered by: Unknown **Purchased by:** Other**Symptoms:** [Autopsy](#), [Culture negative](#), [Death](#), [Dyspnoea](#), [Influenza like illness](#), [Lethargy](#), [Microscopy](#), [Pain](#), [Pyrexia](#), [Resuscitation](#), [Unresponsive to stimuli](#)**SMQs:** Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** Yes**Date died:** 2011-12-06**Days after onset:** 3**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No

Hospitalized? No**Previous Vaccinations:****Other Medications:** None**Current Illness:** no**Preexisting Conditions:** no**Allergies:****Diagnostic Lab Data:** Gross Autopsy negative. Preliminary cultures negative Pending Microscopic examination**CDC Split Type:****Write-up:** Went for well child check 12/2 no issues flu vaccination given. Next day developed flu like illness with fever 102.3, body aches lethargy, treated with Tylenol and Motrin, symptoms waxed and waned got significantly worse Tuesday 12/6/11 with dyspnea. Patient went unresponsive on way to pediatrician emergent resuscitation and died 12/6/11.

VAERS ID: 445387 (history)	Vaccinated:	2011-12-01
Form: Version 1.0	Onset:	2011-12-03
Age: 11.0	Days after vaccination:	2
Sex: Female	Submitted:	2011-12-14
Location: Vermont	Days after onset:	11
	Entered:	2011-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	E008344 / 1	RA / SC

Administered by: Public **Purchased by:** Public**Symptoms:** [Chest X-ray abnormal](#), [Cough](#), [Dizziness](#), [Fatigue](#), [Lobar pneumonia](#), [Pneumonitis](#), [Productive cough](#), [Pyrexia](#)**SMQs:** Anaphylactic reaction (broad), Interstitial lung disease (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Cardiomyopathy (broad), Eosinophilic pneumonia (narrow), Vestibular disorders (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow), Immune-mediated/autoimmune disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** No**Preexisting Conditions:** Lactose Intolerant

Allergies:**Diagnostic Lab Data:** Dec. 9-Chest X-ray**CDC Split Type:****Write-up:** Dec 3 & 4-felt tired, slight cough, dizzy. Dec. 5-fever 103 F, productive cough. Dec. 6-MD diagnosed pneumonitis Dec. 9-chest x-ray RLL pneumonia

VAERS ID: 445675 (history)	Vaccinated:	2011-12-02
Form: Version 1.0	Onset:	2011-12-10
Age: 1.6	Days after vaccination:	8
Sex: Male	Submitted:	2011-12-12
Location: Vermont	Days after onset:	2
	Entered:	2011-12-16
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B136BB / 4	LL / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0827AA / 1	LL / UN

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site induration](#), [Injection site pain](#), [Injection site warmth](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** No**Preexisting Conditions:** No**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Left thigh, red, hard, hot area - increased in size past 24 hours, painful, fever. Started on ABX TMP/SMZ.

VAERS ID: [447037](#) ([history](#)) **Vaccinated:** 2011-10-24
Form: Version 1.0 **Onset:** 2011-10-24
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2012-01-02
Location: Vermont **Days after onset:** 70
Entered: 2012-01-09
Days after submission: 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN3: INFLUENZA (SEASONAL) (FLUMIST) / MEDIMMUNE VACCINES, INC.	501105P / 2	NS / IN
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0692AA / 1	LA / IM

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

Symptoms: [Adverse reaction](#), [Hypoaesthesia](#), [Paraesthesia](#)

SMQs: Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Paresthesias - numbness, tingling involving both upper and lower extremities - Sx come and go but started on day of vaccine. Then more sx 2 wks later then again 2 wks later. Episodes last upwards of 1 hr - no known HA at time of attacks.

VAERS ID: [447082](#) ([history](#)) **Vaccinated:** 2012-01-04
Form: Version 1.0 **Onset:** 2012-01-06
Age: 1.13 **Days after vaccination:** 2
Sex: Male **Submitted:** 2012-01-09
Location: Vermont **Days after onset:** 3
Entered: 2012-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4159CA / 1	UN / UN
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0853AA / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0605AA / 1	LL / SC

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

Symptoms: [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: Recent amox for AOM - completed 12/24

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: 3 immunizations given 1/4/11. On 1/6 developed diffuse urticarial appearing rash without symptoms. No target lesions or purpura. No joint swelling. Minimal response to 1.2 mg/kg dose of BENADRYL given multiple times. Resolved nearly completely by 1/9/11.

VAERS ID: [447886](#) ([history](#)) **Vaccinated:** 2011-12-12
Form: Version 1.0 **Onset:** 2011-12-12
Age: 4.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2012-01-24
Location: Vermont **Days after onset:** 43
Entered: 2012-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B171CA / 1	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	AFLUA614BA / 5	LL / IM

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

Symptoms: [Chills](#), [Pain in extremity](#), [Pyrexia](#), [Tremor](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Began with a fever at 4pm-ish. Woke up at 12:00 AM shaking with chills and fever of 101. Vomited once. Leg hurt. Fever spiked to 103.4 at 12:15AM. 12:30AM fever at 104.0. Motrin given at 12:30 so we waited to see if it came down. Fever at 103 at 1:00AM. Fever at 101.3 at 1:30 AM. Put him to bed. He maintained a low grade 100 degree fever which lowered slowly over the next few days. Visited the doctor to check him out with fever on 12/14 or 12/15/2011. They said to watch him and come back if fever worsened. His fever went away the next day and we have had no further issues.

VAERS ID: [449147](#) (history) **Vaccinated:** 2012-02-02
Form: Version 1.0 **Onset:** 2012-02-02
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2012-02-03
Location: Vermont **Days after onset:** 1
Entered: 2012-02-08
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB481BB / 1	LA / IM

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

Symptoms: [Hypoaesthesia](#), [Paraesthesia](#)

SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: About 30 min after vaccine given pt developed some tingling and numbness in hand on same side. Pt examined and does have sensation to hand but decreased ability to tell one vs two point contact. Symptoms consistent with small nerve being affected, should recover on its own will monitor. Motor intact.

VAERS ID: [449723](#) (history) **Vaccinated:** 2012-02-10
Form: Version 1.0 **Onset:** 2012-02-11
Age: 0.52 **Days after vaccination:** 1
Sex: Female **Submitted:** 2012-02-16
Location: Vermont **Days after onset:** 5
Entered: 2012-02-16

		Site /
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Vaccination / Manufacturer	Lot / Dose	Route
DTAPIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C4045AA / 3	RL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UT4149CA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	AHBVC022DA / 3	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	F17155 / 3	LL / IM

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

Symptoms: [Injection site erythema](#), [Injection site rash](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: TRIVISOL po daily

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Red raised rash on both thighs, has happened before at 6 wk vaccines & 4 month vaccines. Same shots given except flu given 2-10-12 her first time.

VAERS ID: 450173 (history)	Vaccinated:	2011-11-22
Form: Version 1.0	Onset:	2012-01-02
Age: 17.0	Days after vaccination:	41
Sex: Male	Submitted:	2012-02-15
Location: Vermont	Days after onset:	44
	Entered:	2012-02-23
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0690AA / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI	U3837AA / 1	LA / IM

PASTEUR

Administered by: Private **Purchased by:** Public**Symptoms:** [Abdominal pain](#), [Endoscopy gastrointestinal](#)**SMQs:** Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** Completion GI eval including endoscopy**CDC Split Type:****Write-up:** Chronic abd pain.

VAERS ID: 451376 (history)	Vaccinated:	2011-11-11
Form: Version 1.0	Onset:	2011-11-11
Age: 0.32	Days after vaccination:	0
Sex: Female	Submitted:	2012-03-02
Location: Vermont	Days after onset:	112
	Entered:	2012-03-09
	Days after submission:	7

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	AC21B280DA / 2	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH241AA / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	915186 / 2	LL / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Swelling](#), [Vaccination site inflammation](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No

Birth Defect? No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Infant TYLENOL**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Baseball size inflammation at vaccination site (L) thigh. Reaction occurred 3-4 hours post vaccination. Relief from swelling and redness 30 minutes after BENADRYL was administered.

VAERS ID: 453784 (history)	Vaccinated:	2012-04-05
Form: Version 1.0	Onset:	2012-04-14
Age: 1.08	Days after vaccination:	9
Sex: Female	Submitted:	2012-04-16
Location: Vermont	Days after onset:	2
	Entered:	2012-04-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB522AA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1003AA / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1410AA / 1	RL / SC

Administered by: Public **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site swelling](#), [Pyrexia](#), [Rash](#), [Rash papular](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: TriViSol drops
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Fever, erythema & swelling at injection site on (L) thigh developed 8 days post vaccination with fine papular rash developing on trunk day 8-9. Child otherwise well.

VAERS ID: 455011 (history)	Vaccinated:	2012-05-01
Form: Version 1.0	Onset:	2012-05-03
Age: 17.0	Days after vaccination:	2
Sex: Male	Submitted:	2012-05-04
Location: Vermont	Days after onset:	1
	Entered:	2012-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1433AA / 2	RA / SC

Administered by: Private **Purchased by:** Public
Symptoms: [Hypersensitivity](#), [Local reaction](#)
SMQs: Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Localized allergic reaction.

VAERS ID: [455048](#) (history) **Vaccinated:** 2011-06-27
Form: Version 1.0 **Onset:** 2011-07-04
Age: 16.0 **Days after vaccination:** 7
Sex: Female **Submitted:** 2012-05-06
Location: Vermont **Days after onset:** 307
Entered: 2012-05-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (PRIORIX) / GLAXOSMITHKLINE BIOLOGICALS	UNKNOWN / 1	LA / UN

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

Symptoms: [Headache](#), [Insomnia](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Insomnia, headache.

VAERS ID: [455133](#) (history) **Vaccinated:** 2012-04-25
Form: Version 1.0 **Onset:** 2012-04-26
Age: 1.08 **Days after vaccination:** 1
Sex: Female **Submitted:** 2012-05-02
Location: Vermont **Days after onset:** 6
Entered: 2012-05-07
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
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MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0403AA / 2	LL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	917243 / 4	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0977AA / 2	RL / SC

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

Symptoms: [Incorrect dose administered](#), [Injection site erythema](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: FLUORITAB QD 0.25mg

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt. was given a duplicate dose of MMR vaccine & Varicella vaccine. No adverse event with exception of site redness.

VAERS ID: 455178 (history)	Vaccinated:	2012-05-03
Form: Version 1.0	Onset:	2012-05-04
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2012-05-07
Location: Vermont	Days after onset:	3
	Entered:	2012-05-08
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B187AA / 1	RA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB513AA / 2	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Injection site erythema](#), [Injection site vesicles](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness developed (R) arm 5/4 - blistered area 5/5.

VAERS ID: [459733](#) ([history](#)) **Vaccinated:** 2009-08-12
Form: Version 1.0 **Onset:** 0000-00-00
Age: 1.5 **Submitted:** 2012-07-17
Sex: Female **Entered:** 2012-07-17
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0803Y / 2	UN / UN

Administered by: Other **Purchased by:** Other
Symptoms: [Coxsackie viral infection](#), [Coxsackie virus test positive](#), [Pyrexia](#), [Rash generalised](#), [Varicella post vaccine](#)
SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Opportunistic infections (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:**Other Medications:** No other medications**Current Illness:** Unknown**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** 2012, Body temperature, 102F; 2012, Coxsackie virus test, positive**CDC Split Type:** WAES1207USA001659

Write-up: This spontaneous report was given from a Nurse Practitioner concerning her 4 year old granddaughter with no pertinent medical history or drug reactions/allergies who on 13-MAY-2009 was vaccinated with the first dose of VARIVAX (Merck) (dose and route not provided) (lot# 663819/0336Y, expiration date on 13-MAR-2011) and on 12-AUG-2009 received the second dose of VARIVAX (Merck) (dose and route not provided) (VARIVAX) (lot # 0803Y). There were no concomitant medications. The nurse reported that "early last week" on approximately 25-JUN-2012 her granddaughter was diagnosed with severe widespread chickenpox. The patient developed a fever of 102. The nurse indicated that the chickenpox rashes were "everywhere" on her granddaughter, including between toes and around genitalia. She was treated with CALADRYL lotion to the lesions and a topical mixture of MYLANTA and BENADRYL to the oral lesions. No laboratory test were performed. At the time of the report, the patient had not recovered from the event. The patient sought medical attention at the physician's office. Additional information received from the nurse practitioner revealed that her granddaughter was tested and it turns out that she had "coxsackie virus". The patient's outcome for "coxsackie virus" was not provided. It was noted that the nurse practitioner daughter also developed lesions and was tested and it turns out that she had "coxsackie virus" too. This is one of several reports received from the same source. Additional information has been requested.

VAERS ID: 460351 (history)	Vaccinated:	2012-07-26
Form: Version 1.0	Onset:	2012-07-26
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	2012-07-26
Location: Vermont	Days after onset:	0
	Entered:	2012-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB492BA / 2	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1696AA / 2	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	1062AA / 2	LA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Urticaria](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: No additional tests, required

CDC Split Type:

Write-up: Patient came in for 2nd Hepatitis A, 2nd HPV & 2nd Varicella, Hep A, Varicella given left deltoid, HPV given (R) deltoid. Within 15 minutes of vaccination; patient was having systemic hive reaction. Pt given 25 mg 2 ml BENADRYL when pt discharged was much improved.

VAERS ID: [461597](#) (history) **Vaccinated:** 2012-08-07

Form: Version 1.0 **Onset:** 2012-08-08

Age: 13.0 **Days after vaccination:** 1

Sex: Female **Submitted:** 2012-08-10

Location: Vermont **Days after onset:** 2

Entered: 2012-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4244AA / 1	RA / IM

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

Symptoms: [Malaise](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: fever~Pertussis (no brand name)~4~0.58~Patient

Other Medications: None

Current Illness: No

Preexisting Conditions: Allergic reaction to pertussis vaccine

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: General malaise, fever greater than 101.6.

VAERS ID: 462214 (history)	Vaccinated:	2011-10-03
Form: Version 1.0	Onset:	2012-08-15
Age: 0.53	Days after vaccination:	317
Sex: Female	Submitted:	2012-08-16
Location: Vermont	Days after onset:	1
	Entered:	2012-08-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 3	- / -

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

Symptoms: [Pertussis](#), [Polymerase chain reaction](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Received 3 vaccinations of DTap

Allergies:

Diagnostic Lab Data: Nasal swab PCR

CDC Split Type:

Write-up: Co-worker called to state that child was diagnosed with whooping cough. Both mother and child placed on Zithromax and a nasal swab was done of child on 08/15/2012.

VAERS ID: 467444 (history)	Vaccinated:	2012-04-12
Form: Version 1.0	Onset:	0000-00-00
Age: 13.0	Submitted:	2012-08-24
Sex: Female	Entered:	2012-08-24
Location: Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / 3	UN / UN

Administered by: Other **Purchased by:** Other

Symptoms: [Alopecia](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: No other medications

Current Illness: Unknown

Preexisting Conditions: Convulsion, one seizure as a child

Allergies:

Diagnostic Lab Data:

CDC Split Type: WAES1208USA004035

Write-up: This spontaneous report was received from a physician refers to a 14 years old female patient with a history of one seizure as a child, who on 07-OCT-2011, 08-DEC-2011 and on 12-APR-2012, was vaccinated with the first, second and third dose of GARDASIL respectively (doses, routes and lot numbers not reported). No other co-suspects were reported. No concomitant medications were reported. The physician reported that about a month ago, in approximately July 2012, the patient developed unexplained alopecia after completion of the GARDASIL series. No treatment was given for the experience. No lab diagnostics studies were performed. At the time of the report, the patient had not recovered. The relatedness for the patient had developed unexplained alopecia after completion of the GARDASIL series was unknown for GARDASIL. This is one of several reports from the same source. Additional information has been requested.

VAERS ID: 463421 (history)	Vaccinated:	2012-08-20
Form: Version 1.0	Onset:	2012-08-20
Age: 12.0	Days after vaccination:	0
Sex: Male	Submitted:	2012-08-24
Location: Vermont	Days after onset:	4
	Entered:	2012-08-28
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route

VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	0414AE / 2	LA / SC
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Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Induration](#), [Skin warm](#), [Tenderness](#)**SMQs.:** Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** Asthma; Allergy to Amox. BENADRYL**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Erythema 14cm x 8cm, induration, tender and hot to touch. Treated with BENADRYL.

VAERS ID: 465762 (history)	Vaccinated:	2012-09-17
Form: Version 1.0	Onset:	2012-09-18
Age: 12.0	Days after vaccination:	1
Sex: Male	Submitted:	2012-09-20
Location: Vermont	Days after onset:	2
	Entered:	2012-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	- / 1	LA / IM

Administered by: Private **Purchased by:** Other**Symptoms:** [Injection site erythema](#), [Injection site pruritus](#)**SMQs.:** Extravasation events (injections, infusions and implants) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Unknown; Student's father reports that the redness on the student's deltoids are showing signs of improvement.**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Student sent to Health Office at school; this nurse observed student's left deltoid where he received Meningococcal vaccine; significant redness measured 10cm x 4.5cm in size; right deltoid where he received the Tdap vaccine; significant redness measured 6.0cm x 5.5 cm in size. Student reported slight itching in right deltoid, but denied any other symptoms.

VAERS ID: 467627 (history)	Vaccinated:	2012-09-28
Form: Version 1.0	Onset:	2012-09-29
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2012-10-04
Location: Vermont	Days after onset:	5
	Entered:	2012-10-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B187AA / UNK	UN / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4483AA / 7+	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0497AE / 2	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H010853 / 2	UN / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site swelling](#), [Lethargy](#), [Pyrexia](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No

Birth Defect? No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** Asthma**Preexisting Conditions:** Asthma**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** High fever & lethargy 24 hrs after. Urticaria 5 days after. Swollen IZ site.

VAERS ID: 474540 (history)	Vaccinated:	2012-11-07
Form: Version 1.0	Onset:	2012-11-08
Age: 4.0	Days after vaccination:	1
Sex: Male	Submitted:	2012-11-09
Location: Vermont	Days after onset:	1
	Entered:	2012-11-14
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4483AA / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0683AE / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H015137 / 1	LA / SC

Administered by: Other **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site mass](#), [Injection site pain](#), [Injection site swelling](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: (L) arm red/swollen/painful. Lump at site of KINRIX. Fever 103 degrees.

VAERS ID: 477167 (history)	Vaccinated:	2012-11-09
Form: Version 1.0	Onset:	2012-11-16
Age: 2.0	Days after vaccination:	7
Sex: Male	Submitted:	2012-12-08
Location: Vermont	Days after onset:	22
	Entered:	2012-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	UN / UN
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4482BA / UNK	UN / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB523AA / 2	LL / IM

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

Symptoms: [Blood test normal](#), [Electroencephalogram abnormal](#), [Epilepsy](#), [Fear](#), [Grand mal convulsion](#), [Nuclear magnetic resonance imaging abnormal](#), [Pyrexia](#), [Screaming](#), [Staring](#)

SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Azithromycin for a sinus infection.

Current Illness: Yes, he was on medicine for a sinus infection.

Preexisting Conditions: He was diagnosed with epilepsy on November 22, 2012. He was born with full body petechiae.

Allergies:

Diagnostic Lab Data: He was tested for leukodystrophy among many other things, but all of his blood tests came back okay. He had an MRI and an EEG which confirmed epilepsy.

CDC Split Type:

Write-up: He starting running a fever on November 16th, that night he woke up screaming several times, his eyes were all glazed over, and he was petrified. I thought they were just nightmares. The morning of November 18th, he was taken by ambulance to the hospital following a grand mal seizure. He went on to have multiple seizures at the hospital, and was transferred to another facility. At first they were calling them febrile seizures until they diagnosed him with epilepsy. The cause of his fever is still unknown, but I believe the vaccines he had on Nov.9 may have caused the fever, and brought on the seizures.

VAERS ID: 480254 (history)	Vaccinated:	2005-07-08
Form: Version 1.0	Onset:	2005-08-01
Age: 9.0	Days after vaccination:	24
Sex: Female	Submitted:	2013-01-04
Location: Vermont	Days after onset:	2713
	Entered:	2013-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	U1259AA / UNK	LA / UN

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

Symptoms: [Depression](#), [Hyperhidrosis](#), [Laboratory test abnormal](#), [Methylenetetrahydrofolate reductase deficiency](#)

SMQs: Neuroleptic malignant syndrome (broad), Congenital, familial and genetic disorders (narrow), Depression (excl suicide and self injury) (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: MTHFR Mutation A1298C AB Heterozygous, tested positive on 11/09/2012. We have been trying to figure out the depression and hyperhidrosis for 7 years. This test is what linked it to the vaccine for me.

CDC Split Type:

Write-up: Patient got hyperhidrosis of the hands and feet after the vaccine and also depression, neither of which she had had before. We asked for just the tetanus vaccine, but was administered DTaP.

VAERS ID: 489565 (history)	Vaccinated:	2013-03-25
Form: Version 1.0	Onset:	2013-04-04
Age: 1.08	Days after vaccination:	10
Sex: Male	Submitted:	2013-04-18
Location: Vermont	Days after onset:	14
	Entered:	2013-04-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H011885 / 1	UN / SC

Administered by: Other **Purchased by:** Other

Symptoms: [Pyrexia](#), [Rash erythematous](#), [Rash maculo-papular](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: No other medications

Current Illness: Unknown

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: WAES1304USA003875

Write-up: This spontaneous report as received from a physician via a nurse refers to a 13 month old male patient. There was no relevant medical history and no concomitant medication was taken. On 25-MAR-2013 the patient was vaccinated with M-M-R II lot # H011885 dose 1, 0.5 ml, subcutaneous. On 02-APR-2013, the patient experienced fever. On 04-APR-2013, the patient experienced erythema maculopapular rash. The outcome of erythema maculopapular rash and fever was unknown. The action taken regarding M-M-R II was unknown. The reporter causality was unknown. Additional information is not expected.

VAERS ID: 490377 (history)	Vaccinated:	2013-04-29
Form: Version 1.0	Onset:	2013-04-29
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	2013-04-30
Location: Vermont	Days after onset:	1
	Entered:	2013-04-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4034AA / UNK	RA / IM

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

Symptoms: [Dizziness](#), [Pallor](#), [Posture abnormal](#)

SMQs: Anticholinergic syndrome (broad), Dystonia (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient became pale after receiving shot. She stood up and pitched forward and was caught by her dad and lower to the floor. She was responsive. Her pulse was strong and steady. After 10 minutes we helped her to the chair where she sat for another 5 minutes then said she was feeling woozy again so we laid her on the floor for another 20 minutes. After sitting for about 5 min she was ready to leave. I cautioned dad to hold on to her as they exited. He refused a call to 911.

VAERS ID: [492801](#) ([history](#)) **Vaccinated:** 2013-05-20
Form: Version 1.0 **Onset:** 2013-05-22
Age: 5.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2013-05-24
Location: Vermont **Days after onset:** 2
Entered: 2013-05-29
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM

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

Symptoms: [Erythema](#), [Injection site reaction](#), [Local reaction](#), [Tenderness](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Telephone call from mother 5/23/13 reports significant local reaction to left arm at injection site of KINRIX (Dtap-UPV). Mom reports area oval shape approx 2" x 3", no fever; arm red, slightly tender, offered appt. Mom decided to wait, apply cold compresses, call with additional concerns.

VAERS ID: [493128](#) ([history](#)) **Vaccinated:** 2013-05-30
Form: Version 1.0 **Onset:** 2013-05-30
Age: 1.28 **Days after vaccination:** 0
Sex: Male **Submitted:** 2013-05-31
Location: Vermont **Days after onset:** 1
Entered: 2013-05-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC14B151AA / 4	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH770AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G31937 / 4	RL / IM

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

Symptoms: [Erythema](#), [Oedema peripheral](#), [Rash generalised](#), [Urticaria](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: In-utero methadone exposure; Exotropia (R) eye; Sacral dimple Ankyoglossia; Reactive airway disease

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Per foster mother about 1 1/2 hours after his vaccinations he had a lacy rash over most of his body and a few hives including one on his face and puffy, red feet.

VAERS ID: [494964](#) ([history](#)) **Vaccinated:** 2013-06-03
Form: Version 1.0 **Onset:** 2013-06-11
Age: 1.01 **Days after vaccination:** 8
Sex: Female **Submitted:** 2013-06-24
Location: Vermont **Days after onset:** 13
Entered: 2013-06-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB355AA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H011885 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H018790 / 1	LL / SC

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

Symptoms: [Convulsion](#), [Endotracheal intubation](#), [Pyrexia](#), [Respiratory distress](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (broad), Respiratory failure (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: Runny nose; Congestion

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 8 dys after 12 month imms. pt experienced high fever (104 degrees) and seizure, with respiratory distress. Due to respiratory distress pt. intubated and hospitalized.

VAERS ID: 495458 (history)	Vaccinated:	2013-06-26
Form: Version 1.0	Onset:	2013-06-26
Age: 0.52	Days after vaccination:	0
Sex: Female	Submitted:	2013-06-28
Location: Vermont	Days after onset:	2
	Entered:	2013-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR
HIBV: HIB (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR
PPV: PNEUMO (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	LG / SYR

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

Symptoms: [Decreased appetite](#), [Fatigue](#), [Hypersomnia](#), [Injection site discomfort](#), [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: Still sleeping excessively, fussy.

CDC Split Type:

Write-up: Feverish, discomfort at injection site. Next morning she was fatigued, slept excessively, very fussy. Poor appetite.

VAERS ID: 498318 (history)	Vaccinated:	2013-07-24
Form: Version 1.0	Onset:	2013-07-26
Age: 5.0	Days after vaccination:	2
Sex: Male	Submitted:	2013-07-27
Location: Vermont	Days after onset:	1
	Entered:	2013-08-02
	Days after submission:	6

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B225BA / UNK	RA / IM

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

Symptoms: [Erythema](#), [Local reaction](#), [Mobility decreased](#), [Skin warm](#)

SMQs: Anaphylactic reaction (broad), Parkinson-like events (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Rash with amoxicillin

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: KINRIX administered on 7/24/13 noted by parent's localized reaction 7/26/13. Would not use shoulder or arm, red, warm to touch in office visit 7/27/13, using arm today. Approx area 15 cm x 17 cm involved, still red.

VAERS ID: 500433 (history)	Vaccinated:	2013-08-16
Form: Version 1.0	Onset:	2013-08-17
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2013-08-23
Location: Vermont	Days after onset:	6
	Entered:	2013-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B204AA / UNK	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	H017435 / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J001179 / 2	RA / SC

Administered by: Other **Purchased by:** Other

Symptoms: [Injection site erythema](#), [Injection site pruritus](#), [Injection site swelling](#), [Rash macular](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: 8/16/13 --\$g exam 8/19/13. (L) arm circumference = 8 1/2" (vs 7" on (R)) - swelling, redness, itching 8 1/2 length 5" width erythematous patch upper arm --\$g forearm. Blotchy erythema with serpiginous border volar surface forearm --\$g wrist

VAERS ID: 508495 (history)	Vaccinated:	2013-10-14
Form: Version 1.0	Onset:	2013-10-15
Age: 8.0	Days after vaccination:	1
Sex: Male	Submitted:	2013-10-18
Location: Vermont	Days after onset:	3
	Entered:	2013-10-21
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UH900AC / UNK	LA / IM

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

Symptoms: [Abdominal pain](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: Fever~Influenza (H1N1) (H1N1 (MONOVALENT))

(UNKNOWN))~2~5.00~Patient

Other Medications: Symbicort**Current Illness:** None**Preexisting Conditions:** Asthma; Probable ibuprofen allergy**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Severe abdominal pain, persistent vomiting in middle of night (3AM) until mid am after imm given late after noon (5:00 pm) imm given. Stopped vomiting at noon next day.

VAERS ID: 513457 (history)	Vaccinated:	2013-11-01
Form: Version 1.0	Onset:	2013-11-08
Age: 1.2	Days after vaccination:	7
Sex: Female	Submitted:	2013-11-15
Location: Vermont	Days after onset:	7
	Entered:	2013-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U4692BA / 3	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	AHAVB641AA / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J002866 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J006114 / 1	LL / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Convulsion](#), [Febrile convulsion](#), [Postictal state](#), [Pyrexia](#), [Tachycardia](#), [Vomiting](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Dehydration (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: TYLENOL PRN

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient had a fever 11-8-13. Later in day had a 5 minute seizure at dinner. EMS called, went to ED. Vomited once, febrile 39.3, tachycardic given 150 mg TYLENOL, observed. Short post-ictal period. No further seizure, dx: Febrile seizure, time of admit to ED 18:02, time of discharge to home 20:56.

VAERS ID: 515155 (history)	Vaccinated:	2013-11-19
Form: Version 1.0	Onset:	2013-11-19
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2013-11-27
Location: Vermont	Days after onset:	8
	Entered:	2013-11-29
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUARIX) / GLAXOSMITHKLINE BIOLOGICALS	HZ5EX / UNK	NS / IN

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

Symptoms: [Incorrect route of drug administration](#), [No adverse event](#)

SMQs: Drug abuse and dependence (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Pt was given FLUARIX (IM form of influenza) nasally to left nare - nurses made error thinking it was FLUMIST. No ill effect no adverse symptoms occurred. Mother was with child. Error

caught minutes after pt left. Parent notified, state, and appropriate forms filled out.

VAERS ID: 516309 (history)	Vaccinated:	2013-11-24
Form: Version 1.0	Onset:	2013-11-24
Age: 0.01	Days after vaccination:	0
Sex: Female	Submitted:	2013-12-11
Location: Vermont	Days after onset:	17
	Entered:	2013-12-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	- / UN

Administered by: Public **Purchased by:** Other

Symptoms: [Blood test](#), [Cyanosis](#), [Depressed level of consciousness](#), [Dysphonia](#), [Dyspnoea](#), [Somnolence](#), [X-ray](#)

SMQs: Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 1 days

Extended hospital stay? Yes

Previous Vaccinations:

Other Medications: NONE, 2 DAY OLD BABY!

Current Illness: 2 DAY OLD NEWBORN LEAVING HOSPITAL AFTER TERM PREGNANCY AND NORMAL DELIVERY. PERFECTLY HEALTHY BEFORE.

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: WAS GIVEN THE HEP B VACCINE AT 2 DAYS. BACK TO HOSPITAL A

FEW HOURS LATER. XRAY AND BLOODWORK DONE. MONITORED HER FOR 2 DAYS.

CDC Split Type:

Write-up: 2 DAY OLD BABY WAS GIVEN VACINE AT 2PM AND WAS SENT HOME. AT 5:30 SHE COULD NOT WAKE UP, WAS TURNING BLUE, HAD DIFFICULTLY BREATHING AND HAD HOARSE VOICE. RUSHED HER BACK TO HOSPITAL.

VAERS ID: [518825](#) ([history](#)) **Vaccinated:** 2014-01-03
Form: Version 1.0 **Onset:** 0000-00-00
Age: 0.54 **Submitted:** 2014-01-09
Sex: Female **Entered:** 2014-01-09
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	5A5T5 / 3	LL / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	J1406 / 3	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G66539 / 3	LL / IM

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

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt in for a well child exam, provider wrote for a PEDIARIX, IPV and PREVNAR to be given, nurse did not realize that PEDIARIX had IPV in it, Pt received 2 IPV vaccines.

VAERS ID: [521891](#) ([history](#)) **Vaccinated:** 2013-11-05
Form: Version 1.0 **Onset:** 2013-11-06
Age: 1.01 **Days after vaccination:** 1
Sex: Female **Submitted:** 2014-01-28
Location: Vermont **Days after onset:** 83
Entered: 2014-02-05
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH811AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G49716 / 4	LL / IM

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

Symptoms: [Erythema](#), [Inflammation](#), [Injection site induration](#), [Pain](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: (R) thigh firm area under injection site. Size of lime per mom redness advised cool compress, ibuprofen for pain and inflammation.

VAERS ID: [526925](#) ([history](#)) **Vaccinated:** 2014-02-21
Form: Version 1.0 **Onset:** 2014-03-16
Age: 17.0 **Days after vaccination:** 23
Sex: Female **Submitted:** 2014-03-27
Location: Vermont **Days after onset:** 11
Entered: 2014-03-28
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	J008423 / 1	LA / IM

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

Symptoms: [Anti-ganglioside antibody negative](#), [Areflexia](#), [Diplopia](#), [Electromyogram abnormal](#), [Facial paresis](#), [Immunoglobulin therapy](#), [Laboratory test](#), [Lumbar puncture normal](#), [Metabolic function test](#), [Miller Fisher syndrome](#), [Muscular weakness](#), [Paraesthesia](#), [Sensory disturbance](#), [VIIth nerve paralysis](#)

SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hearing impairment (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: EMG c/w GBS; metabolic panel; Neg LP; neg ganglioside panel; some studies still pending

CDC Split Type:

Write-up: Teen presented 3/18 with facial weakness, diplopia, and tingly progressed with a descending weakness areflexia felt consistent with Miller Fisher syndrome - a Guillain Barre variant. Received IVIG x 5 days with improvement in facial palsies, but persistent weakness, sensory changes.

VAERS ID: [530340](#) ([history](#)) **Vaccinated:** 2014-04-28

Form: Version 1.0 **Onset:** 0000-00-00

Age: 1.01 **Submitted:** 2014-05-07

Sex: Male **Entered:** 2014-05-07

Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	N4341 / UNK	LL / IM

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J005846 / UNK	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J008980 / UNK	LL / SC

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

Symptoms: [Unevaluable event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: None stated.

VAERS ID: 530714 (history)	Vaccinated:	2014-03-18
Form: Version 1.0	Onset:	2014-03-18
Age: 1.0	Days after vaccination:	0
Sex: Female	Submitted:	2014-04-28
Location: Vermont	Days after onset:	41
	Entered:	2014-05-12
	Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G95397 / 2	UN / SYR

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site urticaria](#), [Malaise](#), [Pneumonia](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (narrow)

Life Threatening? No

Birth Defect? No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Leg swelling~Pneumo (no brand name)~1~1.00~Patient**Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient received PCV vaccine on 12/17/13 and 3/18/14. Patient had 2 inch wide red swollen spot at injection site after both. But, after 3/18/14 injection, swelling and "wheal" came back on 4/4/14, 4/10/14, and 4/18/14 (one month later). She also developed Pneumonia 4 days after vaccine, diagnosed 3/23/14 and was very sick for a month.

VAERS ID: 532531 (history)	Vaccinated:	2014-05-27
Form: Version 1.0	Onset:	2014-05-27
Age: 1.57	Days after vaccination:	0
Sex: Female	Submitted:	2014-05-30
Location: Vermont	Days after onset:	3
	Entered:	2014-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	H7E57 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J009732 / 1	RL / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Lump~Hib (no brand name)~3~1.20~Patient

Other Medications:**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Red warm lime size swelling at site of dtap vaccine (L) thigh.

VAERS ID: [535702](#) ([history](#)) **Vaccinated:** 2014-07-01
Form: Version 1.0 **Onset:** 0000-00-00
Age: 1.06 **Submitted:** 2014-07-01
Sex: Female **Entered:** 2014-07-02
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	55D24 / 2	LL / UN
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UH874AA / 4	LL / UN
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	J005011 / 4	RL / UN
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	H018237 / 1	RL / UN

Administered by: Private **Purchased by:** Other**Symptoms:** [Drug administered to patient of inappropriate age](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** None.

VAERS ID: [536514](#) ([history](#)) **Vaccinated:** 2014-07-01
Form: Version 1.0 **Onset:** 0000-00-00
Age: 0.35 **Submitted:** 2014-07-10
Sex: Male **Entered:** 2014-07-11
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4M7GD / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI047AA / 2	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	G20393 / 2	RL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	A41FB416A / 2	MO / PO

Administered by: Public **Purchased by:** Other

Symptoms: [Hypersensitivity](#), [Rash erythematous](#), [Rash generalised](#), [Rash macular](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Allergic reaction, macular/patchy erythematous rash whole body 2 days after 4 month imms (PEDIARIX, PREVNAR, Rota and Hib) in absence of other viral symptoms.

VAERS ID: [544040](#) ([history](#)) **Vaccinated:** 2014-09-15
Form: Version 1.0 **Onset:** 2014-09-15
Age: 2.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2014-09-15
Location: Vermont **Days after onset:** 0
Entered: 2014-09-17
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CH2023 / 1	NS / IN
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	T9J3M / 2	LA / IM

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

Symptoms: [Epistaxis](#), [Underdose](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt received 1/2 dose in (L) nostril, following 1/4 dose in (R) nostril began to bleed from (R) nostril. Dr examined and could not determine site of bleed.

VAERS ID: [545828](#) ([history](#)) **Vaccinated:** 2014-09-09
Form: Version 1.0 **Onset:** 2014-09-17
Age: 1.25 **Days after vaccination:** 8
Sex: Female **Submitted:** 2014-09-24
Location: Vermont **Days after onset:** 7
Entered: 2014-09-26
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J010208 / 1	UN / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J009165 / 1	UN / SC

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

Symptoms: [Chest X-ray normal](#), [Culture urine](#), [Differential white blood cell count](#), [Electroencephalogram](#), [Febrile convulsion](#), [Full blood count](#), [Liver function test](#), [Pyrexia](#), [Respiratory syncytial virus test negative](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Torticollis

Allergies:

Diagnostic Lab Data: EEG, pending; Hepatic Liver Panel, Urine Culture, CBC and Diff, RSV Antigen negative; Chest X-ray negative

CDC Split Type:

Write-up: Fever 103.1 - likely febrile seizure witnessed by grandmother. Child brought to primary care PNP and was sent to ER - Dx: Fever of unknown cause.

VAERS ID: 548217 (history)	Vaccinated:	2014-10-14
Form: Version 1.0	Onset:	2014-10-15
Age: 1.72	Days after vaccination:	1
Sex: Female	Submitted:	2014-10-16
Location: Vermont	Days after onset:	1
	Entered:	2014-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC7AG / 4	LL / IM
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5018BA / 3	LL / IM

HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI11AA / 4	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	H65738 / 4	RL / IM

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

Symptoms: [Dyskinesia](#), [Irritability](#), [Pyrexia](#), [Staring](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dyskinesia (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: IRRITABILITY~ ()~~0.00~Patient

Other Medications:

Current Illness: NONE

Preexisting Conditions: NONE

Allergies:

Diagnostic Lab Data: NONE

CDC Split Type:

Write-up: PARENTS REPORT IRRITABILITY, FEVER AND PROLONGED STARING SPELL WHILE PATIENT WAS SITTING UP. HER NECK HAD ABNORMAL MOVEMENTS - DESCRIBED AS SMALL AND INVOLUNTARY AND JERKING BY HER PARENTS. VOMITED THE MORNING ON 10/16/2014.

VAERS ID: 548322 (history)	Vaccinated:	2014-08-22
Form: Version 1.0	Onset:	2014-08-31
Age: 3.0	Days after vaccination:	9
Sex: Male	Submitted:	2014-10-16
Location: Vermont	Days after onset:	46
	Entered:	2014-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	J002866 / 1	RA / SC

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

Symptoms: [Decreased appetite](#), [Diarrhoea](#), [Gastrointestinal disorder](#), [Lethargy](#), [Lymph node pain](#), [Pruritus](#), [Pyrexia](#), [Rash](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever for 5 days with two days of temps reaching 104-105 degrees, vomited during high fever, rash/itchiness around neck and hairline, sore glands, loss of appetite, lethargic, diarrhea. GI was not back to normal for about 3 weeks.

VAERS ID: 549261 (history)	Vaccinated:	2014-10-10
Form: Version 1.0	Onset:	2014-10-10
Age: 10.0	Days after vaccination:	0
Sex: Male	Submitted:	2014-10-13
Location: Vermont	Days after onset:	3
	Entered:	2014-10-21
	Days after submission:	8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CJ2105 / 2	NS / IN
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K001631 / 2	LA / UN

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

Symptoms: [Fall](#), [Head injury](#), [Syncope](#)

SMQs:, Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Around 1520 patient was standing with brother against the wall waiting for mom to finish in bathroom. Both gave staff a high 5 and about 5 seconds later patient fell and hit his head on opposite wall. Patient was carried back to room 3 and Dr rushed in to exam him. Syncopal event shortly after receiving vaccines.

VAERS ID: 550859 (history)	Vaccinated:	2014-10-13
Form: Version 1.0	Onset:	2014-10-14
Age: 4.0	Days after vaccination:	1
Sex: Male	Submitted:	2014-10-29
Location: Vermont	Days after onset:	15
	Entered:	2014-10-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	23MJ7 / 1	RL / IM

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

Symptoms: [Abnormal behaviour](#), [Cough](#), [Erythema](#), [Lethargy](#), [Nasal congestion](#), [Nasopharyngitis](#), [Pyrexia](#), [Rhinorrhoea](#), [Sneezing](#)

SMQs:, Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: His preschool noticed he was not acting like his normal self, he started to look warm so they took his temperature and he had a 101 degree fever. For the next 2 days he was lethargic, red cheeked and had a fever between 101-103. He got a "cold" symptoms, stuffy/runny nose, sneezing, a few coughs for the week following.

VAERS ID: 557505 (history)	Vaccinated:	2014-12-03
Form: Version 1.0	Onset:	2014-12-03
Age: 3.0	Days after vaccination:	0
Sex: Female	Submitted:	2014-12-04
Location: Vermont	Days after onset:	1
	Entered:	2014-12-09
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C4642AA / 1	LA / IM
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	CK2057 / 1	NS / IN
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	H65738 / 1	RA / IM

Administered by: Private **Purchased by:** Private**Symptoms:** [Injection site urticaria](#)**SMQs:**, Anaphylactic reaction (broad), Hypersensitivity (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: No known illness
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Parent reported small hives on area of arm at injection site. Possibly had a slight fever last evening.

VAERS ID: [559048](#) ([history](#)) **Vaccinated:** 2014-08-21
Form: Version 1.0 **Onset:** 2014-08-21
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2014-12-16
Location: Vermont **Days after onset:** 117
Entered: 2014-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J006108 / 2	LA / SC

Administered by: Public **Purchased by:** Private
Symptoms: [Medication error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data: None
CDC Split Type:
Write-up: MMR given 8/1/14. Varicella given 8/21/14.

VAERS ID: [570461](#) ([history](#)) **Vaccinated:** 2015-01-30
Form: Version 1.0 **Onset:** 2015-02-10
Age: 15.0 **Days after vaccination:** 11
Sex: Female **Submitted:** 2015-02-27
Location: Vermont **Days after onset:** 17
Entered: 2015-03-03
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K002528 / 1	LA / SC

Administered by: Private **Purchased by:** Other
Symptoms: [Pyrexia](#)
SMQs:, Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Chronic headache from concussions
Allergies:
Diagnostic Lab Data: None

CDC Split Type:**Write-up:** Developed a fever- mostly moderated but up to 103 for 2-3 days.

VAERS ID: 570681 (history)	Vaccinated:	2015-02-24
Form: Version 1.0	Onset:	2015-02-24
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	2015-03-05
Location: Vermont	Days after onset:	9
	Entered:	2015-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 3	UN / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Abdominal pain upper](#), [Blood glucose](#), [Dizziness](#), [Nausea](#), [Nervousness](#), [Throat irritation](#)**SMQs:** Acute pancreatitis (broad), Anticholinergic syndrome (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** Blood glucose and O2 sat checked and VS**CDC Split Type:****Write-up:** Patient felt shaky, throat felt "funny"- stomach pain-nauseated dizzy.

VAERS ID: 570682 (history)	Vaccinated:	2015-03-04
Form: Version 1.0	Onset:	2015-03-04
Age: 16.0	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2015-03-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4986AA / 1	LA / IM

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

Symptoms: [Abdominal pain](#), [Back pain](#), [Hypoaesthesia](#)

SMQs: Acute pancreatitis (broad), Peripheral neuropathy (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: US and O2 Sat checked

CDC Split Type:

Write-up: Returned to office with abdominal pain - Rt leg numbness and Rt back pain - resolved after resting 40 min.

VAERS ID: 571471 (history)	Vaccinated:	2015-03-10
Form: Version 1.0	Onset:	0000-00-00
Age: 11.0	Submitted:	2015-03-12
Sex: Male	Entered:	2015-03-13
Location: Vermont	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007828 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4923BA / 1	LA / IM
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C4689AA / UNK	RA / IM

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

Symptoms: [Ear infection](#), [Injection site erythema](#), [Injection site warmth](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? Yes
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient with local erythema and warmth and circular patch overlying both injection sites. Currently on CEFZIL to treat ear infection. Treated with MOTRIN and antihistamine.

VAERS ID: 572665 (history)	Vaccinated:	2015-03-26
Form: Version 1.0	Onset:	2015-03-27
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	2015-03-30
Location: Vermont	Days after onset:	3
	Entered:	2015-04-02
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	T325H / 1	RA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	K020756 / 1	RA / IM

Administered by: Public **Purchased by:** Other
Symptoms: [Injection site inflammation](#), [Local reaction](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Significant inflammatory reaction (local inflammatory reaction) right deltoid.

VAERS ID: 573215 (history)	Vaccinated:	2015-04-03
Form: Version 1.0	Onset:	2015-04-04
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2015-04-07
Location: Vermont	Days after onset:	3
	Entered:	2015-04-08
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AC20B256AA / UNK	LA / UN

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site reaction](#), [Injection site swelling](#), [Skin tightness](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Fluoride**Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** (L) arm swollen, red starting about 24 hr after injection, extending from shoulder to mid

lower arm, initially tight, improved by the time I saw him, no cellulitis. No fever. Impressive swelling no compartment syndrome.

VAERS ID: [573780](#) ([history](#)) **Vaccinated:** 2015-04-08
Form: Version 1.0 **Onset:** 0000-00-00
Age: 13.0 **Submitted:** 2015-04-09
Sex: Male **Entered:** 2015-04-14
Location: Vermont **Days after submission:** 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9LB7 / 1	LA / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007828 / 1	LA / IM

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

Symptoms: [Chest X-ray normal](#), [Electrocardiogram normal](#), [Heart rate irregular](#), [Palpitations](#)
SMQs: Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Cardiac arrhythmia terms, nonspecific (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: Normal EKG and chest x-ray in ED.

CDC Split Type:

Write-up: Heart pounding and irregular rate. No CP/SOB/N.

VAERS ID: [574463](#) ([history](#)) **Vaccinated:** 2014-10-21
Form: Version 1.0 **Onset:** 2014-12-06
Age: 14.0 **Days after vaccination:** 46
Sex: Female **Submitted:** 2015-04-19
Location: Vermont **Days after onset:** 133
Entered: 2015-04-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	UI190AC / 1	AR / SYR

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

Symptoms: [Allergy test](#), [Anaemia](#), [Antineutrophil cytoplasmic antibody](#), [Antinuclear antibody](#), [Arthralgia](#), [Autoimmune disorder](#), [Biopsy skin abnormal](#), [Blood immunoglobulin A](#), [Blood immunoglobulin G](#), [C-reactive protein](#), [Complement factor C3](#), [Complement factor C4](#), [Creatinine urine](#), [Differential white blood cell count](#), [Fatigue](#), [Full blood count](#), [Gait disturbance](#), [Inflammation](#), [Joint range of motion decreased](#), [Juvenile idiopathic arthritis](#), [Metabolic function test](#), [Mononucleosis heterophile test negative](#), [Myalgia](#), [Neutrophil count](#), [Rash](#), [Red blood cell sedimentation rate increased](#), [Rheumatoid factor increased](#), [Serum ferritin](#), [Urine analysis](#), [Vasculitis](#), [Viral infection](#), [Weight bearing difficulty](#), [Weight decreased](#), [X-ray limb normal](#)

SMQs: Rhabdomyolysis/myopathy (broad), Anaphylactic reaction (broad), Haematopoietic erythropenia (broad), Peripheral neuropathy (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Anticholinergic syndrome (broad), Malignancy related therapeutic and diagnostic procedures (narrow), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Eosinophilic pneumonia (broad), Vasculitis (narrow), Skin tumours of unspecified malignancy (broad), Hypersensitivity (narrow), Arthritis (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Noninfectious myocarditis/pericarditis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Multi vitamin

Current Illness: No

Preexisting Conditions: Allergic to Sulfa Meds, supra and sepra

Allergies:

Diagnostic Lab Data: 1/13/15 - ANC, Anti Nuclear Antibody, Comprehensive Metabolic panel, Hemagram & differential, Mono-test, Rheumatoid factor, Sedrate: Westergren. 1/16/15 - skin biopsy 1/28/15 - ANCA, Anti Nuclear Antibody, C-Reactive Protein, C3 Complement, C4 Complement, Comprehensive Metabolic Panel, Creatinine Urine Random, Ferritin, Hemagram and Differential, Proteinase 3 antibody, Sed. Rate: Westergren, Total protein urine random &

Urinalysis. 2/27/15 - xrays of both wrists 4/1/15 - C-Reactive Protein High Sensitivity, Food Panel I IgG4, Food Panel II IgG, Gliadin AB Panel, IgA, IgG, Comprehensive Metabolic Panel, Ferritin & Sed. Rate: Westergren

CDC Split Type:

Write-up: My daughter has always been healthy with the exception of ear infections when she was younger. She played soccer, did cheerleading and currently dances twice a week. My daughter received her first dose of the Gardasil HPV vaccine on 7/22/14 and a second dose on 7/22/14. On 12/6/14 she woke up with a rash on her thighs, stomach, arms and back. We took her to the doctors and they diagnosed her with Pityriasis Rosea. On the evening 12/7/14 she started experiencing muscle pain and could barely walk on her legs. We took her back to the doctors on 12/8/14 and was told that she did not have Pityriasis Rosea and that what she most likely had was a virus. Her symptoms, rash and muscle pain, continued to worsen and we took her back to the doctors on 12/10/14. We were told that she appeared to have a viral infection and it needed to run its course. On 1/13/15 we took her back to the doctors as she was still having her rash, was tired all the time and was still having muscle pain her legs, arms and wrists. Weight loss also became a concern. On 12/8/14 weight was 110 pounds on 1/13/15 she was down to 99 pounds 8 ounces. Blood was drawn results were negative for mono, a weak positive for autoimmune, SED RATE showed inflammation and positive for anemia. On 1/16/15 saw a dermatologist for a skin biopsy which came back as vasculitis. On 1/28/15 we saw a Rheumatoid Arthritis specialist who diagnosed her with undefined Juvenile Idiopathic Arthritis and prescribed her 125 mg Naproxen 2 times a day. As Naproxen was not working on 2/6/15 Prednisone was prescribed at 3 tablets of 10 mg of prednisone a day for 1 week, than 2 tablets for a week and then 1 tablet for a week. Follow up with RA specialist on 2/27/15. Continues to have rash and joint pain in her legs and arms. Was left on taking 10 mg of Prednisone daily and went for x-rays on wrist. Wrists x-rays came back good. On 4/1/15 follow up with RA specialist. Range of motion better in legs and arms. Still pain and limited range in both wrists. Steroid injection into joint of left wrist and Prednisone was reduced to 7.5 mg daily. As I am writing this on 4/19/15 she still is experiencing a rash on her legs, arms, stomach and back. The rash comes and goes. She is still having pain in her wrists more in the right as she had the steroid injection in the left. She is unable to put pressure or support her weight on her hands. There is once again a loss of range of motion in her right arm. She cannot straighten her arm as it hurts too much.

VAERS ID: 575912 (history)	Vaccinated:	2015-03-31
Form: Version 1.0	Onset:	2015-04-13
Age: 1.25	Days after vaccination:	13
Sex: Male	Submitted:	2015-04-28
Location: Vermont	Days after onset:	15
	Entered:	2015-04-29
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	F4327 / 4	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	59N59 / 1	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	J004155 / 1	RL / SC

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

Symptoms: [CSF test normal](#), [Electroencephalogram normal](#), [Endotracheal intubation](#), [Febrile convulsion](#), [Intensive care](#), [Laboratory test](#)

SMQs: Angioedema (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Respiratory failure (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? Yes, 3 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CSF negative; Many others; No viral cultures done; EEG normal.

CDC Split Type:

Write-up: Febrile seizure (atypical) approx 2 wks later. Required intubation for prolonged seizure. Transferred to PICU.

VAERS ID: [580298](#) ([history](#)) **Vaccinated:** 2015-05-11
Form: Version 1.0 **Onset:** 0000-00-00
Age: 13.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2015-06-03
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	K007264 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U4680AA / 1	LA / IM

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

Symptoms: [Blister](#), [Erythema](#), [Injection site erythema](#), [Injection site swelling](#), [Pruritus](#), [Skin tightness](#)

SMQs: Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and

systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Depression; Asthma

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Began 2 days after injection with redness, swelling, tightness of the right arm and grouped vesicles on erythematous base covering extremities and think -very pruritic with dermatographism.

VAERS ID: 580777 (history)	Vaccinated:	2015-06-04
Form: Version 1.0	Onset:	2015-06-04
Age: 4.0	Days after vaccination:	0
Sex: Male	Submitted:	2015-06-04
Location: Vermont	Days after onset:	0
	Entered:	2015-06-05
	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L002421 / 1	LA / SC

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

Symptoms: [Body temperature increased](#), [Lacrimation increased](#), [Pain](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Lacrimal disorders (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Probiotic

Current Illness: None

Preexisting Conditions: BACTRIM-rash

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 1-2 hours after receiving vaccines-c/o body aches, "not feeling well". 5 hours after receiving vaccines-temp 102 degrees F, rash on face, watery eyes.

VAERS ID: 585030 (history)	Vaccinated:	2015-06-12
Form: Version 1.0	Onset:	2015-06-12
Age: 1.31	Days after vaccination:	0
Sex: Male	Submitted:	2015-07-08
Location: Vermont	Days after onset:	26
	Entered:	2015-07-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 4	RL / IM
IPV: POLIO VIRUS, INACT. (POLIOVAX) / SANOFI PASTEUR	- / 4	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: swelling~DTaP+IPV+HepB+Hib (Infanrix Hexa)~~0.00~Patient

Other Medications:

Current Illness: No

Preexisting Conditions: Wheat and dairy allergy

Allergies:

Diagnostic Lab Data:

CDC Split Type:**Write-up:** Entire leg swelled to twice normal size, and became hot and red.

VAERS ID: 588426 (history)	Vaccinated:	2015-07-31
Form: Version 1.0	Onset:	2015-07-31
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	2015-08-04
Location: Vermont	Days after onset:	4
	Entered:	2015-08-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5058AB / UNK	RA / SC

Administered by: Public **Purchased by:** Other**Symptoms:** [Erythema](#), [Hypoaesthesia](#), [Induration](#), [Injection site hypoaesthesia](#)**SMQs:** Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Sexual dysfunction (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None. Mother gave Benadryl and used cool compresses following reaction.**Current Illness:** No**Preexisting Conditions:** Mother reports that she has multiple allergies**Allergies:****Diagnostic Lab Data:** Spoke w mother today 8/4/2015 and redness is dissolving, hardened area softening.

CDC Split Type:

Write-up: Mother describes a reddened area on upper arm, grew to the size of a "face cloth". Had a hard center, numbness at site of injection and down the arm.

VAERS ID: 589825 (history)	Vaccinated:	2015-08-06
Form: Version 1.0	Onset:	2015-08-06
Age: 12.0	Days after vaccination:	0
Sex: Male	Submitted:	2015-08-10
Location: Vermont	Days after onset:	4
	Entered:	2015-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3RB2G / 2	LA / UN
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	K026247 / 3	RA / UN

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

Symptoms: [Chills](#), [Decreased appetite](#), [Fatigue](#), [Vomiting](#)

SMQs:, Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamins

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt received Hep A and HPV vaccine at approximately 11 AM on 8-6-15-mom called at 4:30 the same day with concerns of chills-decreased appetite and fatigue-pt then had severe vomiting for several hrs and went to ER.

VAERS ID: [590461](#) ([history](#)) **Vaccinated:** 2015-07-31
Form: Version 1.0 **Onset:** 0000-00-00
Age: 16.0 **Submitted:** 2015-08-07
Sex: Male **Entered:** 2015-08-14
Location: Vermont **Days after submission:** 7

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3RB2G / 2	LA / IM

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

Symptoms: [Rash erythematous](#), [Rash generalised](#), [Rash maculo-papular](#), [Rash pruritic](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Migraines; depression

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient developed a pruritic full body erythematous maculopapular rash the day after Hep A #2. Rash persisted for 5 days before I treated it with prednisone. Not otherwise ill.

VAERS ID: [590899](#) ([history](#)) **Vaccinated:** 2015-08-07
Form: Version 1.0 **Onset:** 2015-08-10
Age: 1.01 **Days after vaccination:** 3
Sex: Male **Submitted:** 2015-08-12
Location: Vermont **Days after onset:** 2
Entered: 2015-08-18
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K016154 / 1	LL / SC

PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L53937 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L001326 / 1	RL / SC

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

Symptoms: [Erythema multiforme](#), [Rash generalised](#)

SMQs: Severe cutaneous adverse reactions (narrow), Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: MMR, VARIVAX and PREVNAR given Thursday. Monday night without other signs of illness developed a rash. Tuesday morning I saw him and it covered his entire body and was clearly erythema multiforme.

VAERS ID: 591381 (history)	Vaccinated:	2015-08-20
Form: Version 1.0	Onset:	2015-08-22
Age: 5.0	Days after vaccination:	2
Sex: Female	Submitted:	2015-08-24
Location: Vermont	Days after onset:	2
	Entered:	2015-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 4	LA / SYR

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

Symptoms: [Erythema](#), [Hyperaesthesia](#), [Peripheral swelling](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Upper arm is swollen, elevated and red if it is touched or bumped she screams.

VAERS ID: 597283 (history)	Vaccinated:	2015-09-24
Form: Version 1.0	Onset:	2015-09-24
Age: 2.0	Days after vaccination:	0
Sex: Female	Submitted:	2015-09-25
Location: Vermont	Days after onset:	1
	Entered:	2015-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	FJ2099 / 1	NS / IN

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

Symptoms: [Erythema](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications:**Current Illness:** Acute URI**Preexisting Conditions:** Milk and environmental allergies**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** On-call physician took call from mom at 10:15pm. Within 45 min of vaccine face was red, then at night developed large hive on (L) cheek. Mom gave BENADRYL and child went to sleep. Never had any respiratory symptoms.

VAERS ID: 603305 (history)	Vaccinated:	2015-10-14
Form: Version 1.0	Onset:	2015-10-14
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	2015-10-16
Location: Vermont	Days after onset:	2
	Entered:	2015-10-19
	Days after submission:	3

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5309AA / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5178AA / 1	LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site discomfort](#), [Injection site erythema](#), [Injection site swelling](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** XOPENEX HFA**Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Significant redness, swelling and discomfort of left shoulder area.

VAERS ID: [609010](#) ([history](#)) **Vaccinated:** 2015-11-10
Form: Version 1.0 **Onset:** 2015-11-11
Age: 6.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2015-11-11
Location: Vermont **Days after onset:** 0
Entered: 2015-11-11

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

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

Symptoms: [Injection site swelling](#), [Myalgia](#), [Pyrexia](#)

SMQs: Rhabdomyolysis/myopathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever, swelling at injection site, muscle pain.

VAERS ID: [609536](#) ([history](#)) **Vaccinated:** 2015-10-26
Form: Version 1.0 **Onset:** 2015-11-04
Age: 1.36 **Days after vaccination:** 9
Sex: Female **Submitted:** 2015-11-05
Location: Vermont **Days after onset:** 1
Entered: 2015-11-13
Days after submission: 8

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5319DA / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K024036 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L023593 / 1	RL / SC

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

Symptoms: [Pyrexia](#), [Rash generalised](#), [Seizure](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever, rash (all over body). Seizure.

VAERS ID: [619856](#) ([history](#)) **Vaccinated:** 2016-01-15
Form: Version 1.0 **Onset:** 2016-01-17
Age: 1.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 2016-01-20
Location: Vermont **Days after onset:** 3
Entered: 2016-01-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5338BA / 2	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	294X9 / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K074036 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L026405 / 1	LL / SC

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

Symptoms: [Altered state of consciousness](#), [Tremor](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: About 30 hrs after getting MMR, V, Hep A, Flu vaccine, pt has brief period of altered level of consciousness while bathing, possible mild seizure (mom reported some brief shaking), f/b vomiting and then promptly fell asleep. Responsive at time of mom's call with NL breathing and temp.

VAERS ID: [622406](#) ([history](#)) **Vaccinated:** 2016-02-03
Form: Version 1.0 **Onset:** 2016-02-05
Age: 11.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 2016-02-11
Location: Vermont **Days after onset:** 6
Entered: 2016-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	P22P3 / 2	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Allergic to amoxicillin

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Localized 4"round, red, slightly raised circle around injection site and painful.

VAERS ID: [622962](#) ([history](#)) **Vaccinated:** 2016-02-10
Form: Version 1.0 **Onset:** 2016-02-12
Age: 15.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 2016-02-17
Location: Vermont **Days after onset:** 5
Entered: 2016-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / SANOFI PASTEUR	U5304AB / 7+	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L019297 / 3	LA / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Aggression](#), [Headache](#), [Vision blurred](#)
SMQs: Anticholinergic syndrome (broad), Dementia (broad), Hostility/aggression (narrow), Glaucoma (broad), Lens disorders (broad), Retinal disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Concerta 36mg; Ventolin HFA
Current Illness:
Preexisting Conditions: ADHD; Cough Variant Asthma; Migraine
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Blurry vision, headache, combative.

VAERS ID: 623260 (history)	Vaccinated:	2016-02-18
Form: Version 1.0	Onset:	2016-02-18
Age: 0.19	Days after vaccination:	0
Sex: Female	Submitted:	2016-02-22
Location: Vermont	Days after onset:	4
	Entered:	2016-02-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4922C / 1	MO / PO
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI378AAA / 1	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	M29042 / 1	RL / IM

Administered by: Public **Purchased by:** Public
Symptoms: [Incorrect route of drug administration](#), [Product packaging confusion](#)
SMQs: Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: N/A
CDC Split Type:

Write-up: Pt was administer medication (Pediarix) via incorrect route (orally) due to confusion with packaging similarities to Rotavirus.

VAERS ID: [624287](#) ([history](#)) **Vaccinated:** 2016-02-29
Form: Version 1.0 **Onset:** 0000-00-00
Age: 5.0 **Submitted:** 2016-02-29
Sex: Male **Entered:** 2016-02-29
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5G943 / 1	RA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	K013867 / 1	LA / SC

Administered by: Public **Purchased by:** Unknown
Symptoms: [Drug administered to patient of inappropriate age](#), [No adverse event](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Unknown
Current Illness: No
Preexisting Conditions: NKA, No medical Hx
Allergies:
Diagnostic Lab Data:

CDC Split Type:**Write-up:** No adverse events to report.

VAERS ID: 624309 (history)	Vaccinated:	2016-02-15
Form: Version 1.0	Onset:	2016-02-15
Age: 1.52	Days after vaccination:	0
Sex: Female	Submitted:	2016-02-29
Location: Vermont	Days after onset:	14
	Entered:	2016-02-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9LB7 / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	K014833 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	L026408 / 1	RL / SC

Administered by: Public **Purchased by:** Public**Symptoms:** [Circumstance or information capable of leading to medication error](#), [Injection site infection](#), [Injection site swelling](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** No**Preexisting Conditions:** No**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: During immunization visit as the Varicella vaccine was being injected the child moved and vaccine was injected too shallow. At the time child appeared to be OK and we planned to repeat vaccine at a later date. One week later the parent called and informed us that a week after she had taken the child to a provider after the site become swollen. The provider said to the parent that the site may have had an infection and treated the child with antibiotics. The parent said the swelling was now going down.

VAERS ID: [626442](#) ([history](#)) **Vaccinated:** 2016-03-02
Form: Version 1.0 **Onset:** 2016-03-03
Age: 17.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2016-03-04
Location: Vermont **Days after onset:** 1
 Entered: 2016-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	294X9 / 1	UN / IM
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	L019297 / 1	UN / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5058AC / UNK	- / IM

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

Symptoms: [Back pain](#), [Decreased appetite](#), [Diarrhoea](#), [Dizziness](#), [Fatigue](#), [Headache](#), [Immediate post-injection reaction](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: To ER on 3/4/16

CDC Split Type:

Write-up: Pt appeared light headed immediately after immunizations, which care was rendered, mom in attendance on 3/3/16. Next day mom called to report diarrhea, rash on bilat arms, fatigued, headache, poor appetite and not taking in fluids. Also with lower back pain. Sent to ER 3/4/16.

VAERS ID: [634048](#) ([history](#)) **Vaccinated:** 2016-03-29
Form: Version 1.0 **Onset:** 2016-03-31
Age: 4.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 2016-03-31
Location: Vermont **Days after onset:** 0
Entered: 2016-05-03
Days after submission: 33

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	T325H / 1	RL / IM

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

Symptoms: [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Hives 2 days after vaccine given covers whole body.

VAERS ID: [634172](#) ([history](#)) **Vaccinated:** 2016-04-21
Form: Version 1.0 **Onset:** 0000-00-00
Age: 0.33 **Submitted:** 2016-05-04
Sex: Female **Entered:** 2016-05-04
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / 2	LL / IM

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

Symptoms: [Unevaluable event](#)

SMQs:**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** No adverse event identified.**VAERS ID:** [634173](#) ([history](#)) **Vaccinated:** 2016-04-25**Form:** Version 1.0 **Onset:** 0000-00-00**Age:** 0.33 **Submitted:** 2016-05-04**Sex:** Female **Entered:** 2016-05-04**Location:** Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3N7Y7 / UNK	LL / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Unevaluable event](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:**

Diagnostic Lab Data:**CDC Split Type:****Write-up:** No adverse event identified.

VAERS ID: 634180 (history)	Vaccinated:	2016-05-03
Form: Version 1.0	Onset:	2016-05-04
Age: 12.0	Days after vaccination:	1
Sex: Female	Submitted:	2016-05-04
Location: Vermont	Days after onset:	0
	Entered:	2016-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L043213 / 3	LA / UN

Administered by: Other **Purchased by:** Other**Symptoms:** [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** No**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** TC from mom 5/4/16. Received #3 HPV 5/3/16 pm. Developed a fever only 101.6-
\$g102.5. No other symptoms.

VAERS ID: [634198](#) ([history](#)) **Vaccinated:** 2016-05-02
Form: Version 1.0 **Onset:** 2016-05-02
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2016-05-03
Location: Vermont **Days after onset:** 1
 Entered: 2016-05-04
 Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	H53CL / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	L031098 / UNK	RA / SC

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

Symptoms: [Listless](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: Allergy to Amox (rash)

Allergies:

Diagnostic Lab Data: None needed

CDC Split Type:

Write-up: Fever to 105 this morning, decreased to 100.4 after several hours, no treatment given. Also listless.

VAERS ID: [640300](#) ([history](#)) **Vaccinated:** 2016-05-25
Form: Version 1.0 **Onset:** 2016-05-25
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2016-05-25
Location: Vermont **Days after onset:** 0
Entered: 2016-05-27
Days after submission: 2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	L043213 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5228BA / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	9Y57K / 1	LA / IM

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

Symptoms: [Face injury](#), [Fall](#), [Immediate post-injection reaction](#), [Seizure](#), [Tooth fracture](#)

SMQs: Torsade de pointes/QT prolongation (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Generalised convulsive seizures following immunisation (narrow), Hypersensitivity (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Hx of 34 week prematurity; mild pulmonary stenosis

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt was given MENACTRA and HPV in (R) arm. Seconds later was given Tdap in (L) arm and immediately fell forward off table and hit face on floor. Seizure for less than 20 seconds. Broke off tooth in process. Pt with hx anxiety with vaccines especially.

VAERS ID: [638378](#) ([history](#)) **Vaccinated:** 2016-06-06
Form: Version 1.0 **Onset:** 2016-06-07
Age: 11.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2016-06-08
Location: Vermont **Days after onset:** 1
Entered: 2016-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	- / UNK	LA / -

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

Symptoms: [Headache](#), [Insomnia](#), [Lethargy](#)

SMQs: Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: No other vaccines were given and he was taking no medication.

Current Illness: No

Preexisting Conditions: Aspergers, seasonal allergies

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: My son developed a severe headache, lethargy and could not get enough sleep. His older brother had a severe reaction to the DTP vaccine as an infant where he screamed for hours with the first shot and the second could not be woken. Doctor at the time contacted CDC and he was never given another vaccine of this type.

VAERS ID: [641577](#) ([history](#)) **Vaccinated:** 2016-06-28
Form: Version 1.0 **Onset:** 2016-06-28
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 2016-06-29
Location: Vermont **Days after onset:** 1
Entered: 2016-06-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M000995 / 2	LA / SC

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

Symptoms: [Anxiety](#), [Dizziness](#), [Fall](#), [Foaming at mouth](#), [Gaze palsy](#), [Head injury](#), [Musculoskeletal stiffness](#), [Syncope](#), [Unresponsive to stimuli](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (broad), Dystonia (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Arthritis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: fluoxetine; albuterol

Current Illness: No

Preexisting Conditions: Allergy, AUGMENTIN; anxiety; asthma; autism

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient was getting stickers after shot, Mom said patient didn't respond to her question then patient reported feeling dizzy. Her body became stiff, eyes rolled back, her arms were stiff, foamy mouth and was unresponsive. She fell to the floor. Mom wasn't able to catch her so she hit her head. Dr. arrived to evaluate and patient came to and was interactive and immediately oriented to where she was but anxious. Fam. history of petit mal seizures. Unclear if episode was syncope/vagal response or seizure, although would be very brief and without postictal phase if seizure. Full exam normal. Reassurance. F/U visit 6/29/16 diagnosed as syncope after vaccination.

VAERS ID: 643461 (history)	Vaccinated:	2016-07-13
Form: Version 1.0	Onset:	2016-07-14
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	2016-07-15
Location: Vermont	Days after onset:	1
	Entered:	2016-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	43HB3 / 1	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Local reaction](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Peanut allergy

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Immunization administered 2 days ago. Swelling and erythema present at site 1 day after administration. Large local reaction. Advised PRN antihistamines for itchiness.

VAERS ID: [643825](#) ([history](#)) **Vaccinated:** 2016-07-14

Form: Version 1.0 **Onset:** 0000-00-00

Age: 7.0 **Submitted:** 2016-07-19

Sex: Male **Entered:** 2016-07-19

Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	Z2M9L / 6	RA / IM

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

Symptoms: [Wrong drug administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies:
Diagnostic Lab Data: none
CDC Split Type:
Write-up: 7 year old male given DtaP instead of Tdap.

VAERS ID: 645269 (history)	Vaccinated:	2016-06-29
Form: Version 1.0	Onset:	2016-06-30
Age: 11.0	Days after vaccination:	1
Sex: Male	Submitted:	2016-07-01
Location: Vermont	Days after onset:	1
	Entered:	2016-07-25
	Days after submission:	24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	L019297 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5186AA / 1	LA / IM

Administered by: Public **Purchased by:** Public
Symptoms: [Injection site induration](#), [Injection site reaction](#), [Injection site warmth](#), [Pallor](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Hypotonic-hyporesponsive episode (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: multivitamin
Current Illness:
Preexisting Conditions: Allergy to amoxicillin
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: 9 cm indurated warm local blanching area surrounding vaccine.

VAERS ID: 647823 (history)	Vaccinated:	2016-08-02
Form: Version 1.0	Onset:	2016-08-03
Age: 2.0	Days after vaccination:	1
Sex: Male	Submitted:	2016-08-12
Location: Vermont	Days after onset:	9
	Entered:	2016-08-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	22M9L / 2	RL / IM

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

Symptoms: [Body temperature](#), [Injection site erythema](#), [Injection site swelling](#), [Vomiting](#)
SMQs:, Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Clients guardian called on 8/3/16 reporting (R) leg was swollen had a temp of 101.0 and was vomiting. 8/4/16 temp 99.5 (R) leg near inj. site red, swelling had gone down then increased. After phone call came to office measured about 7 in diameter reddened area, reported on 8/3/16 had vomited 3 times.

VAERS ID: [650259](#) ([history](#)) **Vaccinated:** 2016-08-29
Form: Version 1.0 **Onset:** 2016-08-29
Age: 4.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2016-08-31
Location: Vermont **Days after onset:** 2
Entered: 2016-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	5DE7C / 3	LL / IM

Administered by: Unknown **Purchased by:** Public
Symptoms: [Inappropriate schedule of drug administration](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No

Preexisting Conditions: No

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient given Hep B Pediatric vaccine 2 weeks early.

VAERS ID: [660055](#) ([history](#)) **Vaccinated:** 2016-10-06
Form: Version 1.0 **Onset:** 2016-10-07
Age: 6.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2016-10-08
Location: Vermont **Days after onset:** 1
Entered: 2016-10-18
Days after submission: 10

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI678AD / UNK	LA / IM

Administered by: Private **Purchased by:** Other
Symptoms: [Injection site erythema](#), [Injection site swelling](#), [Injection site warmth](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: local reaction, red, swelling, itchy
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Area is red, swollen, warm to the touch left Deltoid to almost elbow.

VAERS ID: [661199](#) ([history](#)) **Vaccinated:** 2016-10-05
Form: Version 1.0 **Onset:** 2016-10-05
Age: 0.17 **Days after vaccination:** 0
Sex: Male **Submitted:** 2016-10-24
Location: Vermont **Days after onset:** 19
Entered: 2016-10-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	33E9E / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	L13522 / 2	RL / IM

Administered by: Private **Purchased by:** Public
Symptoms: [Expired product administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** No**Preexisting Conditions:** No known drug allergies; Gastro-esophageal reflux disease**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** PREVNAR 13 vaccine was given then noted to be expired. Patient's physician notified, will notify parent and revaccinate.

VAERS ID: 663496 (history)	Vaccinated:	2016-10-18
Form: Version 1.0	Onset:	2016-10-19
Age: 12.0	Days after vaccination:	1
Sex: Male	Submitted:	2016-10-20
Location: Vermont	Days after onset:	1
	Entered:	2016-10-24
	Days after submission:	4

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5410AA / UNK	LA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	LZ972 / UNK	LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Pruritus](#), [Swelling](#), [Tenderness](#)**SMQs.:** Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** Yes**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:**

Diagnostic Lab Data:**CDC Split Type:**

Write-up: 12 x 14 cm erythema, swelling. Tender centrally, itchy. Advised to give BENADRYL.

VAERS ID: 662545 (history)	Vaccinated:	2016-10-26
Form: Version 1.0	Onset:	2016-10-26
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	2016-10-28
Location: Vermont	Days after onset:	2
	Entered:	2016-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5J99AC / 3	RL / IM

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

Symptoms: [Injection site erythema](#), [Injection site swelling](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: URI

Preexisting Conditions: Asthma; Microcephaly; Congenital hearing loss; Dev. delay

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Notified by nurse triage on 10/27 at 8:15 pm that family was calling due to continued swelling and redness on leg at site of flu shot. No fever, no induration. Recommended cool compresses, pain med if needed, call office in AM for eval if worsening.

VAERS ID: [662458](#) ([history](#)) **Vaccinated:** 2016-10-12
Form: Version 1.0 **Onset:** 2016-10-28
Age: 3.0 **Days after vaccination:** 16
Sex: Male **Submitted:** 2016-10-29
Location: Vermont **Days after onset:** 1
Entered: 2016-10-29

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

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

Symptoms: [Erythema multiforme](#), [Pyrexia](#)

SMQs.: Severe cutaneous adverse reactions (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Rash, fever, febrile seizure~DTaP + IPV + Hib (Unknown)~2~0.33~Patient

Other Medications:

Current Illness: No

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever, Erythema multiforme.

VAERS ID: [669470](#) ([history](#)) **Vaccinated:** 2016-10-19
Form: Version 1.0 **Onset:** 2016-10-19
Age: 1.42 **Days after vaccination:** 0
Sex: Male **Submitted:** 2016-10-26
Location: Vermont **Days after onset:** 7
Entered: 2016-11-08
Days after submission: 13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U5599AC / UNK	UN / UN

Administered by: Public **Purchased by:** Other

Symptoms: [Injection site reaction](#), [Injection site swelling](#), [Injection site warmth](#), [Pyrexia](#), [Rash macular](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: POLY-VI-SOL

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Fever, swollen, warm thigh (anteriorly) with blotchy red macular rash-significant increase in size of thigh; No systemic rash.

VAERS ID: 667128 (history)	Vaccinated:	2016-11-09
Form: Version 1.0	Onset:	2016-11-10
Age: 6.0	Days after vaccination:	1
Sex: Female	Submitted:	2016-11-17
Location: Vermont	Days after onset:	7
	Entered:	2016-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI678AD / UNK	RA / UN

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

Symptoms: [Erythema](#), [Local reaction](#), [Swelling](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Asthma

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Large localized reaction - several centimeters in diameter - redness and swelling.

VAERS ID: 671540 (history)	Vaccinated:	2016-11-18
Form: Version 1.0	Onset:	2016-11-18
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	2016-11-23
Location: Vermont	Days after onset:	5
	Entered:	2016-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5460BA / 3	LA / IM

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

Symptoms: [Rhinorrhoea](#), [Throat irritation](#)

SMQs:, Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:****Current Illness:** Upper resp. symptoms**Preexisting Conditions:** Tetanus; Milk**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Upper resp. symptoms prior to shot. Itchy throat 12 hours after shot, nasal drainage.

VAERS ID: 671766 (history)	Vaccinated:	2016-11-18
Form: Version 1.0	Onset:	2016-11-18
Age: 11.0	Days after vaccination:	0
Sex: Female	Submitted:	2016-11-23
Location: Vermont	Days after onset:	5
	Entered:	2016-11-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5460BA / 1	AR / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Erythema](#), [Myalgia](#), [Pain](#), [Paraesthesia](#), [Peripheral swelling](#), [Skin warm](#)**SMQs:** Rhabdomyolysis/myopathy (broad), Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Muscle soreness day of injection. Next afternoon arm a bit puffy, red, warm, stinging and prickly.

VAERS ID: [671888](#) ([history](#)) **Vaccinated:** 2016-12-06
Form: Version 1.0 **Onset:** 2016-12-07
Age: 13.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 2016-12-07
Location: Vermont **Days after onset:** 0
Entered: 2016-12-13
Days after submission: 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI684AB / 7+	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M016193 / 3	RA / IM

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

Symptoms: [Blindness transient](#), [Dizziness](#), [Head injury](#), [Headache](#), [Vision blurred](#)

SMQs: Anticholinergic syndrome (broad), Embolic and thrombotic events, arterial (narrow), Accidents and injuries (narrow), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: No illness

Preexisting Conditions: Entoptic phenomenon; no other dxs; no allergies

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Received vaccine 12/6/16 no adverse symptoms or events until 12/7/16 at 0515 while pt in shower. Pt began to feel lightheaded, dizzy, (+) blurred vision. About 30 sec couldn't see. No LOC. Hit head (right side). Frontal H/A rates 2/10. Negative for N/V.

VAERS ID: [679536](#) ([history](#)) **Vaccinated:** 2017-01-03
Form: Version 1.0 **Onset:** 0000-00-00
Age: 8.0 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2017-01-20
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	425KY / 2	LA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: [Drug administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: None
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: None stated.

VAERS ID: [681083](#) ([history](#)) **Vaccinated:** 2017-01-18
Form: Version 1.0 **Onset:** 0000-00-00
Age: 11.0 **Submitted:** 2017-01-30
Sex: Male **Entered:** 2017-01-31
Location: Vermont **Days after submission:** 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	T975M / 1	LA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	M035688 / 1	RA / UN

Administered by: Private **Purchased by:** Unknown
Symptoms: [Erythema](#), [Oedema peripheral](#), [Pyrexia](#)
SMQs:, Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema,

effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: 1/31/17 call to mother, patient better today no redness or swelling in arm, no fever.

CDC Split Type:

Write-up: (R) arm edema and erythema 4 cm diameter-local rxn. 103.6 fever.

VAERS ID: 682962 (history)	Vaccinated:	2017-02-17
Form: Version 1.0	Onset:	2017-02-17
Age: 7.0	Days after vaccination:	0
Sex: Female	Submitted:	2017-02-17
Location: Vermont	Days after onset:	0
	Entered:	2017-02-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (DAPTACEL) / SANOFI PASTEUR	C5101AA / 2	RL / IM

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

Symptoms: [Injection site swelling](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Fever~DTaP (Daptacel)~1~0.00~Patient

Other Medications: None

Current Illness: No

Preexisting Conditions: Tree Nut Allergies

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling of 3.5 inches at injection site and fever of 102.6 degrees F.

VAERS ID: 690323 (history)	Vaccinated:	2017-04-04
Form: Version 1.0	Onset:	0000-00-00
Age: 5.0	Submitted:	2017-04-11
Sex: Male	Entered:	2017-04-12
Location: Vermont	Days after submission:	1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y2N22 / 1	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M043306 / 1	RA / SC

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

Symptoms: [Injection site rash](#), [Pyrexia](#)

SMQs.: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Children Chewable Vit.

Current Illness: Lyme disease 6/2014

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 1" 3/4" oval rash around site of MMRV with low grade fever.

VAERS ID: [693531](#) ([history](#)) **Vaccinated:** 2017-05-01
Form: Version 1.0 **Onset:** 2017-05-01
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 2017-05-04
Location: Vermont **Days after onset:** 3
Entered: 2017-05-08
Days after submission: 4

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3425B / UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	M043306 / UNK	RA / SC

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

Symptoms: [Injection site cellulitis](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Cellulitis of left arm noticeable after 48 hours. Treated with cephalexin.

VAERS ID: [699450](#) ([history](#)) **Vaccinated:** 2017-06-07
Form: Version 1.0 **Onset:** 2017-06-08
Age: 4.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2017-06-08
Location: Vermont **Days after onset:** 0
Entered: 2017-06-13
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y2NZ2 / 1	LA / UN

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

Symptoms: [Injection site erythema](#), [Injection site pruritus](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Asthma; expressive language disorder

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Redness, swelling at immunization injection site. Hot to the touch. Itchy.

VAERS ID: 699547 (history)	Vaccinated:	2016-02-15
Form: Version 1.0	Onset:	2016-02-16
Age: 0.5	Days after vaccination:	1
Sex: Female	Submitted:	2017-06-14
Location: Vermont	Days after onset:	483
	Entered:	2017-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	LG / IM

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

Symptoms: [Irritability](#), [Pyrexia](#), [Rash](#), [Rhinorrhoea](#), [Tremor](#)

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad),

Hostility/aggression (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: high fever, rash, shaking~DTaP + HepB + IPV (no brand name)~2~0.00~Patient

Other Medications: None

Current Illness: None.

Preexisting Conditions: None.

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: High fever. Runny nose. Shaking. Irritable. Rash.

VAERS ID: 700794 (history)	Vaccinated:	2017-06-20
Form: Version 1.0	Onset:	2017-06-21
Age: 6.0	Days after vaccination:	1
Sex: Female	Submitted:	2017-06-23
Location: Vermont	Days after onset:	2
	Entered:	2017-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	RA / IM
IPV: POLIO VIRUS, INACT. (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 2	RA / IM

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

Symptoms: [Lymph node pain](#), [Lymphadenopathy](#)

SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Lymph nodes in right arm pit are swollen and very tender. Received Hep B and Polio in same arm right side.

VAERS ID: 700993 (history)	Vaccinated:	2017-06-23
Form: Version 1.0	Onset:	2017-06-23
Age: 0.17	Days after vaccination:	0
Sex: Male	Submitted:	2017-06-26
Location: Vermont	Days after onset:	3
	Entered:	2017-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	9B4CD / UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI762AA / UNK	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R37130 / UNK	RL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	22X97 / 1	MO / PO

Administered by: Private **Purchased by:** Public**Symptoms:** [Abdominal pain](#), [Diarrhoea](#), [Irritability](#)**SMQs:** Acute pancreatitis (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications:**Current Illness:** No**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Diarrhea and concern for abdominal pain, increased fussiness x several days after oral rotavirus vaccine (+ IM PEDIARIX, PREVNAR, Hib).

VAERS ID: 701098 (history)	Vaccinated:	2017-06-27
Form: Version 1.0	Onset:	2017-06-27
Age: 0.0	Days after vaccination:	0
Sex: Male	Submitted:	2017-06-28
Location: Vermont	Days after onset:	1
	Entered:	2017-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	GY3H5 / 1	LL / IM

Administered by: Unknown **Purchased by:** Unknown**Symptoms:** [Skin discolouration](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (broad), Angioedema (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** 6/26 child was administered IM Phytonadione .5ml IM (1mg). 6/27 child was given oral infant Tylenol 40 mg. prior to medical procedure. 6/27 child was adminsted 1 ML of 1% Lidocaine for local block prior to medical procedure.**Current Illness:** None**Preexisting Conditions:** None**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Hives on Arms and Legs. Not on Trunk. Vital signs WNL. Feet purple but quickly resolved. No other symptoms.

VAERS ID: [702895](#) ([history](#)) **Vaccinated:** 2017-06-14
Form: Version 2.0 **Onset:** 2017-06-14
Age: 0.42 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2017-07-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	2YZ27 / UNK	LL / SYR
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	U1772AAA / UNK	LL / SYR
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R70447 / UNK	LL / SYR
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	Z23PT / UNK	MO / PO

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

Symptoms: [Extra dose administered](#), [Irritability](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Hemangeol

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: The nurse misread my daughters chart and administered the PCV-13 and Dtap-HepB-IPV (Pediarix) a second time in a three week period. She had received these two vaccinations on 5/23/17 and due to the nurse's error, received them again 6/14/17. Because of this, my daughter had a higher than normal fever (102.3°F) caused by the vaccinations and remained irritable and fussy for over a week. Also, one of the vaccines was administered into her right thigh (not sure which one), but is mislabeled on her vaccine record.

VAERS ID: [703441](#) ([history](#)) **Vaccinated:** 2017-07-12
Form: Version 2.0 **Onset:** 2017-07-12
Age: 1.25 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2017-07-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	33H9N / 4	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	U1762AA / 4	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R70448 / 4	RL / IM

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

Symptoms: [Injection site urticaria](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Claritin, fluoride

Current Illness: ear infection

Preexisting Conditions: none

Allergies: amoxicillin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Rash on abdomen, hives on upper left thigh. 5ml of Benadryl given. Rash developed within 2 hours of receiving vaccines, patient came back into office. Vital signs were stable.

Provider saw patient.

VAERS ID: [703806](#) ([history](#)) **Vaccinated:** 2017-07-12
Form: Version 2.0 **Onset:** 2017-07-12
Age: 2.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2017-07-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.

- / 1

LL / SC

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

Symptoms: [Injection site erythema](#), [Injection site mass](#), [Injection site warmth](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D, vitamin A, elderberry syrup, zinc

Current Illness: Nothing significant

Preexisting Conditions: None

Allergies: No known

Diagnostic Lab Data: Nothing yet. I'm monitoring him. Considering a MMR titer prior to redoing the MMR.

CDC Split Type:

Write-up: I received a call from the manager of the MD office, at 4:45 pm on July 12th, the day my son received the MMR vaccine. She informed me that patient may have received a vaccine incorrectly. She said that instead of using the proper diluent for the MMR, the person preparing the vaccine used a DTaP vaccine. She said they noticed the discrepancy when they counted their doses and diluents. There were three children who received the MMR during that time span and patient was one of them. They already called Poison Control and she informed me the results of that. The office also reported it to the health department. I also spoke with Poison Control, the health department, and the CDC and learned to watch for a local reaction. They advised close monitoring but didn't expect a significant reaction. They also informed me the vaccine needs to be repeated no sooner than a month from now as this injection is considered invalid. As of today, two days after the injection, my son seems fine. The injection site was warm for the first day, there was a small red area over a lump, and now the redness has disappeared and a lump remains. His mood and temperament is unchanged. He has not had a fever.

VAERS ID: 708039 (history)	Vaccinated:	2017-08-08
Form: Version 2.0	Onset:	2017-08-09
Age: 0.42	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI766AA / 1	RL / IM

PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	R56665 / 1	LL / IM
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Administered by: Private **Purchased by:** ?**Symptoms:** [Rash papular](#)**SMQs:** Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Pink papular dermatitis on outer arms shoulder to hand and anterior thigh and lower legs (B). Plan: No treatment advised. Follow up if not resolve in one week. May use BENADRYL 3-5ml if itchy. Call if worse.

VAERS ID: 710163 (history)	Vaccinated:	2017-08-16
Form: Version 2.0	Onset:	2017-08-16
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	- / UNK	UN / IM

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Abdominal discomfort](#), [Abdominal pain upper](#), [Appendicectomy](#), [Appendicitis perforated](#), [Pain in extremity](#), [Vomiting](#)**SMQs:** Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal perforation (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Tendinopathies and ligament disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: None
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: My son had his physical for school on 8/16/17 and was in excellent health. The doctor recommended we give him the HPV vaccine. We asked him about the safety of it and he said it was safe. That night he started vomiting a little. 8/17/17 he said his stomach was upset and he had pain in his legs, that evening he said his stomach was sore, and vomited more that night. 8/18/17 he woke up and said his stomach hurt, as soon as the doctors office opened we called and they said it was probably just a reaction from the vaccine and to bring him in at 1:00 in the afternoon. We were there for 2 hours, then he sent us to the ER. At 9:30 they removed his appendix which had burst and the surgeon said had been burst for a while. He is still in the hospital, and probably will be the rest of this week 8/20-8/26. And they said he probably won't be able to start school next week. During his physical, the doctor felt and listened to his appendix and everything was fine. I mentioned several times to all the doctors involved during the last several days that he had the HPV vaccine and they were all saying it was unrelated, then I found a few documents stating that the HPV vaccine has directly caused appendicitis in .3% of cases. That information was not known to myself or the doctors, because when I showed them the information they said they never knew that. If we had known that possibility we would have called the doctor when his stomach first started hurting and the doctor probably would have sent us to the ER much earlier.

VAERS ID: 712690 (history)	Vaccinated:	2017-08-25
Form: Version 1.0	Onset:	2017-08-25
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	2017-09-11
Location: Vermont	Days after onset:	17
	Entered:	2017-09-13
	Days after submission:	2

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	M040412 / 3	LA / IM

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

Symptoms: [Fatigue](#), [Headache](#), [Loss of personal independence in daily activities](#), [Muscle spasms](#), [Pain](#), [Pain in extremity](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Dystonia (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: No

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Mom called 8/26 AM the day after patient received her 3rd HPV #9. Reported fever of 101 at 9 pm she also had leg aches, body aches and muscle cramps. She had a bad headache and extreme exhaustion. 8/28 - headache and fever better. Patient is a runner and unable to run more than 10 mins over next 3-4 days. Pain in arms. Experiencing pain in arm and legs, unable to run, extreme fatigue. Later pt reported that she felt like she was getting a cold for 24 hours after first two shots. She did not report this until after 3rd shot.

VAERS ID: 715293 (history)	Vaccinated:	2017-09-28
Form: Version 2.0	Onset:	2017-09-28
Age: 0.5	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	5S5TJ / UNK	RL / IM

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

Symptoms: [Wrong drug administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:****Write-up:** KINRIX given instead of PEDIARIX. DOH was contacted and explained that immunization will count as long as timing is correct, and it is.**VAERS ID:** [715558](#) (history) **Vaccinated:** 2014-08-27**Form:** Version 2.0 **Onset:** 2014-09-15**Age:** 12.0 **Days after vaccination:** 19**Sex:** Female **Submitted:** 0000-00-00**Location:** Vermont **Entered:** 2017-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	J015378 / 1	LA / SYR

Administered by: Private **Purchased by:** ?**Symptoms:** [Arthralgia](#), [Babesiosis](#), [Chronic fatigue syndrome](#), [Condition aggravated](#), [Headache](#), [Lyme disease](#), [Postural orthostatic tachycardia syndrome](#)**SMQs:** Arthritis (broad), Tendinopathies and ligament disorders (broad), Dehydration (broad), Opportunistic infections (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** Chronic fatigue syndrome; POTS; Babesiosis Lyme disease; Chronic

headache

Allergies: None**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Chronic headache, POTS, Babesiosis Lyme disease, Chronic fatigue syndrome, Joint pain.

VAERS ID: 715563 (history)	Vaccinated:	2012-08-20
Form: Version 2.0	Onset:	2012-08-28
Age: 12.0	Days after vaccination:	8
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-09-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	0459AE / 1	RA / UN
TDAP: TDAP (ADACEL) / SANOFI PASTEUR	C3927AA / 1	LA / UN

Administered by: Private **Purchased by:** ?**Symptoms:** [Pyrexia](#), [Rash generalised](#)**SMQs:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** No**Preexisting Conditions:** Chronic knee pain; Anxiety; Chronic abdominal pain; Gastritis**Allergies:** No**Diagnostic Lab Data:****CDC Split Type:****Write-up:** W/one day patient had a rash all over her body. Fever.

VAERS ID: [718104](#) ([history](#)) **Vaccinated:** 2017-10-02
Form: Version 1.0 **Onset:** 2017-10-03
Age: 4.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2017-10-04
Location: Vermont **Days after onset:** 1
Entered: 2017-10-05
Days after submission: 1

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AF543 / UNK	RA / UN
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UI864AA / 3	RA / UN
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	954G2 / 2	LA / UN
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N013863 / UNK	LA / SC

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

Symptoms: [Erythema](#), [Injection site rash](#), [Pruritus](#), [Pyrexia](#), [Rash](#), [Swelling](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: NAS; Undescended (L) tests; IUGR

Allergies:

Diagnostic Lab Data: None ordered

CDC Split Type:

Write-up: Vaccines given on 10-2-17 (L) deltoid: Hep A - (L) arm; MMRV - RN. (R) deltoid: KINRIX and FLUZONE - RN. Seen in office 10-4-17 with rash on (Rt) deltoid, (Lt) arm and (L) forehead - reddened, localized swelling and itching. Fever/vomiting in less than 24 hours. Unknown if vaccine related.

VAERS ID: [720649](#) ([history](#)) **Vaccinated:** 2017-10-06
Form: Version 1.0 **Onset:** 2017-10-07
Age: 7.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 2017-10-16
Location: Vermont **Days after onset:** 9
Entered: 2017-10-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	4E532 / UNK	LA / SYR

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

Symptoms: [Injection site reaction](#), [Rash erythematous](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt. developed red raised rash around injection site.

VAERS ID: [721204](#) ([history](#)) **Vaccinated:** 2017-10-10
Form: Version 2.0 **Onset:** 2017-10-13
Age: 5.0 **Days after vaccination:** 3
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2017-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
	43HB3 /	

DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	UNK	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N000336 / 1	RA / SC

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

Symptoms: [Erythema](#), [Injection site pain](#), [Skin warm](#), [Urticaria](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Multiple vitamin

Current Illness: None

Preexisting Conditions: H/O febrile seizure

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Baseball sized red hot welt on (L) arm. Tenderness at injection site.

VAERS ID: 721205 (history)	Vaccinated:	2017-10-11
Form: Version 2.0	Onset:	2017-10-12
Age: 2.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-10-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	J7K97 / 2	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N039913 / 1	RL / SC

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

Symptoms: [Erythema](#), [Pain](#), [Rash](#), [Swelling](#)

SMQs:, Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Multi Vit; D3; Fish Oil**Current Illness:** None known**Preexisting Conditions:** None known**Allergies:** No known**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Erythema, swelling, pain, rash that is localized. Treated with cool pack/ice, TYLENOL.

Cont to monitor closely with follow up in 1 week.

VAERS ID: 731792 (history)	Vaccinated:	2017-11-27
Form: Version 2.0	Onset:	2017-11-27
Age: 0.33	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2017-12-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	92443 / UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI804AA / UNK	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	S35326 / UNK	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	M043836 / UNK	MO / PO

Administered by: Other **Purchased by:** ?**Symptoms:** [Body temperature increased](#), [Diarrhoea](#), [Irritability](#), [Nasopharyngitis](#), [Product storage error](#), [Upper respiratory tract infection](#), [Vomiting](#)**SMQs:** Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Noninfectious diarrhoea (narrow), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** Prophylaxis**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** US0095075131711USA011910

Write-up: This spontaneous report was received from an immunization coordinator referring to a patient of unknown age and gender. No information about the patient's medical history, concurrent conditions and concomitant medications was provided. On 27-NOV-2017, the patient was vaccinated with an improperly stored dose of ROTATEQ (lot # M043836 with an expiration date in 17-JUN-2018) orally for prophylaxis. The vaccine was exposed to temperature excursion of 28.1 degrees Celsius for 48 hours. Data logger was involved. There was no previous temperature excursion. No adverse effects were reported. Follow-up information has been received from the physician on 05-DEC-2017, referring to the 4 months old female patient. The patient had no brothers or sisters. There was no illness at time of vaccination. On 27-NOV-2017, the patient was vaccinated with ROTATEQ (lot # N005972). On the same day, the patient was vaccinated with other suspect therapies, including hib conj vaccine (unspecified carrier) (lot# UI804AA, intramuscular, at Right Vastus Lateralis (RVL)), PEDIARIX (lot # 92443, intramuscular, RVL) and PREVNAR 13 (lot # S35326, intramuscular, Left Vastus Lateralis (LVL)). The vaccines later found to have been stored outside of accepted temperature range due to faulty thermostat on fridge. On the same day, upper respiratory infection (URI) was evident at time of Well-Child Care (WCC). The next day (on 28-NOV-2017), the patient had elevated temperature maximum 101 (unit not provided), vomited one time and had some diarrhea. The patient was fussier next few days, and developed cold symptoms. They did not want to repeat the vaccines but would continue as usual schedule. There was no prescription drug treatment for the experienced required. The outcome of the events was unknown. The causality between the suspect therapies and the events was unknown.

VAERS ID: 735079 (history)	Vaccinated:	2018-01-07
Form: Version 2.0	Onset:	2018-01-08
Age: 4.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route

FLU3: INFLUENZA (SEASONAL) (AFLURIA) / CSL LIMITED	- / UNK	RA / SYR
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Administered by: Private **Purchased by:** ?**Symptoms:** [Cold urticaria](#), [Cough](#), [Pyrexia](#), [Urticaria](#)**SMQs:** Anaphylactic reaction (narrow), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None and no family history**Diagnostic Lab Data:** None. Dr recommends allergist given we are on to week 3**CDC Split Type:****Write-up:** Hives on hands and feet triggered when she went outside in cold 24 hours later.

Continued on and off for several days, not severe but noticeable for a child who hadn't been sick for 3 years straight. Would go away on own. Into third week and she developed a cough and got hives again and also fevers.

VAERS ID: 736562 (history)	Vaccinated:	2018-01-22
Form: Version 1.0	Onset:	2018-01-23
Age: 4.0	Days after vaccination:	1
Sex: Male	Submitted:	2018-02-02
Location: Vermont	Days after onset:	10
	Entered:	2018-02-07
	Days after submission:	5

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT5954JA / 4	LA / UN

Administered by: Private **Purchased by:** Public**Symptoms:** [Asthma](#), [Condition aggravated](#), [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Pyrexia](#), [Respiratory symptom](#)**SMQs:** Anaphylactic reaction (broad), Asthma/bronchospasm (narrow), Neuroleptic malignant

syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Swelling of leg~Influenza (Seasonal) (no brand name)~1~0.00~Patient

Other Medications: FLOVENT; PROAIR inhalers

Current Illness: Developed cough and fever that night

Preexisting Conditions: Had similar reaction to flu vaccine in 2017

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Swelling of entire upper arm, with redness, tenderness and fever. Started evening of vaccine administration. Seen in office 2 days later, difficult to tell whether cellulitis or severe local reaction. Then developed respiratory symptoms triggering his asthma.

VAERS ID: 736750 (history)	Vaccinated:	2018-02-08
Form: Version 2.0	Onset:	2018-02-08
Age: 0.5	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	531241 / 1	RL / IM

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

Symptoms: [Rash generalised](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: NA
Current Illness: None at the time of vaccination; 2/2/18: Unilateral otitis media
Preexisting Conditions: NA
Allergies: NA
Diagnostic Lab Data: None at this time
CDC Split Type:
Write-up: Symptoms: Full body rash that started on his abdomen upon getting home from the office visit and spread. Treatment: Watch and wait.

VAERS ID: [739292](#) ([history](#)) **Vaccinated:** 2018-02-26
Form: Version 2.0 **Onset:** 2018-02-28
Age: 5.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	AF543 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	N023965 / 2	LL / SC

Administered by: Private **Purchased by:** ?
Symptoms: [Erythema](#), [Hypersensitivity](#), [Induration](#), [Skin warm](#), [Swelling](#)
SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Was seen in ER 2/28/18
CDC Split Type:
Write-up: Localized hypersensitivity reaction, red, swollen, hot, hard.

VAERS ID: [739320](#) ([history](#)) **Vaccinated:** 2018-02-02
Form: Version 2.0 **Onset:** 2018-02-02
Age: 1.25 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-03-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C5230AA / 4	- / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT5949KA / 2	- / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	S58703 / 4	- / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: None
Preexisting Conditions: None
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:

Write-up: The PENTACEL was incorrectly mixed prior to administration. Two vials of diluent were combined and administered. The vial with the powder Hib was not used.

VAERS ID: [743156](#) (history) **Vaccinated:** 2018-02-21
Form: Version 2.0 **Onset:** 2018-02-22
Age: 0.17 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
HIBV: HIB (PEDVAXHIB) / MERCK & CO. INC.	- / UNK	- / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	MO / PO

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

Symptoms: [Death](#), [Unresponsive to stimuli](#)

SMQs: Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2018-03-01

Days after onset: 7

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 8 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Found unresponsive the next morning face down in bassinet. Survived unresponsive ~ 1 week.

VAERS ID: [748620](#) ([history](#)) **Vaccinated:** 2018-05-10
Form: Version 2.0 **Onset:** 2018-05-14
Age: 0.58 **Days after vaccination:** 4
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	HY2G7 / 2	LL / IM

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

Symptoms: [Diarrhoea](#), [Injection site nodule](#), [Injection site swelling](#), [Irritability](#)

SMQs: Pseudomembranous colitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Noninfectious diarrhoea (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient had diarrhea and was fussy that night. That subsided over the next 12-24 hours. However, then 3 days later (yesterday) the patient developed a small nodule at the site of the injection. He has remained well-appearing without signs of lethargy or infection, just the small swelling near the injection site.

VAERS ID: [749948](#) ([history](#)) **Vaccinated:** 2018-05-14
Form: Version 2.0 **Onset:** 2018-05-22
Age: 1.25 **Days after vaccination:** 8
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N026071 / 1	RL / SC

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

Symptoms: [Injection site rash](#)

SMQs.: Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Fluoride

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Rash on right thigh were she had the injection.

VAERS ID: 749963 (history)	Vaccinated:	2018-05-14
Form: Version 2.0	Onset:	2018-05-23
Age: 1.25	Days after vaccination:	9
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-05-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N026071 / 1	RL / SC

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

Symptoms: [Rash](#)

SMQs.: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin-D pediatric
Current Illness: none
Preexisting Conditions: labial adhesion, acquired
Allergies: no known allergies reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: Rash.

VAERS ID: [750175](#) ([history](#)) **Vaccinated:** 2018-05-22
Form: Version 2.0 **Onset:** 2018-05-22
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-05-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5823AA / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Injection site erythema](#), [Pruritus](#), [Skin warm](#)
SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Redness at injection site and about 6 inches below site. Warm to the touch. Itchy.

VAERS ID: [751546](#) ([history](#)) **Vaccinated:** 2018-06-04
Form: Version 2.0 **Onset:** 2018-06-04
Age: 16.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 2	LA / SYR
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5917AA / 2	RA / SYR

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

Symptoms: [Cold sweat](#), [Dizziness](#), [Malaise](#), [Nausea](#), [Pallor](#), [Syncope](#), [Tremor](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: He had a similar dizzy spell without fainting or throwing up after a vaccine about 1 year prior.

Other Medications: multi-vitamins

Current Illness: Cold or virus with a fever exactly one month prior.

Preexisting Conditions:

Allergies: OMNICEF

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fainted approx. 2-5 minutes after the injection. Patient was sitting on a chair and the nurse caught him before he fell off. Patient came to quickly and was then nauseous and vomited stomach bile a few times. Patient exhibited cold sweats, dizziness, shakiness, and was faint and pale for approx. 15 minutes. Nurses gave him juice and observed until he could speak and stand up for five minutes. Mother took patient home, where he drank water and ate some toast and crackers. He still felt nauseous and unwell, and fell asleep about two hours after the injection.

VAERS ID: [757725](#) ([history](#)) **Vaccinated:** 2018-07-09
Form: Version 2.0 **Onset:** 2018-07-09
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	393D9 / 1	RA / IM

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

Symptoms: [Expired product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Neomycin-Polymyxin eye drops

Current Illness: Irritation of left eye

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: MA, drew up vaccine. Asked for assistant on giving immunizations. RN administered expired Tdap. Tdap was in a box that was transferred to Health Center from family Medicine. This specific Tdap vaccine was the only one in that box with that expiration date.

VAERS ID: [760853](#) ([history](#)) **Vaccinated:** 2018-07-05
Form: Version 1.0 **Onset:** 2018-07-14
Age: 1.17 **Days after vaccination:** 9
Sex: Female **Submitted:** 2018-07-16
Location: Vermont **Days after onset:** 2
Entered: 2018-07-25
Days after submission: 9

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 1	LL / IM

MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N013869 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	N031002 / 1	RL / SC

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

Symptoms: [Injection site erythema](#), [Injection site nodule](#), [Injection site papule](#)

SMQs: Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: Tetralogy of Fallot; DiGeorge sequence; GERD; Thymic hypoplasia; long term anticoagulant; Aspiration risk - fed by tube

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Subcutaneous nodules (x2 on (R) thigh) with overlying erythema and a few pinpoint papules, first noted by mother on 7/14/18 (vaccine given on 7/5/18). Non tender. Recommended topical steroid (HC 1%) BID x 1 wk and monitoring for increased redness, pain, swelling, fevers.

VAERS ID: 765014 (history)	Vaccinated:	2018-08-09
Form: Version 2.0	Onset:	2018-08-09
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-08-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U5986AA / 2	LA / SYR

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

Symptoms: [Inappropriate schedule of drug administration](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: SINGULAIR 10mg PROAIR Cetirizine 10mg

Current Illness: None

Preexisting Conditions: Seasonal Allergies Food Allergies Asthma

Allergies: Kiwi Pineapple

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Vaccine administered in error. Notified the Dept of Health and they advised us on her plan - will need another MENACTRA booster prior to college (up to 18 years old).

VAERS ID: 770996 (history)	Vaccinated:	2018-08-27
Form: Version 2.0	Onset:	2018-09-06
Age: 6.0	Days after vaccination:	10
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N011005 / 1	LA / SC

Administered by: Public **Purchased by:** ?

Symptoms: [Measles post vaccine](#), [Pyrexia](#), [Rash](#)

SMQs:, Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient's mother called 9/10 to state fever then rash. Fever first night - 101. Rash started 9/6 trunk - face no cough no conjunctivitis. Fever started the night of the vaccination 8/27/18 and rash started 9/6. Seen by a provider on 9/10 and mother reports provider stated it is a reaction to the vaccine, a mild measles case.

VAERS ID: 771358 (history)	Vaccinated:	2018-09-13
Form: Version 2.0	Onset:	2018-09-13
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-09-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	T94429 / 3	LL / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Circumstance or information capable of leading to medication error](#), [Underdose](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: none known

Preexisting Conditions: none known or indicated on screening checklist

Allergies: none according to screening checklist

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Child in for routine PCV13 vaccine. Placed in side saddle position on mother's lap, technique indicated/described by CDC. Mom was instructed on how to hold child during this

technique. During the injection of the vaccine into the left thigh child moved leg enough that the needle came out of the left before the entire vaccine could be injected, only about 1/2 given. Following the incident a small second puncture site noted just next to the vaccine injection site which must have happened during incident. Area wiped clean and Band-Aid applied. Mom instructed that this dose could not be counted as valid as it was not the complete amount. Mother was very understanding and did schedule another appointment in 1 month to get the dose repeated. She was instructed on aftercare and the child was kept for the 15 minute post immunization observation period. Notification sent to local nurse supervisor, immunization nurse program coordinator and the immunization program chief.

VAERS ID: [772313](#) ([history](#)) **Vaccinated:** 2018-09-17
Form: Version 2.0 **Onset:** 2018-09-17
Age: 17.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	JP742 / 2	RA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	N025429 / 3	LA / IM

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

Symptoms: [No adverse event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Aspirin

Current Illness: None - Patient has not experienced adverse reaction or developed any symptoms in response to this dose injection.

Preexisting Conditions: None

Allergies: No allergies known/listed

Diagnostic Lab Data: None

CDC Split Type:

Write-up: There has been no adverse events nor symptoms at this time.

VAERS ID: [781634](#) ([history](#)) **Vaccinated:** 2018-10-11
Form: Version 2.0 **Onset:** 2018-10-12
Age: 3.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-10-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ025AC / 5	LA / IM

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

Symptoms: [Rash papular](#)

SMQs: Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations: I do not remember what vaccine it was but she once had a reaction that almost looked like a chemical burn on her leg.

Other Medications: Daily multi vitamin

Current Illness: cold within the month of vaccination

Preexisting Conditions: asthma

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Pt got a rash on her arm. It was bumpy and red at times. It seemed to flare up when she got hot. Eventually, it spread to her chest and back as well. It was treated with benedryl cream and tablets at first, and later with zyrtec and an ointment that the doctor prescribed. It is finally clearing up and nearly gone.

VAERS ID: [783935](#) ([history](#)) **Vaccinated:** 2018-10-19
Form: Version 2.0 **Onset:** 2018-10-21
Age: 0.17 **Days after vaccination:** 2
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-11-05

Vaccination / Manufacturer	Lot /	Site /

	Dose	Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	9A2KC / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UI909AA / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	W28770 / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	N034401 / 1	MO / PO

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

Symptoms: [Explorative laparotomy](#), [Internal hernia](#), [Intestinal obstruction](#), [Lethargy](#), [Postoperative adhesion](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal obstruction (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)

Life Threatening? Yes

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 6 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Malrotation of midgut s/p repair, choanal atresia-- unilateral colic

Allergies: None

Diagnostic Lab Data: Exploratory laparotomy revealed partial obstruction related to internal hernia around adhesions from prior surgery.

CDC Split Type:

Write-up: Starting at midnight 2 days after vaccines he developed progressive vomiting which became bilious and associated lethargy.

VAERS ID: 784616 (history)	Vaccinated:	2018-11-01
Form: Version 2.0	Onset:	2018-11-01
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ041AB / 1	LA / IM

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

Symptoms: [Pruritus](#), [Rhinorrhoea](#), [Throat irritation](#)

SMQs: Anaphylactic reaction (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Secundum ASD defect - repaired 6-2011

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: C/O itchy hands/feet/neck at 3 mins after vaccine given - VS remained stable throughout 45 mins of observation - Did have throat clearing and runny nose at 1610 -given BENADRYL at 1605 = symptoms resolved by 1640

VAERS ID: 786176 (history)	Vaccinated:	2018-11-13
Form: Version 2.0	Onset:	2018-11-13
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-11-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / UNK	- / -

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

Symptoms: [Arthralgia](#), [Musculoskeletal stiffness](#), [Myalgia](#), [Nausea](#), [Vomiting](#)

SMQs: Rhabdomyolysis/myopathy (broad), Acute pancreatitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Eosinophilic pneumonia (broad), Arthritis (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: Minor cough
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:

Write-up: Muscle pain, stiffness, nausea. Started about 2 hours after the vaccine was administered. Went to basketball practice and became nauseated, legs stiffened up, pain in joints, ended up throwing up. Still nauseous today. Did not have any of these symptoms prior to the vaccine. No signs of stomach flu, no fever prior or after.

VAERS ID: 787279 (history)	Vaccinated:	2018-11-19
Form: Version 2.0	Onset:	2018-11-19
Age: 7.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-11-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	B4J3H / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Extra dose administered](#), [No adverse event](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Sodium Fluoride**Current Illness:** None**Preexisting Conditions:** None**Allergies:** NKDA**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient was already vaccinated for Influenza on 9/26/18, second one was given in error. Patient had no adverse reaction to first or second vaccine.

VAERS ID: 792132 (history)	Vaccinated:	2018-12-14
Form: Version 2.0	Onset:	2018-12-14
Age: 14.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2018-12-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ087AB / 4	LA / IM
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R017457 / 2	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Blood pressure decreased](#), [Dizziness](#), [Headache](#), [Pain](#), [Pallor](#), [Vomiting](#)**SMQs:** Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Dehydration (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:** Dizzy after HPV #1 7-12-17 - HPV 9 by Merck Co - 12 yr old**Other Medications:** None**Current Illness:****Preexisting Conditions:****Allergies:** amoxicillin**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pt pale - dizzy - faint - at 5 mins after vaccine received - started to vomit several mins

after that - severe vomiting and HA x 10 mins - decreased BP also - recovered after 30 mins after vaccine given - H/A and soreness persisted into next day. HA = headache.

VAERS ID: [792837](#) ([history](#)) **Vaccinated:** 2018-12-13
Form: Version 2.0 **Onset:** 2018-12-14
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-12-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	G9P35 / 5	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R017626 / 2	LL / SC

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

Symptoms: [Abdominal pain](#), [Dehydration](#), [Full blood count](#), [Henoch-Schonlein purpura](#), [Metabolic function test](#), [Purpura](#), [Red blood cell sedimentation rate](#), [Urine analysis](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vasculitis (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (narrow), Immune-mediated/autoimmune disorders (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: None

Current Illness: None known

Preexisting Conditions: None

Allergies: AUGMENTIN ES-600; Penicillins

Diagnostic Lab Data: U/A; CBC; CMP; ESR.

CDC Split Type:

Write-up: Abdominal pain, vomiting, purpura rash (HSP). Admitted to hospital for observation R/t severe abdominal pain, vomiting, dehydration 12/20/2018.

VAERS ID: [793072](#) ([history](#)) **Vaccinated:** 2018-12-20
Form: Version 2.0 **Onset:** 2018-12-22
Age: 5.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2018-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5500CA / UNK	LA / SC
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R017628 / UNK	RA / SC

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Injection site warmth](#)

SMQs: Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: Adhesives-- not band aids/bandages

Diagnostic Lab Data:

CDC Split Type:

Write-up: Soreness and swelling with redness and warmth that is growing in size at both injection sites; worse on right (MMR). Afebrile. No SOB, or angioedema. Reviewed with Pediatrician. Concerned about developing cellulitis, esp on right. Started on AUGMENTIN 500mg BID x7 days. Use OTC pain relievers. To see PCP tomorrow morning. Margins of erythema marked with skin marker.

VAERS ID: [793858](#) (history) **Vaccinated:** 2018-12-24
Form: Version 1.0 **Onset:** 2018-12-27
Age: 2.0 **Days after vaccination:** 3
Sex: Female **Submitted:** 2018-12-28
Location: Vermont **Days after onset:** 1
Entered: 2018-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	T79X3 / 4	RL / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	TM925 / 2	LL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	3KT7B / 2	LL / IM

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

Symptoms: [Injection site rash](#)

SMQs: Hypersensitivity (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Sodium Fluoride

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: (R) thigh, half dollar size rash. No fever, no behavior changes. 12/27/18.

VAERS ID: [801177](#) (history) **Vaccinated:** 2019-02-08
Form: Version 2.0 **Onset:** 2019-02-08
Age: 1.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-02-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	C5506AA / 2	LL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	R013540 / 3	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X34HF / 1	RL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	N023154 / 1	LL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	T94429 / 2	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R012531 / 1	RL / SC

Administered by: Public **Purchased by:** ?

Symptoms: [Crying](#), [Erythema](#), [Petechiae](#), [Rosacea](#)

SMQs: Anaphylactic reaction (broad), Haemorrhage terms (excl laboratory terms) (narrow), Depression (excl suicide and self injury) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: none reported

Preexisting Conditions: None reported during screening

Allergies: Allergy to OMNICEF (antibiotic)

Diagnostic Lab Data: PCP ordered CBC, unsure if was performed. Unknown if there was follow-up with PCP. Attempted to call mother 2/11/19 to check in but no answer, message was left.

CDC Split Type:

Write-up: Child was quite behind on vaccinations after missing several appointments with our office. Came in with mom, VIS statements given and screening checklist completed. Mom denied any illness, client was noted to have rosy cheeks, appearance similar to rosacea, he has fair skin and mom reports as sensitive skin. Child received vaccinations, he did cry pretty hard during the process as one would expect. He was consoled quickly after the injections were complete. Several minutes after the injections checked on client, he was drinking a bottle and interacting appropriately, normal behavior. At that time it was noted he had small petechiae on his face. Noted on forehead, eye lids and cheeks. None noted anywhere else on his body. We questioned if this was related to the crying during the procedure. We watched the child for the full 15 minutes and maybe a bit longer, no change in rash, no signs of other reaction. Mom was instructed to keep an eye on him and to bring to ED if any changes. Once the child had left we discussed case with each other and decided it would be best to let the Immunization program chief and the child's PCP know about the event in case it was a reaction to one of the vaccines. Mother was made aware we would be contacting the PCP, at the time of this call she reports child is behaving normally and no change or worsening of rash. PCP called and he did decide to order bloodwork, CBC. When called mother to let her know about the order she was resistant to bring the child in

for bloodwork that night. She was encouraged by this nurse to call the PCP to discuss risk versus benefits of that decision. PCP also called by this nurse and made aware of mother's response, at that point transfer of care to PCP.

VAERS ID: [801323](#) ([history](#)) **Vaccinated:** 2019-01-25
Form: Version 2.0 **Onset:** 2019-01-25
Age: 1.5 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-02-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	- / UNK	LL / SYR

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

Symptoms: [Abnormal behaviour](#), [Crying](#), [Decreased appetite](#), [Decreased eye contact](#), [Lethargy](#), [Middle insomnia](#), [Pallor](#), [Pyrexia](#), [Screaming](#), [Speech disorder](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Psychosis and psychotic disorders (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Weeks prior had a virus, but was healthy week or so before shot

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Fever and vomiting began night of shot and continue 19 days later. She has hardly eaten since the shot, but continues breastfeeding for nutrition. Before the shot she was always smiling and since 1/26 she didn't smile until 2/12. She hits herself in the head while crying and is inconsolable. She is pale and has stopped using words. Lethargy and frequently wakes crying in the night and wakes up crying. Every night 1/25 and morning since 1/26. If you try to get eye contact she looks away screaming. Previously never had this. Random crying fits throughout the

day lasting 15-30 minutes with no common trigger. Her twinkle is gone from her eyes, has a vacant look.

VAERS ID: [802361](#) ([history](#)) **Vaccinated:** 2019-02-18
Form: Version 2.0 **Onset:** 2019-02-18
Age: 0.33 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-02-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	5GB73 / 2	MO / PO

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

Symptoms: [No adverse event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: No adverse reaction reported.

VAERS ID: [803604](#) ([history](#)) **Vaccinated:** 2019-02-19
Form: Version 2.0 **Onset:** 2019-02-20
Age: 1.75 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	KZ4TM / 1	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Pyrexia](#)**SMQs.:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** bilateral otitis 2x since birth; hydrocele in past**Allergies:** none**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Fever over 104 within 24 hours of administration.

VAERS ID: 804179 (history)	Vaccinated:	2019-03-04
Form: Version 2.0	Onset:	2019-03-04
Age: 1.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-03-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R018779 / 1	RL / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	W62465 / 4	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R020650 / 1	LL / SC

Administered by: Private **Purchased by:** ?**Symptoms:** [Wrong product administered](#)**SMQs.:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:

Other Medications: No current medications

Current Illness: No illnesses 1 mo prior to vaccine administration on 3/4/2019

Preexisting Conditions: No chronic health care conditions to date

Allergies: No known allergies

Diagnostic Lab Data:

CDC Split Type:

Write-up: On 03/04/2019 the patient (12 mo and 8 days old) was inadvertently given both a varicella vaccine and an MMRV vaccine instead of a varicella vaccine and an MMR vaccine. As a result the patient received two doses of varicella on 3/04/2019. There has not been an adverse reaction to date. A member of the nursing staff at the Health Center will call the patient's parents to discuss the increased risk of seizure with the combination vaccination.

VAERS ID: 805049 (history)	Vaccinated:	2019-03-11
Form: Version 2.0	Onset:	2019-03-11
Age: 1.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-03-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	279H2 / 1	LL / SYR
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R021095 / 1	LL / SYR
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R022117 / 1	RL / SYR

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

Symptoms: [Extra dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Gave the patient an MMRV and Varicella instead of an MMR and Varicella.

VAERS ID: 807517 (history)	Vaccinated:	2019-03-26
Form: Version 1.0	Onset:	2019-03-27
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	2019-03-28
Location: Vermont	Days after onset:	1
	Entered:	2019-03-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	94496 / 5	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	R024015 / 2	RA / SC

Administered by: Private **Purchased by:** Public**Symptoms:** [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Pain](#), [Peripheral swelling](#)**SMQs:** Cardiac failure (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** NKA; Hx Febrile Seizure**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Pain for 2 days. Oblong area around shot site 3" wide and 5-6 inches long, red raised and tender to touch with arm swelling. Hx 3-28-19 no raised red welt. Swelling decreased.

VAERS ID: [808916](#) ([history](#)) **Vaccinated:** 2019-04-03
Form: Version 2.0 **Onset:** 2019-04-03
Age: 1.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-04-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R011221 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R024265 / 1	RL / SC

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

Symptoms: [No adverse event](#), [Product preparation issue](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Otagia, bilateral

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: MMR and Varicella were combined in one injection. MMR reconstituted with one 0.5ml vial of Sterile diluent. Added to Varicella vial to reconstitute and given as one injection. No reported adverse events from family reported as of 4/8/2019.

VAERS ID: [808917](#) ([history](#)) **Vaccinated:** 2019-04-03
Form: Version 2.0 **Onset:** 2019-04-03
Age: 1.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-04-08

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

INC.	R011221 / 1	RL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R024265 / 1	RL / SC

Administered by: Private **Purchased by:** ?
Symptoms: [No adverse event](#), [Product preparation issue](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKDA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: MMR and Varicella were combined in one injection. MMR reconstituted with one 0.5ml vial of Sterile Diluent. Added to Varicella vial to reconstitute and given as one injection. No adverse reactions noted by family as of 04/08/2019.

VAERS ID: 812992 (history)	Vaccinated:	2018-04-27
Form: Version 2.0	Onset:	2018-04-28
Age: 11.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	90651 / 1	RA / IM

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

Symptoms: [Influenza like illness](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:** Same as previously stated to 2nd HPV Gardasil 9 on 11/1/2018 Lot 90651**Other Medications:** Had Nausea, Vomiting body ache and flu like symptoms. Fever 103.4**Current Illness:** No**Preexisting Conditions:** NO**Allergies:** NKA**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Reported flu like symptoms managed symptomatically at home

VAERS ID: 814217 (history)	Vaccinated:	2019-05-09
Form: Version 2.0	Onset:	2019-05-10
Age: 4.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-05-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 4	LA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Decreased appetite](#), [Diarrhoea](#), [Malaise](#), [Vomiting](#)**SMQs:** Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** unknown**Current Illness:** none listed on screening checklist**Preexisting Conditions:** none listed on screening checklist**Allergies:** none listed on screening checklist**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Child came in for DTaP, he received dose in left deltoid, tolerated well. No adverse reaction noted during 15 minute observation period. Mother of child called the next day to report that he had vomited at 2am, then again at 3am and again at 8am. No fever noted in AM, but at time of the call, 2:30pm, temp of 99. Mom notes poor appetite, malaise. Mom states injection site

and arm are unremarkable. This nurse did suggest she also notify the child's PCP. Called mother back on Monday to check in and she reports Saturday energy was better but still low appetite but seemingly starting to feel better, then Sunday vomited again and had diarrhea. Explained to mom that it is very possible this illness is unrelated but that I would put in a VAERS just to be cautious.

VAERS ID: [816194](#) ([history](#)) **Vaccinated:** 2019-05-15
Form: Version 2.0 **Onset:** 2019-05-21
Age: 1.0 **Days after vaccination:** 6
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	LG / SYR
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	- / 1	LG / SYR

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

Symptoms: [Pyrexia](#), [Rash](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Iron supplement

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Hives and fever presented 6 days following the vaccine. Hives started on trunk and spread to arms, legs, face and feet throughout the day/night. Low grade fever was treated with cool cloth (no medication). Hives were treated by pediatrician with 2.25 ml hydroxyzine, ever six hours as needed. Medication was used as needed for four days, until rash/hives had cleared.

VAERS ID: [818194](#) ([history](#)) **Vaccinated:** 2019-06-06
Form: Version 2.0 **Onset:** 2019-06-07
Age: 11.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R023606 / 2	RA / IM

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

Symptoms: [Axillary pain](#), [Erythema](#), [Oedema peripheral](#), [Pain in extremity](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none known

Preexisting Conditions: hx of mass in chest, seizures, generalized anxiety disorder, weight loss and plantar wart

Allergies: mushrooms

Diagnostic Lab Data: none

CDC Split Type:

Write-up: HPV vaccine #2 was given upper R deltoid 4 days ago. Arm was hurting that evening, seemed to be hurting more than usual with a vaccine. Developed swelling and pain in right armpit next day. Day before yesterday mom looked at it and it looked terrible, swollen and red all in her armpit. Family was away for a soccer tournament, decided to wait. Has gotten a little better, still a little swollen, still hurting. Otherwise feeling fine. Normal energy, normal appetite. Played soccer this weekend. No fever. No vomiting or diarrhea. Sleeping fine at night.

VAERS ID: [819987](#) ([history](#)) **Vaccinated:** 2017-03-24
Form: Version 2.0 **Onset:** 2017-03-24
Age: 0.25 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	DA22F / 2	LG / SYR
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	MD33Y / 1	MO / PO

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

Symptoms: [Decreased appetite](#), [Somnolence](#)

SMQs: Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: 3/10/17 age 3 months, Prevnar, Tremors

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: dairy, soy, coconut.

Diagnostic Lab Data: None

CDC Split Type:

Write-up: My daughter was vaccinated in the late afternoon. She was very sleepy afterward and had no appetite. I put her to bed around 7:00 PM and watched her on the baby monitor. At approximately 11:00 PM I tried to offer her milk, as she was exclusively breastfed, but she would not wake up to eat. I decided to change her diaper, thinking that might help to rouse her. But she did not wake up. This was highly unusual for her, as she was always a very light sleeper. I called the nurse's line at my pediatrician's office and she advised me to turn on the lights, undress her, rub her skin, and make some noise as to make her uncomfortable. It took 10-15 minutes to get her to wake up and give an appropriate response by crying.

VAERS ID: 820950 (history)	Vaccinated:	2019-06-05
Form: Version 2.0	Onset:	2019-06-23
Age: 12.0	Days after vaccination:	18
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	R017134 / 2	LA / IM

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

Symptoms: [Injection site pain](#), [Injection site swelling](#), [Musculoskeletal stiffness](#), [Pain](#)

SMQs: Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: multivitamin Vyvanse 20 mg qd Ranitidine 75 mg bid

Current Illness:

Preexisting Conditions:

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: aching pain and stiffness. Tender swollen spot in mid left deltoid.

VAERS ID: 821355 (history)	Vaccinated:	2019-07-01
Form: Version 2.0	Onset:	2019-07-01
Age: 1.58	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UJ084AA / 1	LL / IM

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

Symptoms: [No adverse event](#), [Product preparation issue](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Patient was here for Pentacel vaccine. Was only given the Dtap and IPV components, The Hib component was not given. The liquid part of the vaccine was not mixed with the powder part. No adverse effects. Patient returned on 7/2/19 for a Hib vaccine.

VAERS ID: 823726 (history)	Vaccinated:	2019-07-10
Form: Version 2.0	Onset:	2019-07-11
Age: 3.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-07-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 2	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site erythema](#), [Injection site induration](#), [Local reaction](#)**SMQs:**, Extravasation events (injections, infusions and implants) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None Known**Preexisting Conditions:** None**Allergies:** None Known**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Localized event. Induration at site with large red area around it

VAERS ID: 825541 (history)	Vaccinated:	2019-07-24
Form: Version 2.0	Onset:	2019-07-24
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-07-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	267F9 / 4	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5953X / 1	LL / IM
HIBV: HIB (HIBERIX) / GLAXOSMITHKLINE BIOLOGICALS	UI950AA / 4	LL / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Patient had diarrhea 7/10/2019 that resolved after 1 week

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient Developed Hives on body in random places around 4:00pm post vaccination. Patient given Benadryl PO 3.75ml with some stabilization. No fever or other issues noted, temperament good, eating and drinking as normal. Hives seemed to increase 24 hours post vaccination. Health Dept. RN consulted via phone. Instructed patient mom to contact urgent care or pediatrician given worsening hives. Follow-up call morning of 7/26. Mom reports pediatrician was called and recommended 3.75ml Benadryl PO every 4-6 hours for 48 hours. Patient given Benadryl dose of 3.57ml last night and greatly improved. Mom reports no more hives since last night. 7/25/2019.

VAERS ID: 825716 (history)	Vaccinated:	2019-07-25
Form: Version 2.0	Onset:	2019-07-26
Age: 11.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN		

MANUFACTURER

- / UNK

- / SYR

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Headache](#), [Hypersomnia](#), [Pyrexia](#), [Rash](#), [Streptococcus test negative](#), [Vomiting](#)
SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Depression (excl suicide and self injury) (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None known**Diagnostic Lab Data:** Strep test Came back negative I can't say for sure it was from the Vaccinations but I needed to share this information just in case I am to follow up with his primary care physician on Monday when the clinic opens back up.**CDC Split Type:****Write-up:** He was injected with the three shots two and one arm one and the other in the upper part of his arm , I am not sure which ones were new to him besides I'm positive the HPV was a new shot to him he hadn't had that one before. The following day early in the morning he started complaining of a headache and his arms being really sore to the point he couldn't move them as the day went on he was with my father so my dad had given him Tylenol and he had complained of a headache and been sleeping a lot by the time I got home from work he was complaining of a headache and he put ice pack on his head and took a shower and took more ibuprofen and they came out and I took his temperature and it was 104.6 His symptoms ranged Immense headache high fever of 103.6 to 104.6 vomiting rash on his chest brought him to the ER twice the following day after his shots because it started with an extreme headache and a temperature of 104.6 and a rash they told me it might've been strep and sent me home and told me to give him Tylenol 975 mg every 46 hours and check his temperature. Two hours after getting home his temperature spiked back up to 103.7 he was complaining that his head hurt and then puked from one end of my house to the other called the ER back they had me go back down they gave him an anti-vomiting medication and Motrin and told me to alternate the Motrin and the Tylenol and to give them the zofran if needed in the morning And now they thought it might be a virus but they weren't sure. I can't say for sure it was from the shop but I needed to share this information just in case I am to follow up with his primary care physician on Monday when the clinic opens back up

VAERS ID: [830987](#) ([history](#)) **Vaccinated:** 2019-08-26
Form: Version 2.0 **Onset:** 2019-08-27
Age: 4.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-08-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 5	LA / IM
IPV: POLIO VIRUS, INACT. (IPOL) / SANOFI PASTEUR	P1A461M / 4	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R028004 / 2	LA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R034398 / 2	RA / SC

Administered by: Public **Purchased by:** ?

Symptoms: [Abdominal pain upper](#), [Decreased appetite](#), [Injection site bruising](#), [Injection site erythema](#), [Injection site swelling](#), [Pain](#), [Pain in extremity](#), [Pyrexia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown. Screening checklist indicates occasional inhaler for treatment of asthma

Current Illness: no indication of illness at time of vaccination.

Preexisting Conditions: Asthma

Allergies: none listed on screening checklist

Diagnostic Lab Data:

CDC Split Type:

Write-up: Child's mother called 8/29/19 at 9:15 am to report child had experienced a reaction to one of the vaccines, she was looking to find out which vaccine was given in the left arm in the area below the shoulder and not at the back of the arm. *this was the DTaP*. Mother reports the day after the vaccines was given (Tuesday) she noted some redness at the injection site, he also had a mild fever that night 100.4 and did experience vomiting. She report Wednesday the redness had progressed to be from the shoulder to the elbow, and that the area of the injection looked bruised, and she now noted swelling from the shoulder to the elbow. Child reports pain in arm but also generalized pain, neck, back, legs, and stomach with associated vomiting and decreased appetite. Mom reports that she has not taken the child to see his provider yet. This nurse strongly encouraged she get the child in to see his provider as soon as possible, guided mom to be sure to report the severity of the symptoms to doctor when calling to schedule as he should be seen today. Read through the VIS with the mother, outlining the information in the "Risk of Vaccine Reaction" section which does indicate that this type of swelling can occur but it is more rare. Did discuss alternative rare reactions which could include abscess at the site of injection. Again, strongly encouraged she get the child in to be evaluated by his provider.

VAERS ID: [832153](#) ([history](#)) **Vaccinated:** 2019-09-03
Form: Version 2.0 **Onset:** 2019-09-01
Age: 0.17 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2019-09-05
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	MG92G / 1	LG / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ03344 / 1	LG / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	AA7112 / 1	LG / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	7744B / 1	LG / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect route of product administration](#)
SMQs: Drug abuse and dependence (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: Vitamin D**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Rotavirus was given as an intramuscular injection, and it is supposed to be given orally. The amount of immunization injected exceeded 1 ml/one site.

VAERS ID: 832847 (history)	Vaccinated:	2019-08-28
Form: Version 1.0	Onset:	2019-08-29
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	- / UNK	- / -

Administered by: Private **Purchased by:** Public**Symptoms:** [Erythema](#), [Peripheral swelling](#), [Pyrexia](#)**SMQs.:** Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** 0**Preexisting Conditions:****Allergies:****Diagnostic Lab Data:** 0**CDC Split Type:****Write-up:** Fever, arm redness & swelling 8/29/19

VAERS ID: [835461](#) ([history](#)) **Vaccinated:** 2019-09-16
Form: Version 1.0 **Onset:** 2019-09-17
Age: 1.25 **Days after vaccination:** 1
Sex: Female **Submitted:** 2019-09-19
Location: Vermont **Days after onset:** 2
Entered: 2019-09-24
Days after submission: 5

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 4	RL / IM
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	AA7111 / 4	LL / IM

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

Symptoms: [Injection site induration](#), [Injection site swelling](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: None

Preexisting Conditions: None

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient developed hives that resolved over the course of 36 hours without treatment. Patient developed swelling and induration at injection site on left thigh 0.5 cm x 0.5 cm. Resolved without tx.

VAERS ID: [837742](#) ([history](#)) **Vaccinated:** 2019-09-27
Form: Version 2.0 **Onset:** 2019-09-27
Age: 0.17 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-10-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 1	LL / IM
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	UI991AAA / 1	RL / IM
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	2L2B9 / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	AA7111 / 1	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	S004397 / 1	MO / PO

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

Symptoms: [Immunsation](#), [Product preparation issue](#), [Somnolence](#)

SMQs: Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Medication errors (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D3 400 iu/ml liquid

Current Illness: none

Preexisting Conditions: none

Allergies: no known drug allergies, no known food or environmental allergies

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient received the dtap/ipv portion of Pentacel vaccine without reconstitution with the hib portion of the vaccine. The patient was then revaccinated with dtap/ipv/hib (pentacle) that was reconstituted properly. These were given the same day but in separate sites. The parents were notified same day of error and the only reaction noted by parents and reported to provider was that the patient slept more than usual, patient did not have any adverse effects from vaccination. No fever, no adverse site reaction. Patient was monitored by parents and reported above to provider more then 24 hours after vaccination.

VAERS ID: 837930 (history)	Vaccinated:	2019-10-03
Form: Version 2.0	Onset:	2019-10-03
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / 1	LA / IM
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	R021372 / 1	RA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	R028004 / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R034398 / 1	LA / SC

Administered by: Public **Purchased by:** ?

Symptoms: [No adverse event](#), [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: none

Preexisting Conditions: none

Allergies: Oak tree pollin

Diagnostic Lab Data:

CDC Split Type:

Write-up: There has not been any adverse reaction noted at this time. VAERS is being filed because child received DTaP instead of Tdap. He is 8 years old and just starting the tetanus containing vaccine series. Measures have been implemented to avoid this error in the future. Vaccine dose will count as first dose of tetanus containing vaccine.

VAERS ID: 839294 (history)	Vaccinated:	2019-10-05
Form: Version 2.0	Onset:	2019-10-09
Age: 16.0	Days after vaccination:	4
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	R032767 / 3	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R035225 / UNK	RA / -

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

Symptoms: [Erythema](#), [Peripheral swelling](#), [Product administered at inappropriate site](#)

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Drug abuse and dependence (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Medication errors (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Mom stated Dr. gave that shot in the same spot last time + had same response.

Other Medications: None per mom

Current Illness: None per mom

Preexisting Conditions: None per mom

Allergies: Environmental

Diagnostic Lab Data: None

CDC Split Type:

Write-up: According to student + confirmed w/Dr. Varicella shot was given in (R) Volar aspect of arm. Patient had a red raised reaction measuring 4 inches wide by 3 1/2 inches long. Varicella shot should only be administered SQ in lateral aspect back of arm + outer thighs per package insert.

VAERS ID: 842438 (history)	Vaccinated:	2019-10-03
Form: Version 1.0	Onset:	2019-10-03
Age: 14.0	Days after vaccination:	0
Sex: Female	Submitted:	2019-10-07
Location: Vermont	Days after onset:	4
	Entered:	2019-10-21
	Days after submission:	14

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	2DB5X / UNK	RA / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	BE554 / 1	RA / IM

HPV4: HPV (GARDASIL) / MERCK & CO. INC.

1614897 /
2

LA / IM

Administered by: Private **Purchased by:** Public**Symptoms:** [Presyncope](#)**SMQs:** Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** 0**Preexisting Conditions:** 0**Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** vasovagal reaction to HPV vaccine (#2)

VAERS ID: 846425 (history)	Vaccinated:	2019-09-03
Form: Version 2.0	Onset:	2019-09-07
Age: 0.33	Days after vaccination:	4
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	BE959 / 2	MO / PO

Administered by: Private **Purchased by:** ?**Symptoms:** [Flatulence](#), [Haematochezia](#), [Irritability](#), [Nasal congestion](#), [Nasopharyngitis](#), [Occult blood negative](#)**SMQs:** Haemorrhage terms (excl laboratory terms) (narrow), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Ischaemic colitis (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Vitamin D drops 400IUs/ml, 1ml daily**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** Occult blood stool POC - negative on 9/17/19 13:38**CDC Split Type:**

Write-up: had two diapers with frank blood specks 4 days after rotavirus vaccine on teh 3rd of september. mom states he was gassy, more fussy after the vaccines. drinking well, no fever. she had also started sweet potatoes and wondered if they were the cause. stopped the sweet potato no blood for a week, had a small speck of blood on the 14th in a stool mom had corn the night before, he was again pretty gassy and passed a large stool and lots of "explosive gas" small noticable speck of blood mom eats yoghurt, not much milk says patient has always been a little sensitive to spicey foods, things she eats. otherwise acting well, normal. little cold and stuffiness eating well, happy, no rash no fever no change in spit ups 2-3 diapers with blood. initial two temporally related to rotavirus vaccine. no significant blood or symptoms to suggest intussuception doubt sweet potatoes as cause continuing "speck" noted recently--still from the vaccine, ? from small fissure, ? maternal dietary source (most likely is generally dairy) guaic today is NEGATIVE

VAERS ID: 850454 (history)	Vaccinated:	2019-10-31
Form: Version 2.0	Onset:	2019-10-31
Age: 9.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2019-12-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UJ231AB / N/A	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Fall](#), [Head injury](#), [Headache](#), [Syncope](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No

Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient experienced a syncopal event about 5 minutes after influenza vaccination. She fell backwards and hit her head. C/o headache at the back of her head. Vomited about 10-15 minutes after the fall.

VAERS ID: [853249](#) (history) **Vaccinated:** 2019-12-16
Form: Version 2.0 **Onset:** 2019-12-17
Age: 5.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-12-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5656AA / UNK	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Injection site cellulitis](#), [Local reaction](#)

SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: localized reaction starting the following morning; developed into cellulitis on left anterior thigh (11x11cm)

VAERS ID: [854848](#) ([history](#)) **Vaccinated:** 2019-10-11
Form: Version 2.0 **Onset:** 2019-10-11
Age: 0.33 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2019-12-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
HIBV: HIB (HIBERIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	- / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	- / UNK	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / UNK	- / IM

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

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#), [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None; born preterm (35w 1d GA).

Allergies: none known.

Diagnostic Lab Data: none

CDC Split Type:

Write-up: 4 month old patient was inadvertently given a dose of Kinrix for dose 2 of IPV and DTaP, though dose 1 was Pediarix. All minimal intervals were met despite this, and patient did not experience any adverse reaction to the vaccine.

VAERS ID: [856054](#) ([history](#)) **Vaccinated:** 2019-12-26
Form: Version 2.0 **Onset:** 2019-12-26
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-01-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / UNK	RA / IM

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

Symptoms: [Erythema](#), [Induration](#)

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Chewable Multivitamin, Fiber Gummy, Probiotic, Vitamin C, Tylenol prn

Current Illness: Otagia (L) ear (12/9), Rash (12/18/19)

Preexisting Conditions: Intermittent Asthma, Torticollis

Allergies: NKA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: firm Erythema from mid-arm to elbow lasting 2-3 days.

VAERS ID: [857473](#) ([history](#)) **Vaccinated:** 2020-01-20
Form: Version 1.0 **Onset:** 0000-00-00
Age: 11.0 **Submitted:** 2020-01-21
Sex: Female **Entered:** 2020-01-21
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUN4: INFLUENZA (SEASONAL) (FLUMIST QUADRIVALENT) / MEDIMMUNE VACCINES, INC.	LJ2265 / 1	NS / IN

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

Symptoms: [Expired product administered](#), [No adverse event](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness: none

Preexisting Conditions: anxiety autism spectrum disorder

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Administered expired vaccine. No adverse effects noted per parent.

VAERS ID: [857679](#) ([history](#)) **Vaccinated:** 2020-01-10

Form: Version 2.0 **Onset:** 2020-01-10

Age: 1.58 **Days after vaccination:** 0

Sex: Male **Submitted:** 0000-00-00

Location: Vermont **Entered:** 2020-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	RL / IM

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

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:**Diagnostic Lab Data:****CDC Split Type:****Write-up:** NONE AT THIS TIME

VAERS ID: 860888 (history)	Vaccinated:	2020-02-05
Form: Version 2.0	Onset:	2020-02-05
Age: 5.0	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-02-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	HB7L7 / UNK	LL / IM
FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5RS77 / UNK	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S022104 / UNK	RA / SC

Administered by: Private **Purchased by:** ?**Symptoms:** [Hallucination](#), [Moaning](#), [Pyrexia](#), [Tremor](#), [Vertigo](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Flinstone Multivitamin**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:** none symptoms resolved when mom reported.**CDC Split Type:****Write-up:** Mother reported patient had fever (unsure how high, no working Thermometer) with hallucinations (everything in room spinning, moving fast, flashing, hands shaking, moaning in

sleep. The night following vaccinations

VAERS ID: [863269](#) ([history](#)) **Vaccinated:** 2019-11-01
Form: Version 2.0 **Onset:** 2020-02-25
Age: 1.0 **Days after vaccination:** 116
Sex: Unknown **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-02-27

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

Administered by: Unknown **Purchased by:** ?
Symptoms: [Extra dose administered](#), [No adverse event](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: US0095075132002USA010162

Write-up: No additional adverse symptoms reported; 15-month old patient was inadvertently administered an additional dose of MMR II; This spontaneous report has been received from a physician, referring to a 15 months old patient. The patient's pertinent medical history, concomitant medication and drug reactions/allergies were not provided. In November 2019 (reported as 3 months ago), the patient was initially vaccinated one dose of measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (M-M-R II) (strength, frequency, lot# and expiration date were unknown) subcutaneously for prophylaxis at the 12-month well-check visit. On 25-FEB-2020, the patient was inadvertently vaccinated an additional dose of measles, mumps, and rubella (wistar ra 27-3) virus vaccine, live (M-M-R II) (strength, frequency, lot# and expiration date were unknown) subcutaneously for prophylaxis for their 15-month check-up (inappropriate schedule of product administration). No additional adverse symptoms were reported.

VAERS ID: [863688](#) ([history](#)) **Vaccinated:** 2020-01-13
Form: Version 2.0 **Onset:** 2020-01-14
Age: 4.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 5	RA / IM

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

Symptoms: [Erythema](#), [Swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flovent

Current Illness: Viral URI

Preexisting Conditions: Asthma

Allergies: Seasonal allergies

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Shoulder redness and swelling. No pain.

VAERS ID: [863691](#) ([history](#)) **Vaccinated:** 2019-09-23
Form: Version 2.0 **Onset:** 2019-09-24
Age: 12.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-03-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	2277M / UNK	LA / IM

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

Symptoms: [Axillary pain](#), [Joint range of motion decreased](#), [Malaise](#), [Rash](#), [Respiratory tract congestion](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Day after the vaccine developed some pain in left axilla, left anterior shoulder, and left chest. No redness, warmth. Afebrile. Did have slight decrease in ROM. General malaise, congestion, developed emesis two days afterwards. Also had rash in left armpit. Pain resolved within 2 days and had no further issues. Unclear if vaccine related.

VAERS ID: 869697 (history)	Vaccinated:	2020-04-15
Form: Version 2.0	Onset:	2020-04-25
Age: 17.0	Days after vaccination:	10
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	SOO1332 / 1	RA / SYR

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

Symptoms: [Asthenia](#), [Dizziness](#), [Eye pain](#), [Head discomfort](#), [Headache](#), [Injection site pain](#), [Laboratory test normal](#), [Lymph node pain](#), [Lymphadenopathy](#), [Mobility decreased](#), [Nausea](#), [Oropharyngeal pain](#), [Pustule](#), [Rash](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions)

and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Glaucoma (broad), Vestibular disorders (broad), Hypersensitivity (narrow), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Arm very sore after the TDaP

Other Medications: vitamin C, 500mg 2x day,

Current Illness:

Preexisting Conditions: HUS at age 5

Allergies: gluten, some chemical sensitivity

Diagnostic Lab Data: Ophthalmologist checked her out on 3rd day of eye pain. Due to covid, they thought she ought not to go to emergency on the weekend. Her tests came out well.

CDC Split Type:

Write-up: Severe eye pain and our daughter could not look from side to side without pain. Especially in the left eye. Headache. Vision was ok. She could hardly move for two days, very sore right arm where the shot was administered, swollen and painful glands, sore throat, nausea, faintness, weakness all over, pox on chest, rough small bumps under eyes, an increase in head pressure in the days following, feelings of pressure around her brain, back of head, forehead, generally the whole head felt like "a shrinking cap was being pulled over it".

VAERS ID: 870149 (history)	Vaccinated:	2020-04-30
Form: Version 2.0	Onset:	2020-05-01
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-05-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	C5532AA / 5	RA / IM

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

Symptoms: [Injection site erythema](#)

SMQs:, Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Redness at site started 1 day after vaccine, spread down arm to above elbow.

Worsened for 3-4 days and slowly resolved. Almost entirely resolved by today, day 7. Treated with ice and benadryl. No other system manifestations

VAERS ID: 870511 (history)	Vaccinated:	2020-05-07
Form: Version 2.0	Onset:	2020-05-07
Age: 0.33	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-05-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	S022755 / 1	RL / SC

Administered by: Private **Purchased by:** ?**Symptoms:** [Product administered to patient of inappropriate age](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None listed**Current Illness:** Non listed in the patients chart**Preexisting Conditions:** None listed in the patients chart**Allergies:** No allergies to medications, food or other products in the patient chart**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** The patient was given the Varicella vaccine at 4 months and 3 weeks of age. The patients mother didn't list any adverse reactions while on the phone 5/7/2020.

VAERS ID: [872549](#) ([history](#)) **Vaccinated:** 2020-06-04
Form: Version 2.0 **Onset:** 2020-06-04
Age: 1.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-06-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	C2732 / 1	LL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S030093 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	S032354 / 1	RL / SC

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

Symptoms: [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: patient was given the wrong vaccine, it was checked by one nurse, and didn't catch that it was the Proquad just saw the MMR , vaccines were switched around in the freezer and there fore was given the wrong one

VAERS ID: [874519](#) ([history](#)) **Vaccinated:** 2019-10-15
Form: Version 2.0 **Onset:** 0000-00-00
Age: 1.0 **Submitted:** 0000-00-00
Sex: Female **Entered:** 2020-06-26
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	2C7F9 / UNK	- / -
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Administered by: Unknown **Purchased by:** ?
Symptoms: [Crying](#), [Emotional distress](#), [Muscle twitching](#), [Pain](#)
SMQs: Dyskinesia (broad), Dystonia (broad), Depression (excl suicide and self injury) (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: USGLAXOSMITHKLINEUS202010

Write-up: inconsolable; pain; crying; body twitching; This case was reported by a physician via call center representative and described the occurrence of emotional distress in a 18-month-old female patient who received DTPa (Infanrix) (batch number 2C7F9, expiry date 9th February 2021) for prophylaxis. On 15th October 2019, the patient received Infanrix. On 15th October 2019, less than a day after receiving Infanrix, the patient experienced emotional distress, pain, crying and muscle twitching. On an unknown date, the outcome of the emotional distress, pain, crying and muscle twitching were recovered/resolved. It was unknown if the reporter considered the emotional distress, pain, crying and muscle twitching to be related to Infanrix. Additional details were provided as follows: The patient received Shingrix and felt inconsolable, pain, crying and body twitching. The side effects lasted for 72 hours and resolved. The reporter consented to follow up.

VAERS ID: 878387 (history)	Vaccinated:	2020-06-30
Form: Version 2.0	Onset:	2020-07-06
Age: 12.0	Days after vaccination:	6
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-08-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U6585AA / 1	RA / IM

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

Symptoms: [Myoclonus](#), [Tic](#)

SMQs: Neuroleptic malignant syndrome (broad), Dyskinesia (broad), Dystonia (broad), Noninfectious encephalitis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Tic myoclonus began 6 days post MENACTRA. TAPERED OVER 3 WEEKS AND NOW RESOLVED.

VAERS ID: 880710 (history)	Vaccinated:	2020-08-24
Form: Version 2.0	Onset:	2020-08-24
Age: 4.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S021732 / 2	LL / SC

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

Symptoms: [Asthenia](#), [Crying](#), [Decreased appetite](#), [Hypersomnia](#), [Injection site erythema](#), [Injection site pain](#), [Neck pain](#), [Pain](#), [Pyrexia](#), [Screaming](#), [Thirst decreased](#), [Urine output decreased](#)

SMQs: Acute renal failure (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (broad), Depression (excl suicide and self injury) (broad), Chronic kidney disease (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Pediatric Multivitamin (Gummies girls multivitamins) once daily.**Current Illness:** None**Preexisting Conditions:** None**Allergies:** NKA**Diagnostic Lab Data:** After speaking with the patients mother it was recommended that the patient present to Urgent Care today for further evaluation.**CDC Split Type:**

Write-up: Spoke with patient's mother at approximately 2:30pm the following day after the immunizations. Mom reports that the patient screamed as she was getting the vaccines and didn't stop crying for hours, and this is not typical at all for the patient with vaccines. Mom reports that last evening she had a low grade fever (did not have specific #), and kept complaining of pain in the site of the MMRV. Mom reports localized 2 inch area of redness around the MMRV injection site. More concerning patient slept until 1pm today, only urinated once in almost 18 hr period. Patient has fever of 104.5F, reduced with Tylenol 1 hr after administration and currently at 100F. Patient also complaining of neck pain. Hurts to tilt neck back to drink small dose cup of Tylenol. No appetite, not wanting to drink. Low energy.

VAERS ID: 880781 (history)	Vaccinated:	2020-08-26
Form: Version 2.0	Onset:	2020-08-26
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	R023504 / 1	RA / SC

Administered by: Private **Purchased by:** ?**Symptoms:** [Expired product administered](#), [No adverse event](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: No medications
Current Illness: No dx
Preexisting Conditions: N/A
Allergies: No allergies
Diagnostic Lab Data:
CDC Split Type:
Write-up: Gave expired vaccine. No reaction

VAERS ID: 881387 (history)	Vaccinated:	2020-06-26
Form: Version 1.0	Onset:	2020-06-26
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	2020-08-28
Location: Vermont	Days after onset:	63
	Entered:	2020-08-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV4: HPV (GARDASIL) / MERCK & CO. INC.	1621931 / UNK	LA / -

Administered by: Private **Purchased by:** Public
Symptoms: [Injection site nodule](#), [Muscular weakness](#), [Pain in extremity](#)
SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness: no
Preexisting Conditions: no
Allergies:
Diagnostic Lab Data: needs ultrasound
CDC Split Type:
Write-up: Arm pain & weakness since injection. Able to feel nodule where injection was.

VAERS ID: [881917](#) ([history](#)) **Vaccinated:** 2020-09-03
Form: Version 2.0 **Onset:** 2020-09-03
Age: 0.33 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-09-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1637642 / N/A	RL / IM

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

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D liquid

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: NA at this time.

CDC Split Type:

Write-up: Pt was given HPV vaccine at 4 months of age. No adverse effects at present time. Pt's Mother and provider were notified. Will monitor and research info on possible side effects.

VAERS ID: [883210](#) ([history](#)) **Vaccinated:** 2020-09-11
Form: Version 2.0 **Onset:** 2020-09-11
Age: 14.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-09-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	S013712 / 2	LA / SC

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

Symptoms: [Product administered to patient of inappropriate age](#), [Wrong product administered](#)

SMQs:, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: MMRV was administered rather than MMR for a patient over the age of 12. Spoke to immunization registry, they stated that both doses will still count toward series and to not re-dose either. Pt shouldn't experience any adverse effects from MMRV.

VAERS ID: 883724 (history)	Vaccinated:	2020-09-11
Form: Version 2.0	Onset:	2020-09-12
Age: 5.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-09-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5688AA / UNK	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	3X2KX / UNK	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site erythema](#), [Injection site pruritus](#), [Injection site swelling](#)**SMQs:**, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: Autism Spectrum
Allergies: seasonal
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Large Amount Swelling & Redness on Left Arm at Immunization site-9/12/20, About 800pm, Earlier in the day, complaints of Left shoulder itching. Advised cool compress, Antihistamine, Tylenol

VAERS ID: 886246 (history)	Vaccinated:	2020-09-28
Form: Version 2.0	Onset:	2020-09-28
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-09-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT7011MA / N/A	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Blood glucose increased](#), [Headache](#), [Nausea](#), [Syncope](#), [Vomiting](#)
SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (narrow), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Multivitamin
Current Illness: None
Preexisting Conditions: Migraine
Allergies: None

Diagnostic Lab Data: Blood Glucose = 126**CDC Split Type:****Write-up:** Vasovagal syncope, prolonged recovery with nausea, vomiting, headache X4 hours

VAERS ID: [887979](#) ([history](#)) **Vaccinated:** 2020-07-16
Form: Version 2.0 **Onset:** 0000-00-00
Age: 0.5 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2020-10-05
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	2F254 / 1	LL / IM

Administered by: Other **Purchased by:** ?**Symptoms:** [Off label use](#), [Product administered to patient of inappropriate age](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:** NKDA**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Kinrix was given. Emailed state. "Does not need to be repeated but considered off label and vaccine administration error."

VAERS ID: [890884](#) ([history](#)) **Vaccinated:** 2020-10-17
Form: Version 2.0 **Onset:** 2020-10-18
Age: 7.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) /	U7012BA /	

SANOFI PASTEUR

UNK

LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Peripheral swelling](#), [Pyrexia](#), [Skin warm](#)**SMQs:** Cardiac failure (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** multivitamin**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** The following morning after receiving vaccine, left arm became swollen and warm to touch. Fevers T-101.8/102.6 Advised cool compresses, antihistamine, Tylenol or Ibuprofen increasing fluid intake

VAERS ID: 891784 (history)	Vaccinated:	2020-10-16
Form: Version 2.0	Onset:	2020-10-17
Age: 3.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-10-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7012BA / 1	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site erythema](#), [Injection site swelling](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin D; miralax, BeneFiber.
Current Illness:
Preexisting Conditions:
Allergies: None Known
Diagnostic Lab Data: NONE
CDC Split Type:
Write-up: SWELLING and redness oF Right arm, initially at The injection site with progression to Below Elbow. Not Streaking, Doubt cellulitis Not a systemic allergic reaction

VAERS ID: 895976 (history)	Vaccinated:	2020-11-09
Form: Version 2.0	Onset:	2020-11-09
Age: 6.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2020-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / GLAXOSMITHKLINE BIOLOGICALS	J2J9R / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect dose administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:

Write-up: No adverse event observed. Adult dose of Hepatitis B vaccine was mistakenly administered instead of pediatric dosage. Dept of health contacted and patient's family notified.

VAERS ID: [902439](#) ([history](#)) **Vaccinated:** 2020-12-07
Form: Version 2.0 **Onset:** 2020-12-07
Age: 0.25 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2020-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 2	- / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	- / 2	MO / PO

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

Symptoms: [Expired product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient was due for 4 month vaccines. Per Mother's request he received 2 of the 4 month schedule vaccines. I had another nurse check vaccines to be given. We read Rotateq as Dec 20 20. Vaccines administered. When I went to enter Rotateq in the patient's chart I could not find the LOT number. I checked Roteq again and noted the date printed was 5 Dec 2020. I immediately let the patient's PCP know. I also went to my Supervisor and called the patient's Mother to inform her of the incident and that son would need to repeat Rotateq. I removed the vaccine from the refrigerator and wrote expired on it and gave it to my supervisor. I also filled out an unusual occurrence form. No harm came to the child but he will have to repeat Rotateq.

VAERS ID: [919233](#) ([history](#)) **Vaccinated:** 2021-01-04
Form: Version 2.0 **Onset:** 2021-01-04
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	039K20A / 1	UN / IM

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

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Covid-19 vaccine was administered to individual < 18 years of age in error. No adverse event was observed or reported.

VAERS ID: [927937](#) ([history](#)) **Vaccinated:** 2021-01-04
Form: Version 2.0 **Onset:** 2021-01-05
Age: 0.17 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	4977T / 1	LL / IM
HIBV: HIB (PEDVAXHIB) / MERCK & CO. INC.	T005736 / 1	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	CK0843 / 1	RL / IM

RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.

1742460 /
1

MO / PO

Administered by: Private **Purchased by:** ?**Symptoms:** [Cyanosis](#), [Irritability](#), [Pyrexia](#), [Skin discolouration](#)**SMQs.:** Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Hypotonic-hyporesponsive episode (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Fussiness in the afternoon on 01-04-2021 and trouble falling asleep after receiving vaccines, with fever of 101F. In the morning on 01-05-21 MOM found that his lips and nose were blue. She quickly stirred him awake & his color returned to pink in under 30 seconds. Seen in clinic 01-05-2021. exam reassuring. patient is well appearing and hydrated.**VAERS ID:** [934249](#) ([history](#)) **Vaccinated:** 2020-12-15**Form:** Version 2.0 **Onset:** 2020-12-16**Age:** 5.0 **Days after vaccination:** 1**Sex:** Female **Submitted:** 0000-00-00**Location:** Vermont **Entered:** 2021-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	49TM3 / 5	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site induration](#), [Injection site pain](#), [Injection site pruritus](#), [Injection site reaction](#), [Injection site swelling](#), [Injection site warmth](#), [Pyrexia](#)**SMQs.:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Mother reports that Patient has a localized reaction at the site of the injection. It is indurated, warm to the touch, tender and itchy, and has gotten bigger. Now measures about 8 cm in diameter. Patient also had a low grade fever of 100.4 orally. Has improved.

VAERS ID: 952464 (history)	Vaccinated:	2020-08-04
Form: Version 2.0	Onset:	2020-08-05
Age: 11.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	S028737 / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Induration](#), [Skin disorder](#), [Skin mass](#), [Ultrasound scan](#)**SMQs:** Extravasation events (injections, infusions and implants) (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** none**Preexisting Conditions:** none

Allergies: None**Diagnostic Lab Data:** Ultrasound**CDC Split Type:**

Write-up: Immunized for HPV 2nd dose left upper arm 8/4/2020, ongoing large 1.5-2cm subcutaneous, rubbery, mobile, tender nodule since (not improved or worsening). Appreciate U/S to evaluate nodule left upper arm (visible and easily palpable).

VAERS ID: 1051464 (history)	Vaccinated:	2020-12-21
Form: Version 2.0	Onset:	2020-12-21
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	R001529 / 2	- / -
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Expired product administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** US0095075132102USA007612

Write-up: a patient received an expired RECOMBIVAX; This spontaneous report as received from a nurse referring to a 15 years old male patient. The patient's pertinent medical history, drug reactions/allergies, concurrent condition and concomitant medication were not provided. On 21-DEC-2020, the patient was vaccinated with expired hepatitis b vaccine (recombinant) (RECOMBIVAX HB) (dose # 2; 1 dosage form; lot # R001529, expiration date 07-NOV-2020, route was not provided) for prophylaxis. No further information was available. combinationproductreport: Yes; brandname: RECOMBIVAX HB SYRINGE (DEVICE); commondevice name: Hepatitis B Vaccine (Recombinant); productcode: FMF; devicetype: SYRINGE, PISTON (FMF); manufacturername: Merck Sharp & Dohme Corp. ; devicelotnumber: R001529; expirationdate: 07-

NOV-2020; deviceage and unit: 0 ; malfunction: Unknown; deviceusage: Initial; reasonfornoneval: 81 Other; labeledsingleusedevice: No; mdcpreportability: No; mdcpreprationale: Case information does not meet the criteria for Reportability

VAERS ID: [1058946](#) (history) **Vaccinated:** 2021-02-26
Form: Version 2.0 **Onset:** 2021-02-26
Age: 15.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-02-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL9264 / 1	LA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Unknown

Allergies: Unknown

Diagnostic Lab Data: none

CDC Split Type:

Write-up: No known adverse event, but we wanted to report that the immunization was given to someone who was only 15 years of age. The VAR was signed off on by we assume a parent, and the patient additionally signed the back of the VAR.

VAERS ID: [1116303](#) (history) **Vaccinated:** 2020-10-01
Form: Version 2.0 **Onset:** 2020-10-06
Age: 1.0 **Days after vaccination:** 5
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-03-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	B23EA / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S028914 / 1	RA / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	T000697 / 1	LA / SC

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

Symptoms: [Fatigue](#), [Feeling abnormal](#), [Mood altered](#), [Pyrexia](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Depression (excl suicide and self injury) (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Developed a fever and fatigue six days after vaccination (10/6/2020). Fever resolved by 10/13/2020 but took about 6 weeks until his mood and energy were back to baseline.

VAERS ID: 1132830 (history)	Vaccinated:	2021-03-24
Form: Version 2.0	Onset:	2021-03-24
Age: 15.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-03-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER2613 / UNK	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness:
Preexisting Conditions:
Allergies: Ativan, Adhesive
Diagnostic Lab Data:
CDC Split Type:
Write-up: PT was 15 at the time of vaccination.

VAERS ID: [1168023](#) (history) **Vaccinated:** 2021-04-03
Form: Version 2.0 **Onset:** 2021-04-03
Age: 16.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0150 / 1	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Hyperhidrosis](#), [Nausea](#), [Presyncope](#)
SMQs:, Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: vasovagal syncopal episode after receiving his first COVID vaccine. Patient became nauseous and began to perspire. He was able to respond to verbal commands, and never had complete LOC. We were able to provide oral hydration and cold compresses. After 15 mins I was able to have him sit in a chair, where he stated he was feeling much better. After a total of 45 mins, he was able to walk out of clinic independently

VAERS ID: 1177733 (history)	Vaccinated:	2021-03-06
Form: Version 2.0	Onset:	2021-03-06
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-04-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	070A21A / 1	RA / IM

Administered by: School **Purchased by:** ?**Symptoms:** [Pain in extremity](#), [Product administered to patient of inappropriate age](#)**SMQs:**, Tendinopathies and ligament disorders (broad), Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Oral Contraception**Current Illness:** N/A**Preexisting Conditions:** N/A**Allergies:** N/A**Diagnostic Lab Data:** N/A**CDC Split Type:**

Write-up: Client, was less than 18 years of age when she received the vaccine at the Campus MPOD. Mother's consent /approval was obtained by her aunt and was physically present during the vaccination. No adverse affects were noted. Mild to moderate right arm soreness was

experienced the day after the vaccination was given.

VAERS ID: [1212569](#) (history) **Vaccinated:** 2021-04-09
Form: Version 2.0 **Onset:** 2021-04-09
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-04-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

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

Symptoms: [Chlamydia test](#), [Culture urine](#), [Dysuria](#), [Gonorrhoea](#), [Haematuria](#), [Micturition urgency](#), [Pollakiuria](#), [Pregnancy test](#), [Urine analysis](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Tubulointerstitial diseases (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: None known

Diagnostic Lab Data: 4/15/21 - Urinalysis, urine culture, gonorrhea testing, chlamydia testing, pregnancy test

CDC Split Type:

Write-up: The night she received the vaccine she developed dysuria, hematuria, urinary urgency, and urinary frequency

VAERS ID: [1241615](#) (history) **Vaccinated:** 2021-04-21
Form: Version 2.0 **Onset:** 2021-04-21
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-04-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8731 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Dizziness](#)

SMQs.: Anticholinergic syndrome (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Systemic: Dizziness / Lightheadness-Mild

VAERS ID: 1254996 (history)	Vaccinated:	2021-04-24
Form: Version 2.0	Onset:	2021-04-24
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-04-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 1	UN / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs.: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: The patient received their 1st dose of the COVID-19 vaccine even though they were not yet 16 years old. This error was discovered at the time of checkout when trying to schedule for dose #2. The computer system flagged it and would not schedule the 2nd dose due to the patient being <16 years old. I was then notified of the error. This patient had been an add-on to the clinic and did not already have an appointment for the future so he was added into the system just prior to getting the vaccine. The patient came with his father and completed the Prevacination Checklist and it was marked as age 16. The RN administering the vaccine had the father complete and sign a parental consent form. On this form, the DOB for his son was listed but the RN did not catch that the patient was 4 days away from turning 16. The RN reviewed the checklist and signed and dated it and proceeded with the vaccination. There were no contraindications marked on the form. The patient waited the 15 minutes following vaccination and did not experience any negative side effects during that time. When I was notified of the error, I spoke to the patient and his father and explained that he should not have received the vaccine due to his age being <16 years old. I also told them I would be following up with the RN that gave the vaccine and that I would be filing a report and I got the father's phone number and said I would call if there was any other info that I needed. They were instructed to wait until after patient turned 16 years old to call the rescheduling number and then make an appointment for his 2nd dose. I followed up with the RN and with the check-in staff to make sure to screen people carefully to make sure they are at least 16 years old.

VAERS ID: 1264166 (history)	Vaccinated:	2021-04-22
Form: Version 2.0	Onset:	2021-04-23
Age: 14.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-04-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1637648 / 1	LA / IM

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

Symptoms: [Dyspnoea](#), [Fatigue](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vomiting, fatigue, shortness of breath

VAERS ID: [1266539](#) (history) **Vaccinated:** 2021-04-24
Form: Version 2.0 **Onset:** 2021-04-24
Age: 17.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: unknown
Current Illness: unknown
Preexisting Conditions: unknown
Allergies: unknown
Diagnostic Lab Data: none
CDC Split Type:

Write-up: This Pt was permitted to create an acct, make an appt prior to this clinic date and get the vaccine before the system stopped due to the age. It was not caught until check out when Pt 2nd shot appt was being made. They showed up on the list of people WITH scheduled appts in and were NOT added at the time of the clinic.

VAERS ID: 1266549 (history)	Vaccinated:	2021-04-24
Form: Version 2.0	Onset:	2021-04-24
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	009C21A / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Unknown

Allergies: Unknown

Diagnostic Lab Data: None

CDC Split Type:

Write-up: This Pt was permitted to create an acct, make an appt in TVRS prior to this clinic date and get the vaccine before the system stopped due to the age. It was not caught until check out when Pt 2nd shot appt was being made. They showed up on the list of people WITH scheduled appts in TVRS and were NOT added to TVRS at the time of the clinic.

VAERS ID: 1266591 (history)	Vaccinated:	2021-04-27
Form: Version 2.0	Onset:	2021-04-27
Age: 17.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-04-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	ER8736 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Injection site pain](#), [Paraesthesia](#)

SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Extravasation events (injections, infusions and implants) (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Site: Pain at Injection Site-Medium, Systemic: Tingling (specify: facial area, extremities)-Mild

VAERS ID: 1310547 (history)	Vaccinated:	2021-05-02
Form: Version 2.0	Onset:	2021-05-05
Age: 16.0	Days after vaccination:	3
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-05-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0172 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Abdominal pain](#), [Blood test](#), [Diarrhoea](#), [Feeding disorder](#), [Nausea](#), [SARS-CoV-2 test](#), [Stool analysis](#), [Urine analysis](#), [Weight decreased](#)

SMQs:, Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Retroperitoneal fibrosis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow), COVID-19

(broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Cetirizine HCL 10 mg 1 by mouth every day Esomeprazole Magnesium 20 mg take 1 capsule by mouth daily before bed. Methylphenidate Hydrochloride ER 18 mg take 1 tab by mouth every morning Singulair 5 mg 1 by mouth day before and day o

Current Illness: none

Preexisting Conditions: ADHD Vitiligo GER Allergic rhinitis

Allergies: environmental and animal allergies only

Diagnostic Lab Data: 5/12/21: medical exam, covid testing, urinalysis, bloodwork and stool studies

CDC Split Type:

Write-up: 7 days of secretory diarrhea, abdominal pain and nausea 5 pound weight loss due to inability to eat/drink regularly

VAERS ID: 1326620 (history)	Vaccinated:	2021-05-17
Form: Version 2.0	Onset:	2021-05-17
Age: 17.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-05-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / SYR

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

Symptoms: [Dizziness](#), [Injection site pain](#)

SMQs: Anticholinergic syndrome (broad), Extravasation events (injections, infusions and implants) (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: Amoxicillin
Diagnostic Lab Data:
CDC Split Type:
Write-up: Soreness at injection site; extreme dizziness (cannot move head without disorienting dizziness).

VAERS ID: [1350894](#) (history) **Vaccinated:** 2021-05-26
Form: Version 2.0 **Onset:** 2021-05-26
Age: 15.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	205A21A / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: The patient presented in the pharmacy with other family members and the pharmacist misread or didn't see the date of birth and administered the J&J vaccine to the patient who is just turning 16yrs old.

VAERS ID: 1351328 (history)	Vaccinated:	2021-05-26
Form: Version 2.0	Onset:	2021-05-26
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0191 / 2	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Extremity contracture](#), [Fall](#), [Head injury](#), [Muscle rigidity](#), [Pain in extremity](#), [Seizure](#)
SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Parkinson-like events (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Generalised convulsive seizures following immunisation (narrow), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: Transported by EMS to local hospital for further evaluation.

CDC Split Type:

Write-up: Patient experienced seizure activity after receiving 2nd dose of pfizer vaccine. Sx started approximately 5 mins after receiving injection. fell and hit head. B/L upper extremity

contractures noted that did not resolve and was associated with extreme pain and muscle rigidity.

VAERS ID: [1351937](#) (history) **Vaccinated:** 2021-05-14
Form: Version 2.0 **Onset:** 2021-05-16
Age: 12.0 **Days after vaccination:** 2
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-05-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Petechiae](#)

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Seasonal allergies to pollen and trees

Diagnostic Lab Data: Patient was seen by Dr. on Monday, May 17th. She said she could not confirm or deny it was due to the Covid vaccine.

CDC Split Type:

Write-up: Patient experienced unexplained episodes of petechiae (bleeding under his skin) for starting two days after the vaccine (and continuing since then).

VAERS ID: [1355121](#) (history) **Vaccinated:** 2021-05-26
Form: Version 2.0 **Onset:** 2021-05-27
Age: 16.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	041C21A / 1	RA / IM
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Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Dizziness](#), [Headache](#)**SMQs:** Anticholinergic syndrome (broad), Vestibular disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** fluoxetine 20 mg cap/ 10 mg tab, Xulane 150-35 patch**Current Illness:** Depression**Preexisting Conditions:****Allergies:** NKDA**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Headache, dizziness; Patient rested and took Tylenol and got better by 2PM oon 5/27

VAERS ID: 1355151 (history)	Vaccinated:	2021-05-26
Form: Version 2.0	Onset:	2021-05-26
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-05-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Blindness transient](#), [Blood glucose normal](#), [Dizziness](#), [Feeling cold](#), [Hyperhidrosis](#), [Pallor](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Embolic and thrombotic events, arterial (narrow), Glaucoma (broad), Optic nerve disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness:
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:

Write-up: Temporary blindness (lasted about 30 secs to a min), pale skin, sweating, feeling cold, dizziness. Gave water, apple juice and Gatorade to patient and called 911. EMT came in to take he"s BP, blood glucose level and both were normal. Stayed at pharmacy for about 45 minutes and patient got better but was still feeling cold. They"ve decided not to go to hospital but followed up with dad around at 6:30 - 7 pm ish, and confirmed he is doing okay.

VAERS ID: [1358831 \(history\)](#) **Vaccinated:** 2021-05-26
Form: Version 2.0 **Onset:** 2021-05-26
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-05-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Anxiety](#), [Motion sickness](#), [Nausea](#), [Vomiting](#)
SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: medication to prevent kidney stones
Current Illness: none

Preexisting Conditions: kidney condition

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Per dad suffers from motion sickness and arrived at clinic feeling nauseated from the trip from home. He also reported she was experiencing "huge anxiety" about the shot. Vomited a few minutes after receiving the vaccine. Reported no longer feeling nauseated afterward. Observed for 30 mins. Drank a juice box. Walked out of clinic with dad.

VAERS ID: 1361530 (history)	Vaccinated:	2021-05-26
Form: Version 2.0	Onset:	2021-05-26
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-05-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0178 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#), [Photopsia](#)

SMQs: Anticholinergic syndrome (broad), Retinal disorders (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: albuterol- last taken 5/24/2021

Current Illness: none

Preexisting Conditions: asthma

Allergies: one medication, can't remember name ?sulfa?

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Present at clinic w/ dad. Dad reports prone to light headedness. Was very nervous before shot. Reported dizziness, and briefly some "flashing lights" in vision that quickly resolved. Transitioned from lying on floor to seated to standing. Vitals stable through transitions. Gave juice box. 30 min observation post vaccine. Walked out of clinic.

VAERS ID: [1364822](#) (history) **Vaccinated:** 2021-05-22
Form: Version 2.0 **Onset:** 2021-05-22
Age: 15.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#)

SMQs: Anticholinergic syndrome (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Client felt lightheaded and faint. Presyncopal. Had not eaten that day by mid afternoon. Given juice and a snack and felt better quickly.

VAERS ID: [1364834](#) (history) **Vaccinated:** 2021-05-22
Form: Version 2.0 **Onset:** 2021-05-22
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 1	LA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Presyncope](#)**SMQs:**, Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Presyncopal - laid down on stretcher. Father states that child does this after every injection. Child had played tennis in am and come without eating or drinking. Given snack and juice. Felt better and improved quickly.

VAERS ID: 1364936 (history)	Vaccinated:	2021-05-18
Form: Version 2.0	Onset:	2021-05-18
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0183 / 1	RA / SYR

Administered by: School **Purchased by:** ?**Symptoms:** [Headache](#), [Rash](#), [Rash pruritic](#)**SMQs:**, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Children's Multivitamin;she has an inhaler - but she hasn't taken it in over a year**Current Illness:** no**Preexisting Conditions:** Eczema; she was diagnosed with asthma but hasn't used an inhaler for over a year.**Allergies:** skin sensitivity: scented soaps or laundry soaps**Diagnostic Lab Data:** no**CDC Split Type:** vsafe

Write-up: She had a rash after school - she noticed it about 2:00 - she started getting a headache and around 03:00 - she noticed a rash (red marks - no bumps) on her knees and upper and thighs. About 3:20 - her right arm and a little bit on her left arm were almost like hives (bumps) - they were a little bit itchy off and on. The next morning, could still the bumps but not as bad, but on 19th after school it was back just like the day before. We gave Benadryl to see if that would help. In the morning it goes away - on her arms, she can see a little a bit of where the lumps are - not as bad; on legs it's just almost completely gone, and by afternoon it's back to full scale of where it had been the night before. Could see where the bumps were in her arm but it is not as bad as it was. Today, as far as I know from the last time I asked her, she said there are still some on her arms but not on legs.

VAERS ID: 1367305 (history)	Vaccinated:	2021-05-21
Form: Version 2.0	Onset:	2021-05-21
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / -

Administered by: School **Purchased by:** ?**Symptoms:** [Chest pain](#), [Dizziness](#), [Heart rate](#), [Heart rate increased](#), [Hyperhidrosis](#), [Nausea](#)**SMQs:** Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypoglycaemia (broad), Dehydration (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No

Office Visit? No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:** Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None**Allergies:****Diagnostic Lab Data:** Test Date: 20210521; Test Name: pulse; Result Unstructured Data: Test Result:rapid**CDC Split Type:** USPFIZER INC2021592644

Write-up: Sudden chest pain radiating toward armpit; Dizzy; Sweaty; Rapid pulse rate; Nausea; This is a spontaneous report received from a contactable consumer (patient). A 13-year-old male patient received first dose of bnt162b2 (PFIZER-BIONTECH COVID-19 VACCINE, Formulation: Solution for injection), via an unspecified route of administered in left arm on 21May2021 13:30 as single dose for COVID-19 immunisation at School or Student Health Clinic. Medical history was reported as none. The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. Prior to vaccination, the patient did not diagnose with COVID-19. Since the vaccination, patient had not been tested for COVID-19. The patient did not receive other medications within 2 weeks of vaccination. The patient's concomitant medications were not reported. Patient had no allergies. On 21May2021 22:30, the patient experienced Sudden chest pain radiating toward armpit, dizzy, sweaty, rapid pulse rate, nausea. The symptoms resolved after about 10-15 minutes. This repeated a second time on Saturday 22May around 4 pm. Repeated a third time on Sunday 23May around 3 pm but was less in severity. Lot number on card not clear but appears to be EN0185 or EW0185. The events assessed as non-serious. No treatment was received for the events. The outcome of the events was reported as unknown. Information on the lot/batch number has been requested.

VAERS ID: 1382245 (history)	Vaccinated:	2021-03-27
Form: Version 2.0	Onset:	2021-04-06
Age: 17.0	Days after vaccination:	10
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Central nervous system lesion](#), [Hypoaesthesia](#), [Inflammation](#), [Laboratory test](#),

[Magnetic resonance imaging abnormal](#), [Multiple sclerosis](#), [Vlth nerve paralysis](#), [Vaccination complication](#), [Visual impairment](#)

SMQs: Peripheral neuropathy (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (broad), Demyelination (narrow), Lens disorders (broad), Retinal disorders (broad), Ocular motility disorders (narrow), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow), Sexual dysfunction (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: zyrtec as needed

Current Illness: none

Preexisting Conditions: asthma

Allergies: none

Diagnostic Lab Data: MRI, lab work

CDC Split Type:

Write-up: On 4/6 my son noticed changes with his vision which continued to 4/7 at which time we brought him to his pcp. She referred us to his eye doctor. They got him in that afternoon, did an exam, told us to follow up that Friday. At the 4/9 follow up he was diagnosed with sixth nerve palsy on the left eye. We scheduled a MRI and lab work. Lab work came back fine. He went for the MRI on 4/16. The MRI showed several brain lesions pointing towards MS. We went to a medical center on 4/20 where they thought the finding lesion were incidental and not related to MS. We saw a neuro-ophthamologist on 4/21, who said he felt my son did have MS with sixth nerve palsy. We saw a neurologist on the afternoon of 4/21 who said patient didn't meet the criteria of MS and to follow up another MRI in 3 months. That weekend patient started with areas on numbness. He was due for second covid injection which all providers agreed with us getting. He got his second dose on 4/24 during this flare of numbness. We went back the neurologist on 4/26. Patient was given a three day iv steroid infusion, lab work and follow up MRI. The follow up MRI showed more lesions in his brain which lead us to the neurologist in another state. Dr reviewed both MRIs, felt the lesions were incidental, the flare of numbness as well at the sixth nerve palsy of his eye were related to inflammation related to the vaccine he received.

VAERS ID: 1389326 (history)	Vaccinated:	2021-06-09
Form: Version 2.0	Onset:	2021-06-09
Age: 14.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0180 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Dizziness](#), [Hyperhidrosis](#), [Presyncope](#), [Syncope](#), [Visual impairment](#)

SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Glaucoma (broad), Optic nerve disorders (broad), Cardiomyopathy (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: n/a

Current Illness: n/a

Preexisting Conditions: n/a

Allergies: n/a

Diagnostic Lab Data: Rescue squad was called and they took vitals.

CDC Split Type:

Write-up: Patient had a vagal response. She became sweaty, dizzy, her vision was impaired then she passed out or seemed to.

VAERS ID: 1392117 (history)	Vaccinated:	2021-05-15
Form: Version 2.0	Onset:	2021-05-16
Age: 17.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

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

Symptoms: [Rash vesicular](#)

SMQs: Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms

syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Sertaline, Hydrozine, Depo shot

Current Illness: N/A

Preexisting Conditions: M/A

Allergies: N/A

Diagnostic Lab Data:

CDC Split Type:

Write-up: I got a blister rash after spending more than 10 minutes in the sun.

VAERS ID: 1394740 (history)	Vaccinated:	2021-06-11
Form: Version 2.0	Onset:	2021-06-11
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Asthenia](#), [Dizziness](#), [Fall](#), [Nausea](#), [Presyncope](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Mother states that when very young patient had a mild seizure-like event after administration of several vaccines on the same da

Other Medications:**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient had a vasovagal reaction. Was sitting in a chair in our waiting area and fell off his chair and "passed out" for no more than a few seconds. After that he reported he felt weak and dizzy and nauseous

VAERS ID: 1397028 (history)	Vaccinated:	2021-06-09
Form: Version 2.0	Onset:	2021-06-10
Age: 17.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

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

Symptoms: [Appendectomy](#), [Appendicitis perforated](#), [Blood test abnormal](#), [Complicated appendicitis](#), [Computerised tomogram abnormal](#), [Ultrasound abdomen abnormal](#)

SMQs:, Retroperitoneal fibrosis (broad), Gastrointestinal perforation (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? Yes, 2 days

Extended hospital stay? No

Previous Vaccinations:

Other Medications: Imipramine 50mg

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Ultrasound, CAT scan, blood tests (6/12/2021) confirm appendicitis

CDC Split Type:

Write-up: Appendicitis, appendectomy (gangrenous, perforated), recovery - pain management, antibiotics

VAERS ID: [1397056](#) (history) **Vaccinated:** 2021-06-13
Form: Version 2.0 **Onset:** 2021-06-13
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-06-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0181 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: no known

Preexisting Conditions: no known

Allergies: No known drug allergies

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient's father reported patient's date of birth as 3/17/09 making patient 12 years old and eligible for vaccination. Patient's pediatrician office notified the pharmacy that the patient's date of birth is 3/17/11 making the patient 10 years old at time of vaccination. They verified the date of birth on the forms from his last visit, 10 year check up.

VAERS ID: [1398938](#) (history) **Vaccinated:** 2021-06-11
Form: Version 2.0 **Onset:** 2021-06-12
Age: 15.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-06-15

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

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

Symptoms: [Chest pain](#), [Echocardiogram normal](#), [Electrocardiogram abnormal](#), [Full blood count normal](#), [Pericarditis](#), [Troponin normal](#)

SMQs: Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: EKG, troponin, CBC, echocardiogram

CDC Split Type:

Write-up: Acute pericarditis without pericardial effusion. Presented with approx 48 hrs of chest pain relieved by NSAIDs. Acute pericarditis on EKG, normal labs and echo.

VAERS ID: 1400131 (history)	Vaccinated:	2021-06-15
Form: Version 2.0	Onset:	2021-06-15
Age: 0.58	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (AFLURIA QUADRIVALENT) / SEQIRUS, INC.	P100251769 / 2	LL / IM

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

Symptoms: [Incorrect dose administered](#), [Product administered to patient of inappropriate age](#),

[Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: no

Preexisting Conditions: no

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Wrong Flu vaccine was for 3 years and up, this child is 7 mo old. 0.5 ml administered not 0.25 ml

VAERS ID: 1429496 (history)	Vaccinated:	2021-05-12
Form: Version 2.0	Onset:	2021-05-12
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0168 / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:**Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Error: Patient Too Young for Vaccine Administered-

VAERS ID: 1431075 (history)	Vaccinated:	2021-05-25
Form: Version 2.0	Onset:	2021-05-26
Age: 16.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-06-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0177 / 2	LA / SYR

Administered by: Other **Purchased by:** ?**Symptoms:** [Chest X-ray abnormal](#), [Granuloma](#), [Lymph node pain](#), [Lymphadenopathy](#), [Platelet count normal](#)**SMQs:** Cardiomyopathy (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Cetirizine 10 mg, Dexilant 60 mg, gummy chewable vitamins. He also took Benadryl because he has a rare skin disorder called Urticaria Pigmentosa.**Current Illness:** None**Preexisting Conditions:** Digestive disorder Urticaria Pigmentosa**Allergies:** Amoxicillin, Penicillin, Omnicef, mold. He can't eat acidic foods due to his rare digestive disorder. Basically his stomach muscle doesn't close on its own to keep food down while digesting.**Diagnostic Lab Data:** Platelet tests came back ok and chest x Ray showed a small granuloma, but nothing else. Those came back on 5/28.**CDC Split Type:****Write-up:** My son had a swollen lymph node in his left clavicle area. It was very painful and lasted

for 5 days. Our doctor ran blood tests and a chest x Ray to rule out other possible causes. It was determined to be a side effect from his second shot.

VAERS ID: [1485081](#) ([history](#)) **Vaccinated:** 2021-07-15
Form: Version 2.0 **Onset:** 2021-07-15
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-07-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0198 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Cyanosis](#), [Feeling cold](#), [Nausea](#), [Vomiting](#)

SMQs: Anaphylactic reaction (broad), Acute pancreatitis (broad), Acute central respiratory depression (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: ? At approximately 6:50PM vaccine was administered. ? Within 10 minutes of the dose being administered, patient began vomiting. ? At approximately 7:03PM, RN attempted to assess patients pulse. RN determined pulse to be approximately 100 BPM but was difficult to be confident as the pulse was indistinct. Another RN also attempted to collect a pulse and was not confident in a reading. Oxygenation and heart rate was attempted to be collected using a pulse oximeter. A reading could not be determined. Additionally, a temperature could not be collected using an infrared thermometer. Upon observation, the patient appeared pale and diaphoretic. He did not present or report difficulty breathing at any time. Patients skin was cool to the touch. Patient reported to his parents that he felt nauseous and cold. ? At approximately 7:08PM patient was offered juice. ? At approximately 7:10PM RN observed that nail bed began to become discolored,

slightly blue. RN requested call 911. ? EMS onsite by 7:15PM. EMS vitals included, o BP 131/88 o HR 103 o Resp. 24 o O2 Sat 98% o Temp 98.4 ? Family declined glucose screen and transport to emergency department as patient began to report feeling better. Patients color improved. ? EMS, family, and staff left scene at approximately 7:50PM. ? RN connected with patients father on 7/16/21. Father reported that patient was doing much better, slept through the night with no issues. Patient was still sleep when father left for work that morning, however, father looked in on him. Per father, his color appeared good and he was sleeping well. Father wondered what gauge needle was used for the procedure. He stated he thought it was long and perhaps a 1 ? ? size. RN assured it was a 1? needle as the type of set-up used was a complete set-up with a standard 1? needle.

VAERS ID: [1490364](#) (history) **Vaccinated:** 2021-07-16
Form: Version 2.0 **Onset:** 2021-07-16
Age: 1.08 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-07-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	7HJ74 / 1	RL / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	T030479 / 1	LL / SC
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	T010298 / 1	RL / SC

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

Symptoms: [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: n/a repeat mmrv at 4-6 years. Will get MMR II at next well child exam.

CDC Split Type:

Write-up: MMR II should have been given instead of proquad. Pt also received varivax this day.

VAERS ID: [1520218](#) (history) **Vaccinated:** 2021-07-31
Form: Version 2.0 **Onset:** 2021-07-31
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-08-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA7484 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: Not Applicable. No symptoms reported
CDC Split Type:

Write-up: Patient came to pharmacy with father to receive the first Covid vaccine from Pfizer. Father reported that the patient's DOB at the time of service and the patient was given the vaccine as directed follow the CDC guidance. Upon billing the patient, a search was conducted to find the patient most current insurance in which her insurance rejected the claim reporting the patient's registered DOB as on their records. When following up with the patient's father to reconfirm the date of birth, the parents were not able to be reached and have not made a return call.

VAERS ID: [1624246](#) (history) **Vaccinated:** 2021-08-23
Form: Version 2.0 **Onset:** 2021-08-23
Age: 15.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FA7485 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Cold sweat](#), [Dyspnoea](#), [Erythema](#), [Injection site erythema](#), [Injection site pruritus](#), [Pruritus](#), [Throat tightness](#)

SMQs: Anaphylactic reaction (narrow), Angioedema (broad), Oropharyngeal conditions (excl neoplasms, infections and allergies) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Extravasation events (injections, infusions and implants) (broad), Cardiomyopathy (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: About 5 minutes following vaccination patient reported redness and itchiness around injection site. A few (~5 minutes) minutes later patient reported itching spreading down same arm, cold and clammy hands, and itchiness of chest. A few minutes after that she reported mild tightness in throat (slight inability to breath normally).

VAERS ID: 1628265 (history)	Vaccinated:	2021-08-23
Form: Version 2.0	Onset:	2021-08-23
Age: 1.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
PPV: PNEUMO (PNEUMOVAX) / MERCK & CO. INC.	T007790 / 1	RL / IM

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

Symptoms: [Product substitution issue](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: No adverse effect. However, the child was supposed to receive Prevnar and was given Pneumovax instead. I was advised to report.

VAERS ID: 1641031 (history)	Vaccinated:	2021-08-25
Form: Version 2.0	Onset:	2021-08-25
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: [Contusion](#)

SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:**

Write-up: arm developed instant temporary bruising on the bicep, forearm and pad of palm on her right arm! Not the arm she got the shot in. 5 minutes after he shot her arm turned blue and purple, like widespread bruising. No one had seen that happen before. and like 4 hours after the shot the discoloration completely went away. Never discomfort, swelling or fevers ar any other side effects, just crazy bruising all down her right arm. I yelled "she"s turning blue!" it was scary! But she was totally fine after.

VAERS ID: 1924312 (history)	Vaccinated:	2021-08-26
Form: Version 2.0	Onset:	2021-08-26
Age: 0.5	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-08-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	T4Y35 / 3	RA / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EC3578 / 3	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Expired product administered](#), [No adverse event](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** N/A**Preexisting Conditions:** N/A**Allergies:** N/A**Diagnostic Lab Data:** N/A**CDC Split Type:**

Write-up: Patient was administered a HIB vaccine on 8/26/21 that had expired on 8/6/21. expiration was not realized until after administration of vaccine. Child is well and no adverse reactions related to administering expired vaccine. Mom, provider and office manager informed right away. Plan to re-administer vaccine

VAERS ID: 1686608 (history)	Vaccinated:	2021-09-08
Form: Version 2.0	Onset:	2021-09-09
Age: 13.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-09-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

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

Symptoms: [Chest pain](#), [Echocardiogram normal](#), [Electrocardiogram normal](#), [Pericarditis](#), [Pleuritic pain](#)

SMQs: Systemic lupus erythematosus (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Chronic kidney disease (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Infective pneumonia (broad), Immune-mediated/autoimmune disorders (broad), Noninfectious myocarditis/pericarditis (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: zafemy birth control patch

Current Illness: none

Preexisting Conditions: Exercise induced asthma

Allergies: Amoxicillin- Rash; Penicillins - rash

Diagnostic Lab Data: EKG - normal on 9/9/21 Limited cardiac ultrasound - no sign of pericardial effusion

CDC Split Type:

Write-up: The patient developed pleuritic chest pain 1 day after receiving 2nd COVID vaccination with mRNA Pfizer vaccine. We are treating her for presumed pericarditis that is mild.

VAERS ID: [1689190](#) (history) **Vaccinated:** 2021-09-09
Form: Version 2.0 **Onset:** 2021-09-09
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-09-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: patient was under 12 years old as parent lied about age.

VAERS ID: [1757425](#) (history) **Vaccinated:** 2021-10-02
Form: Version 2.0 **Onset:** 2021-10-02
Age: 17.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-10-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	212A21A / UNK	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient came in for COVID vaccine - did not realize he was under 18 until after patient had already receive his dose, sat for 15 minutes, and had already left. No adverse events occurred.

VAERS ID: 1779150 (history)	Vaccinated:	2021-09-30
Form: Version 2.0	Onset:	2021-10-03
Age: 0.33	Days after vaccination:	3
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	MK944 / 2	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ472AC / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EC6449 / 2	RL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1705097 / 2	MO / PO

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

Symptoms: [Brain operation](#), [Condition aggravated](#), [Hydrocephalus](#), [Irritability](#), [Laboratory test normal](#), [Lethargy](#), [Magnetic resonance imaging head abnormal](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hostility/aggression (broad), Hypoglycaemia (broad)

Life Threatening? Yes
Birth Defect? No

Died? No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** Yes, 6 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** acetaminophen**Current Illness:****Preexisting Conditions:****Allergies:** none**Diagnostic Lab Data:** Normal lab studies. MRI showing hydrocephalus**CDC Split Type:****Write-up:** Pt developed emesis, irritability and lethargy on 10/3. Had some mild fussyness and cold at the time of the vaccines on 9/30. Presented to ED and found to have communicating hydrocephalus and underwent procedure to fix.

VAERS ID: 1779365 (history)	Vaccinated:	2021-10-12
Form: Version 2.0	Onset:	2021-10-12
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	30145BA / 2	LA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Loss of consciousness](#), [Visual impairment](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** Vision sift then passed out, for a few seconds, water @1212, ambulatory at 1219.

VAERS ID: 1804750 (history)	Vaccinated:	2021-10-15
Form: Version 2.0	Onset:	2021-10-15
Age: 0.17	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-10-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	47CX9 / 1	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ513ABA / 1	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	DW3409 / 1	LL / IM
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	1691303 / 1	MO / PO

Administered by: Private **Purchased by:** ?**Symptoms:** [Product preparation issue](#)**SMQs:**, Medication errors (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none

Preexisting Conditions: none**Allergies:** none**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient was given HIB that was reconstituted with sterile water instead of the packaged diluent. Patient will have HIB repeated as soon as possible with correct diluent.

VAERS ID: 1818645 (history)	Vaccinated:	2021-10-26
Form: Version 2.0	Onset:	2021-10-26
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-10-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7140BA / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Dizziness](#), [Loss of consciousness](#), [Vomiting](#)

SMQs.: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** URI with cough and congestion**Preexisting Conditions:** Obesity**Allergies:** Penicillin**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Vaccine administered. Patient got up and ambulated to the check out desk. While there, he began to feel faint. He went to the bathroom and vomited. The nurses assisted him to ambulate

to the nearest exam room and lay down. He stated that he blacked out. The nurses gave juice, crackers, and a cool washcloth. His blood pressure after that was still 88/54 in a sitting position. APRN was asked to see the patient at that point.

VAERS ID: [1858197](#) (history) **Vaccinated:** 2021-11-10
Form: Version 2.0 **Onset:** 2021-11-10
Age: 7.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Aphasia](#), [Loss of consciousness](#), [Pallor](#), [Presyncope](#), [Seizure like phenomena](#), [Vomiting](#)

SMQs: Torsade de pointes/QT prolongation (broad), Acute pancreatitis (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Dementia (broad), Convulsions (narrow), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: na

Current Illness: na

Preexisting Conditions:

Allergies: none reported

Diagnostic Lab Data: 911 was called. Blood pressure was taken (80/30). EMS performed further assessments.

CDC Split Type:

Write-up: Patient experienced a vasovagal reaction to the vaccine. 911 was called to further

assess as patient displayed seizure like behavior as well. He lost consciousness momentarily. When he came to, he still was not able to respond well to our questions . His pulse was steady and his breathing was not labored. He threw up 3 times. His complexion was very pale. While EMS providers evaluated him, he continued to respond better to questions, regained his color, and was ultimately able to leave the clinic with his family. EMS determined that he experienced a vasovagal reaction and all his assessments came back within normal limits.

VAERS ID: [1865189](#) (history) **Vaccinated:** 2021-11-12
Form: Version 2.0 **Onset:** 2021-11-12
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#)

SMQs:, Anticholinergic syndrome (broad), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient received vaccination and was directed with parent to the exit area. As parent was scheduling second dose, patient said he felt dizzy and sat on floor and lied down. Patient did not lose consciousness and continued to communicate with parent and staff. Patient was brought to a chair to sit in. Patient still complained of dizziness and was given a juice box and pretzels. Patient improved with food and drink. Patient was observed for 30 minutes before being released to the care of his parent.

VAERS ID: [1873188](#) ([history](#)) **Vaccinated:** 2021-11-13
Form: Version 2.0 **Onset:** 2021-11-13
Age: 11.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Adverse event](#), [Product preparation issue](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None on patient's prescription profile

Current Illness: None reported on patient's profile

Preexisting Conditions: None reported on patient's profile

Allergies: None listed on patient's profile

Diagnostic Lab Data: None that we were notified of

CDC Split Type:

Write-up: Unknown adverse event. Pfizer pediatric vaccine was mixed using incorrect diluent-Bacteriostatic rather than NON-bacteriostatic as recommended by manufacturer.

VAERS ID: [1873339](#) ([history](#)) **Vaccinated:** 2021-11-13
Form: Version 2.0 **Onset:** 2021-11-13
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Product preparation error](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None on patient's profile

Current Illness: None listed on patient's profile

Preexisting Conditions: None listed on patient's profile

Allergies: None listed on patient's profile

Diagnostic Lab Data: Unknown

CDC Split Type:

Write-up: Unknown adverse reaction. Pfizer vaccine mixed using the wrong diluent. Bacteriostatic 0.9% Sodium Chloride for Injection was used rather than NON-bacteriostatic as recommended per manufacturer.

VAERS ID: 1873439 (history)	Vaccinated:	2021-11-13
Form: Version 2.0	Onset:	2021-11-13
Age: 7.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Adverse event](#), [Product preparation issue](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:** None on patient's profile**Current Illness:** None listed on patient's profile**Preexisting Conditions:** None listed on patient's profile**Allergies:** None listed on patient's profile**Diagnostic Lab Data:** Unknown**CDC Split Type:****Write-up:** Unknown adverse effect. Pfizer pediatric vaccine mixed with bacteriostatic 0.9% Sodium Chloride for Injection rather than the NON-bacteriostatic recommended per manufacturer.

VAERS ID: 1874163 (history)	Vaccinated:	2021-11-16
Form: Version 2.0	Onset:	2021-11-16
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

Administered by: School **Purchased by:** ?**Symptoms:** [Loss of consciousness](#), [Syncope](#)**SMQs:** Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None

Diagnostic Lab Data: Monitoring.**CDC Split Type:**

Write-up: Fainting, loss of consciousness for 15-20 seconds. Maintained strong pulse, B/P 92/60, O2 SAT 94%.

VAERS ID: 1876186 (history)	Vaccinated:	2021-11-09
Form: Version 2.0	Onset:	2021-11-09
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: [Immediate post-injection reaction](#), [Musculoskeletal stiffness](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Dystonia (broad), Parkinson-like events (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Arthritis (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Hypoglycemia

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Immediate stiff neck, nausea. Lasted 2 days.

VAERS ID: [1877416](#) (history) **Vaccinated:** 2021-11-17
Form: Version 2.0 **Onset:** 2021-11-17
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: School **Purchased by:** ?

Symptoms: [Dizziness](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: B/P 100/70, 86 pulse and 95% O2Sat. laid down for 30 minutes and was able to leave without further evaluation.

CDC Split Type:

Write-up: Vomited and felt light-headed 5 minutes after the vaccine. no fainting.

VAERS ID: [1878345](#) (history) **Vaccinated:** 2021-11-16
Form: Version 2.0 **Onset:** 2021-11-17
Age: 11.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	RA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: [Rash pruritic](#), [Urticaria](#)

SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: Sulfa

Diagnostic Lab Data:

CDC Split Type:

Write-up: Large hives; itchy rash on neck, stomach and back.

VAERS ID: 1880350 (history)	Vaccinated:	2021-11-12
Form: Version 2.0	Onset:	2021-11-17
Age: 6.0	Days after vaccination:	5
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	UNKNOWN / UNK	- / -

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

Symptoms: [Culture stool](#), [Diarrhoea haemorrhagic](#), [Parasite stool test](#)

SMQs: Haemorrhage terms (excl laboratory terms) (narrow), Pseudomembranous colitis (broad), Gastrointestinal haemorrhage (narrow), Ischaemic colitis (broad), Noninfectious diarrhoea (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None.**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** O+P, stool culture, calprotectin**CDC Split Type:****Write-up:** Vaccine given at school based clinic. Patient presented with bloody diarrhea of unclear etiology 7 days later. May be entirely unrelated to vaccine.

VAERS ID: 1880352 (history)	Vaccinated:	2021-11-17
Form: Version 2.0	Onset:	2021-11-17
Age: 9.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Anxiety](#), [Condition aggravated](#), [Fear](#), [Headache](#), [Pain](#), [Pain in extremity](#), [Pain in jaw](#), [Pallor](#)**SMQs:** Osteonecrosis (broad), Hypotonic-hyporesponsive episode (broad), Tendinopathies and ligament disorders (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** unknown**Current Illness:** none reported**Preexisting Conditions:** none reported**Allergies:** none reported**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Given a 5-11 pfizer vaccine at 1:40 pm. At 1:50 HPM was called over to first aid station

where pt had been taken. She c/o jaw pain and feelings of fear stating "Is something bad going to happen to me?". HPM instructed pt to lay down on cot. 1:55 pm: HR = 110; RR = 22 BP 106/80; O2 sat 99% Alert and oriented, Respiration unlabored, Skin warm and dry, facial paleness, no rash noted, capillary refill <2 secs. HPM reassured child that she was being taken care of and other clinic RN encouraged regular steady breathing. Jaw pain subsided and pt started to c/o upper left thigh pain which subsided when she bent her leg with knee to ceiling. Mother reports that pt has anxiety around unknown situations such as the vaccine clinic and has experienced similar symptoms of increased fear in the past. Observed for 30 minutes during which pt continued to voice concern stating "I'm really scared, am I going to be o.k. Voice clear and strong, c/o headache stating "this always happen to me when I get scared". Mom speaking calmly and quietly to child which was effective in bringing anxiety down. Mom verified verbally that pt gets a headache when she is upset. 2:20 HR = 92 BP 102/72. Skin warm and dry, facial paleness resolved, no rash noted. No further complaints of pain. Walked family to car and gave instructions about when to be concerned, when to call MD (anxiety continues), when to go to ER (rash, concerned), when to call 911 (swelling of tongue, throat, trouble talking, drooling, trouble breathing, loses consciousness). Mom verbalized understanding.

VAERS ID: 1885623 (history)	Vaccinated:	2021-11-12
Form: Version 2.0	Onset:	2021-11-16
Age: 8.0	Days after vaccination:	4
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	RA / IM

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

Symptoms: [Blister](#), [Erythema](#), [Hypotonia](#), [Tenderness](#)

SMQs: Severe cutaneous adverse reactions (broad), Anaphylactic reaction (broad), Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none
Preexisting Conditions: none
Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:

Write-up: 4 days later noticed an area of small blisters that are now flaccid, linear redness, no crusting that you would see in herpes and no dermatomal appearance like in shingles, tender but not itchy

VAERS ID: [1888966 \(history\)](#) **Vaccinated:** 2021-11-18
Form: Version 2.0 **Onset:** 2021-11-20
Age: 10.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Rash](#)

SMQs:, Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Diabetes

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Mom called to report a rash about 48 hours post vaccination with Pfizer COVID vaccine. Reported that patient received the IMZ in left deltoid at about 6pm Thursday 11/18/21. At about 10pm Saturday 11/20/21 patient showed her a rash on her RIGHT arm and RIGHT leg. Described as red dots in a line from shoulder to elbow and hip to knee. Overnight a few more had appeared in each area. Each compromised of 10-12 "dots". Mom denies any report of itching, burning, erythema, involvement of the chest, jaw, lips or tongue or difficulty breathing. Recommended monitoring, diphenhydramine for worsening localized reaction and inform doctor in morning

VAERS ID: 1897244 (history)	Vaccinated:	2021-11-22
Form: Version 2.0	Onset:	2021-11-22
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#), [No adverse event](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none noted

Current Illness: none noted

Preexisting Conditions: none noted

Allergies: none noted

Diagnostic Lab Data: Not indicated

CDC Split Type:

Write-up: Patient is an 11 yo child accompanied by his mother to a vaccine Clinic. This patient was administered the Moderna Booster dose of 0.25cc instead of the intended Pfizer pediatric dose for his age. Error identified after 15minute observation at exit. There were no adverse symptoms reported prior to exit from clinic and follow-up at 48 hours confirmed by patient's mother that child has not had any symptoms develop since vaccination. Plan for scheduling second dose for Pfizer pediatric at 28 days per CDC recommendations.

VAERS ID: [1905974](#) (history) **Vaccinated:** 2021-11-17
Form: Version 2.0 **Onset:** 2021-11-17
Age: 6.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Blood glucose decreased](#), [Feeling abnormal](#)
SMQs:, Dementia (broad), Hypoglycaemia (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: insulin
Current Illness:
Preexisting Conditions: Type I DM
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Client alerted mother that he felt strange. Mother alerted staff sating this is how he typically lets her know when his blood sugar is low. Provided carbohydrate snack. Client reported feeling resolved after two minutes from eating snack. Reported feeling "fine" when left clinic site at 0935.

VAERS ID: [1906058](#) (history) **Vaccinated:** 2021-11-17
Form: Version 2.0 **Onset:** 2021-11-17
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /	FK5127 / 1	LA / IM

PFIZER/BIONTECH

Administered by: Public **Purchased by:** ?

Symptoms: [Fatigue](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt reported feeling nauseous and tired. She had missed school breakfast. Offered water and snack, symptoms resolved. Returned to class at 1050am. Parent was notified .

VAERS ID: 1906073 (history)	Vaccinated:	2021-11-17
Form: Version 2.0	Onset:	2021-11-29
Age: 8.0	Days after vaccination:	12
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Nausea](#), [Pallor](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: pt reports nausea and is pale

VAERS ID: 1906196 (history)	Vaccinated:	2021-11-22
Form: Version 2.0	Onset:	2021-11-22
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Nausea](#), [Pallor](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Became nauseous and pale approx 5 mins after vaccination. No food prior to vaccination. Gave pretzels and water. Color returned to normal and nausea resolved after 10

mins. left at 1332 with mother.

VAERS ID: [1912686](#) (history) **Vaccinated:** 2021-12-01
Form: Version 2.0 **Onset:** 2021-12-01
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#), [Pallor](#)

SMQs: Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Became dizzy and pale almost immediately post vaccination. Gave cool water and snack, symptoms resolved within 5 minutes. Observed in clinic until 0840, reported zero symptoms, released with adult.

VAERS ID: [1912756](#) (history) **Vaccinated:** 2021-11-30
Form: Version 2.0 **Onset:** 2021-11-30
Age: 6.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Cold sweat](#), [Pallor](#), [Presyncope](#)

SMQs: Anticholinergic syndrome (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: vasovagal type reaction- pale, clammy. Gave pretzels and apple juice. Recovered and returned to class, notified school nurse as was at clinic without parent/guardian.

VAERS ID: 1913043 (history)	Vaccinated:	2021-12-01
Form: Version 2.0	Onset:	2021-12-01
Age: 7.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Adverse reaction](#), [Presyncope](#), [Somnolence](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Dementia (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: Pt had a vasovagal reaction to the first dose of his COVID 19 vaccine series.

Other Medications: none reported by family.

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt was vaccinated at our clinic and experienced an adverse reaction to the vaccine. Pt was in the exit area after his vaccine and began experiencing vasovagal symptoms. Pt also had a vasovagal response to his first vaccine. Pt vomited initially, but then reported he did not feel nauseous. Pt was brought to the floor so he could lay down. He was able to respond to questions and speak with his dad. He reported feeling drowsy. His vitals were stable. He remained at our clinic longer for evaluation. Eventually he was able to sit up in his father's lap and left the clinic with his family. His dad was given instructions to continue monitoring him and let him rest afterward.

VAERS ID: 1913082 (history)	Vaccinated:	2021-12-01
Form: Version 2.0	Onset:	2021-12-01
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Head injury](#), [Loss of consciousness](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Client received 2nd dose in primary pediatric Pfizer vaccine series. Client was seated in chair when receiving vaccination. Approximately 2 minutes after administration, client lost consciousness, bumped head on back of chair and was lowered to the floor by parent and vaccinator. Client lost consciousness for approximately 15 seconds, but became fully responsive immediately after and was able to recall events prior to loss of consciousness. Vital signs were within appropriate ranges. An ice pack was provided for the client's head, client had no complaints of concussion symptoms. Client was given a juice box and pretzels. Client remained in the exit area for 30 minutes to monitor for further adverse events. Client improved with food and drink and was released into the care of parent with recommendation to follow up with pediatrician if new symptoms present or worsen.

VAERS ID: 1913511 (history)	Vaccinated:	2021-11-10
Form: Version 2.0	Onset:	2021-11-11
Age: 11.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Injection site pain](#), [Neck pain](#)
SMQs:, Extravasation events (injections, infusions and implants) (broad), Arthritis (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flonase, Multivitamin

Current Illness: None

Preexisting Conditions: None

Allergies: Pollen, Cat Dander

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Pt developed left arm pain soon after receiving vaccine (11/10/21) and then woke the following morning (11/11/21) at 0400 with severe left-sided neck pain. Pt was inconsolable. Pain went away with time, heat and Advil.

VAERS ID: 1920267 (history)	Vaccinated:	2021-12-01
Form: Version 2.0	Onset:	2021-12-01
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / SYR

Administered by: Public **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Client was administered incorrect dose of vaccine based on age. Client should have received Pfizer dose authorized for age 12+, client was in error administered pediatric dose

VAERS ID: 1920278 (history)	Vaccinated:	2021-11-09
Form: Version 2.0	Onset:	2021-11-09
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Client was incorrectly administered wrong dose of Pfizer vaccine. Due to client age 12, she should have received the dose authorized for age 12+, but in error was administered the pediatric Pfizer dose

VAERS ID: [1920284](#) (history) **Vaccinated:** 2021-11-10
Form: Version 2.0 **Onset:** 2021-11-10
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Client was incorrectly administered wrong dose of Pfizer COVID vaccine. Based on client age 12, she should have received the dose authorized for 12+, but in error was administered the pediatric Pfizer dose.

VAERS ID: [1920391](#) (history) **Vaccinated:** 2021-12-02
Form: Version 2.0 **Onset:** 2021-12-02
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Product use issue](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Parent registered child using on-line registration system that included parental consent. 7am morning of clinic, child on registration list. Child bused by school to clinic site. Child administered vaccine. Discovered that parent had cancelled the appointment after the 7am roster was printed.

VAERS ID: 1920408 (history)	Vaccinated:	2021-12-02
Form: Version 2.0	Onset:	2021-12-02
Age: 7.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Parent registered child using online registration system that included parental consent. 7am day of clinic, clinic roster printed. Child on roster as registered and parental consent received. Child bused into clinic location from school. Child administered vaccine. Discovered that after 7am roster had been printed, parent had cancelled the appointment.

VAERS ID: 1921032 (history)	Vaccinated:	2021-12-03
Form: Version 2.0	Onset:	2021-12-03
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	RA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Erythema](#), [Feeling cold](#), [Flushing](#)
SMQs: Anaphylactic reaction (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Face became flushed, red, felt cold. Temporal temp: 97.9. Denies any itching in mouth/tongue, breathing normal. Held for extra 15 mins, returned to class as 1030. Alerted school nurse staff.

VAERS ID: 1923230 (history)	Vaccinated:	2021-11-29
Form: Version 2.0	Onset:	2021-11-30
Age: 9.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	AR / IM

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

Symptoms: [Cough](#), [Diarrhoea](#), [Influenza virus test negative](#), [Pain](#), [Pallor](#), [Pyrexia](#), [Rash](#), [Rash erythematous](#), [Rash maculo-papular](#), [Respiratory tract congestion](#), [SARS-CoV-2 test negative](#), [Streptococcus test negative](#)

SMQs: Anaphylactic reaction (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Noninfectious diarrhoea (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: neg covid, neg flu, neg strep cx

CDC Split Type:

Write-up: Fever starting 24 hours later and persisting for 5 days, diarrhea, aches, rash started on 12/4 (blanching small red macular/papular rash on face and trunk). Very mild cough and congestion.

VAERS ID: [1923341](#) (history) **Vaccinated:** 2021-12-04
Form: Version 2.0 **Onset:** 2021-12-04
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Underdose](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt was administered the 5-11yo formulation when she had turned 12 the week before.

VAERS ID: [1932470](#) (history) **Vaccinated:** 2021-12-08
Form: Version 2.0 **Onset:** 2021-12-08
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-08

Vaccination / Manufacturer	Lot /	Site /
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	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#), [Headache](#), [Tremor](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Vestibular disorders (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Anxiety per patient

Allergies: Orange juice per parent

Diagnostic Lab Data:

CDC Split Type:

Write-up: Five minutes after vaccine administration, patient reported feeling dizzy. Provided apple juice and snack, quiet place to sit. BP 122/88, P 88. While seated reported shakiness, observable to bilateral limbs, diminished when patient engaged in conversation. Then reported onset of 5/10 pain from headache. Patient reports history of anxiety. Parents notified and picked up patient. Advised to follow up with patient's medical provider and to report any increase or change in SX immediately, utilize emergency services PRN. Parent verbalizes understanding. Patient able to rise to standing and ambulated without difficulty when exiting clinic.

VAERS ID: 1932975 (history)	Vaccinated:	2021-12-08
Form: Version 2.0	Onset:	2021-12-08
Age: 5.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Fall](#)
SMQs:, Accidents and injuries (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient received 2nd dose of 5-11 yr PFIZER vaccine at approximately 1600. No s/s of reaction during initial 15 minutes of observation. Patient sitting in chair next to father; per father, the patient dropped something on the floor below her feet and when she went to retrieve, she fell forward to her knees and "crumbled" forward to the ground. No loss of consciousness. Patient alert and oriented by time RN assessed. RN had patient lie down with feet raised. Patient did want to sit up in her father's lap. Denied complaints of headache, dizziness, shortness of breath; no s/s of anaphylaxis. Patient given 8 ounces of water with saltine crackers. Observed for another 15 minutes. Father reported lack of food intake prior to vaccine administration. Additionally, reported that child had no issue or reaction to previous covid vaccine. Upon further assessment, patient OK to exit vaccine clinic with father.

VAERS ID: [1936114](#) (history) **Vaccinated:** 2021-12-09
Form: Version 2.0 **Onset:** 2021-12-09
Age: 16.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-09

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

Administered by: Public **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: patient was in bipoc house hold, parent signed consent form. noticed after booster was given that patient was under 18 y/o

VAERS ID: [1936127](#) (history) **Vaccinated:** 2021-12-06
Form: Version 2.0 **Onset:** 2021-12-06
Age: 1.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	S037497 / 1	LL / SC

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

Symptoms: [Expired product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine administered was expired. Manufacturer, state immunization program and guardian were contacted and made aware.

VAERS ID: 1936449 (history)	Vaccinated:	2021-11-30
Form: Version 2.0	Onset:	2021-11-30
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Inappropriate schedule of product administration](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: vaccine clinic. Parent rescheduled appointment morning of clinic, administration and clinic staff did not receive updated information. Pt was called down to clinic and vaccinated based on printed roster.

VAERS ID: [1936470](#) (history) **Vaccinated:** 2021-12-09
Form: Version 2.0 **Onset:** 2021-12-09
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Dizziness](#), [Headache](#), [Mydriasis](#), [Presyncope](#)
SMQs: Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: vasovagal symptoms, headache, dizzy, enlarged pupils. Patient reported had not eaten anything yet that day. Placed supine with legs elevated. Gave juice and snacks. Patient recovered within 5 mins, ambulated with zero difficulty. Held until 1105 as a precaution. Patient reported no symptoms remained at discharge.

VAERS ID: [1943665](#) (history) **Vaccinated:** 2021-12-13
Form: Version 2.0 **Onset:** 2021-12-13
Age: 9.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route

**COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) /
PFIZER/BIONTECH**

FL0007 / 2

LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Crying](#), [Erythema](#)

SMQs:, Anaphylactic reaction (broad), Depression (excl suicide and self injury) (broad), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: The patient, , arrived to the vaccinator table without guardian or teacher present. Parental consent and screening completed prior to patient?s arrival to vaccination site. Department of Health () staff member sat down next to child, due to child appearing anxious about vaccination. Both the vaccinator and staff member noted that child appeared nervous about vaccination and was crying lightly prior to vaccination but trying to hold in tears. Child was vaccinated successfully, and immediately following vaccination, child began crying more significantly. Within approximately 30 seconds, staff member and vaccinator noted localized erythema on right side of child?s neck. staff called over RN for further assessment of child. Upon RN assessment, RN also noted localized erythema on right side of child?s neck. No erythema was noted on torso or appendages. Patient denied experiencing any itchiness. No lip, tongue, or facial swelling was present. No signs of respiratory distress were present. Child stated that he felt ?fine,? but was nervous that so many people were surrounding him. RN sat with child for 15 minutes at vaccination table, with no worsening of localized erythema and no other symptoms noted in that time period. After 15 minutes, care was relinquished to school RN, who continued to observe child for an additional 15 minutes. School RN took child to nurse?s office, away from stimulating vaccination environment. School RN noted that child?s localized erythema began to subside when child left the stimulating environment and entered the quiet space of the nurse?s office. School nurse observed child for 15 additional minutes (30 minutes total from vaccination) and noted that localized erythema had completely resolved after the 30 minutes from vaccination. School nurse contacted child?s guardian, and guardian was informed of incident. School nurse and guardian made decision that child could stay at school for the day. School nurse and RN concur that this occurrence was most likely a stress response to vaccination.

VAERS ID: [1943754](#) ([history](#)) **Vaccinated:** 2021-11-20
Form: Version 2.0 **Onset:** 2021-11-20
Age: 9.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / SYR

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

Symptoms: [Asthenia](#), [Chest pain](#), [Dyspnoea](#), [Fatigue](#), [Feeling cold](#), [Gaze palsy](#), [Loss of consciousness](#), [Nasopharyngitis](#), [Seizure like phenomena](#), [Syncope](#), [Tension](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Convulsions (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: Sore throat

Preexisting Conditions: Asthma

Allergies: None

Diagnostic Lab Data: No one asked for nothing. The doctor said she fainted ?out of impression?

CDC Split Type:

Write-up: She fainted right after a few seconds of getting the shot, and her body started to move like having seizures. Her eyes were half open but rolled up and her body was hard and tense. The doctor started yelling for help and oxygen while my child was unconscious . After a couple nurses came in and a few minutes passed, she woke up saying that she was very cold and she was feeling tired and weak. After this, she spent 14 days with a very bad rhinopharyngitis, I had to take her to the ER because of her complaining about not being able to breathe fine, chest pain and weakness.

VAERS ID: [1944443](#) (history) **Vaccinated:** 2021-12-10
Form: Version 2.0 **Onset:** 2021-12-10
Age: 7.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?

Symptoms: [Headache](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: None

Preexisting Conditions: None

Allergies: NKA

Diagnostic Lab Data: B/P 100/60, O2sat 97%, Heart Rate 87, no other symptoms. School Nurse cleared to go back to class and wait for parent to pick her up and take home.

CDC Split Type:

Write-up: Developed a Head Ache an hour after the vaccine. said she did eat breakfast and had an a morning snack at school.

VAERS ID: [1947568](#) (history) **Vaccinated:** 2021-12-13
Form: Version 2.0 **Onset:** 2021-12-13
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	LA / -

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

Symptoms: [Blood glucose increased](#), [Pain](#), [Product administered to patient of inappropriate age](#), [Wrong product administered](#)

SMQs:, Hyperglycaemia/new onset diabetes mellitus (narrow), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Humolog, levimere

Current Illness: Diabetic type 1

Preexisting Conditions: Diabetic type 1

Allergies: Peanuts, avocado

Diagnostic Lab Data:

CDC Split Type:

Write-up: My son was accidentally given the Moderna vaccine not the Pfizer pediatric vaccine. When we were at the COVID clinic the nurses approached us and told us they had made a mistake. The pharmacist told us he should be fine but when we went home his blood sugar spiked to 481. I have been giving him insulin correction units and called his Endocrinologist. Currently he is very sore and his blood sugar went down to 251. Normally it is 140.

VAERS ID: 1954286 (history)	Vaccinated:	2021-06-05
Form: Version 2.0	Onset:	2021-11-26
Age: 14.0	Days after vaccination:	174
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EW0217 / 2	LA / -

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

Symptoms: [COVID-19](#), [SARS-CoV-2 test](#), [Vaccination failure](#)

SMQs:, Lack of efficacy/effect (narrow), Infective pneumonia (broad), Opportunistic infections (broad), COVID-19 (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None, Comment: other medical history: no known allergies: no

Allergies:

Diagnostic Lab Data: Test Date: 20211129; Test Name: Abbot; Test Result: Positive ; Comments: Nasal Swab; Test Date: 20211201; Test Name: COVID PCR; Test Result: Positive ; Comments: Nasal Swab

CDC Split Type: USPFIZER INC202101715106

Write-up: breakthrough infection detected 27Nov (PCR confirmed); breakthrough infection detected 27Nov (PCR confirmed); This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP) from product quality group. The reporter is the patient. A 15 year-old female patient (not pregnant) received bnt162b2 (BNT162B2), administered in arm left, administration date 05Jun2021 08:30 (Lot number: EW0217) at the age of 14 years as dose 2, single and administered in arm left, administration date 15May2021 08:30 (Lot number: EW0186, Expiration Date: 31Aug2021) as dose 1, single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. The following information was reported: VACCINATION FAILURE (medically significant), COVID-19 (medically significant) all with onset 26Nov2021, outcome "recovering" and all described as "breakthrough infection detected 27Nov (PCR confirmed)". The event "breakthrough infection detected 27nov (pcr confirmed)" and "breakthrough infection detected 27nov (pcr confirmed)" was evaluated at the physician office visit. The patient underwent the following laboratory tests and procedures: sars-cov-2 test: (29Nov2021) positive, notes: Nasal Swab; (01Dec2021) positive, notes: Nasal Swab. Therapeutic measures were not taken as a result of vaccination failure, covid-19. Additional information: The patient did not receive any other vaccines within 4 weeks prior to the COVID vaccine. The patient did not receive other medications within 2 weeks of vaccination. No known allergies, no other medical history. No treatment was received. Prior to vaccination, the patient was not diagnosed with COVID-19. Product Quality Group provided investigational results on 03Dec2021 for BNT162B2: The complaint for lack of effect of the PFIZERBIONTECH COVID-19 VACCINE INJECTABLE lot EW0217 was investigated. The investigation included reviewing manufacturing and packaging batch records, deviation investigations, analytical release test results, and an analysis of complaint history for the reported lot. The final scope was determined to be the reported finished goods lot EW0217, the fill lot ET8456, and the bulk formulated drug product lot EP8638. A complaint sample was not returned. No related quality issues were identified during the investigation that had potential to impact product quality. All release testing performed prior to the release of the reported batch was within specifications. No root cause or CAPA were identified. The controls in place were determined to be sufficient in order to prevent complaints of this nature. The complaint for lack of effect of the PFIZERBIONTECH COVID-19 VACCINE lot EW0186 was investigated. The investigation included a review of manufacturing and packaging batch records, deviation investigations, and an analysis of complaint history for the

reported lot and product type. The final scope included the reported finished goods lot EW0186, fill lot EP8736, and bulk formulation lot EP8617. A complaint sample was not returned. No related quality issues were identified during the investigation. There is no impact on product quality. No root cause or CAPA were identified as the complaint was not confirmed. All release testing performed prior to the release of the reported batch was within specifications.

VAERS ID: [1955178](#) (history) **Vaccinated:** 2021-11-22
Form: Version 2.0 **Onset:** 2021-11-22
Age: 8.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	037F21A / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [No adverse event](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none reported

Current Illness: none reported

Preexisting Conditions: none reported

Allergies: none reported

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Client presented to clinic on 12/13/21 for a 2nd dose of primary COVID vaccine series. Their CDC vaccination card indicated that she received a Moderna dose instead of the Pfizer pediatric (5-11 y) dose recommended on 11/22/21. As there was an error identified on 11/22/21 where a youth under the age of 12 received a Moderna booster dose (0.25ml) by the same vaccinator, the team concluded this was a similar error and informed the child's mother, that the child probably received the Moderna Booster on 11/22 instead of the age appropriate vaccine. As CDC recommends that a 2nd dose be administered at a minimum of 24 days past the last Moderna dose, the parent was advised to follow up at an alternate clinic for the age appropriate dose. The team assist parent in locating an alternate clinic. Parent reports that child did not have any adverse effects from the first dose administered.

VAERS ID: [1955697](#) ([history](#)) **Vaccinated:** 2021-12-13
Form: Version 2.0 **Onset:** 2021-12-13
Age: 11.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Inappropriate schedule of product administration](#), [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Aderall and guanfacine for ADHD and multivitamin

Current Illness: none reported

Preexisting Conditions: ADHD

Allergies: NKDA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Client was administered wrong vaccine on 11/22/21 and this was previously reported in e-report #724747. Client was informed and was to be scheduled for second dose at 28 days post first dose vaccine. Client and parent presented to previous scheduled follow-up scheduled at 21 days for age appropriate Pfizer dose. Client received correct dose and correct vaccine, but at the wrong interval. Parent informed of error and per CDC guidance was recommended to schedule an additional dose in 21 days from last dose (Pfizer 5-11). Parent confirms client has not had any adverse effects from vaccine

VAERS ID: [1955727](#) ([history](#)) **Vaccinated:** 2021-12-10
Form: Version 2.0 **Onset:** 2021-12-10
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#), [Hyperhidrosis](#), [Pallor](#), [Visual impairment](#)

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal disorders (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: daily vit

Current Illness: none reported

Preexisting Conditions: none reported

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Recipient presented with pallor and diaphoresis. Recipient reported seeing "black spots" and feeling "dizzy". Apple juice and pretzels were provided. Symptoms persisted for approximately 15 minutes and then abated.

VAERS ID: 1963516 (history)	Vaccinated:	2021-12-15
Form: Version 2.0	Onset:	2021-12-15
Age: 10.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	33130BA / 2	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Chills](#), [Headache](#), [Incorrect dose administered](#), [Loss of personal independence in daily activities](#)

SMQs:, Dementia (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient is a 10 year old female who came in for her dose. Client received a Pfizer, 12 year old and older, vaccination. Mother was informed of the error before they left the clinic. Nurse spoke with the client's father 12/20/21. Father reports the client has a "bad" headache and chills. Client missed a day of school as a result of symptoms which have since resolved. Client's father denied having any questions or concerns regarding vaccination at this time.

VAERS ID: 1974935 (history)	Vaccinated:	2021-12-10
Form: Version 2.0	Onset:	2021-12-11
Age: 5.0	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FI0007 / 2	- / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Headache](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None.**CDC Split Type:****Write-up:** Headache persisting for 11 days after vaccination.

VAERS ID: 1975302 (history)	Vaccinated:	2021-12-22
Form: Version 2.0	Onset:	2021-12-22
Age: 8.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Abdominal pain](#), [Chills](#), [Fatigue](#), [Fear](#), [Injection site pain](#), [Limb discomfort](#), [Skin warm](#), [Sleep disorder](#), [Tremor](#)**SMQs:** Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Noninfectious encephalopathy/delirium (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Focalin 5mg**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none known**Diagnostic Lab Data:** none Mom called Dr. and left message as office is closed on Thursdays, and is closed until Tuesday due to the holiday weekend.**CDC Split Type:**

Write-up: Second dose was given approximately 11:30am on 12/22/21 at a hospital run clinic. Patient was distraught to get a shot, but was in good spirits and health afterwards and completed her day at school. Around 11:30pm, she woke up screaming and calling for Momma/Dada saying she couldn't stop shaking and that her legs felt "funny" and her "tummy felt yucky". When we saw her she was shaking as though she was shivering very violently and couldn't stop. When we took her temperature it was normal. Skin felt fine. She looked ok, but very scared. Arm where injection was is tender/sore. (left) No redness or blotches etc on skin. No vomiting/diarrhea. No sore throat. No coughing. No runny/stuffy nose. No sneezing. She snuggled with her dad in a recliner with a blanket and watched a cartoon as a distraction to help her calm down. The shivers/shakes stopped completely in about one hour. Slowly (from top to bottom) as her dad says. (she had chattering teeth) She went back to bed with her mom so she'd have an adult nearby, around 1-1:30am Patient awoke around 4:30am moaning and complaining of a yucky tummy, and felt hot to the touch. Temperature was about 99-100F. Gave 2 Jr Advil (chewables) and she felt better and was "normal" until around 10:00am. Complained of feeling yucky again. No fever. 2 more Advil. Felt better. Returned to normal activities. Tired because of lack of sleep, but other than that she seems better.

VAERS ID: 1978765 (history)	Vaccinated:	2021-12-11
Form: Version 2.0	Onset:	2021-12-11
Age: 16.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2021-12-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FE3594 / UNK	LA / -

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

Symptoms: [Cold sweat](#), [Dizziness](#), [Fall](#), [Headache](#), [Immunisation](#), [Loss of consciousness](#), [Nasopharyngitis](#), [Pallor](#)

SMQs: Torsade de pointes/QT prolongation (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC202101772669

Write-up: Passed out/Collapse; Really cold; Clammy; Headache; fall; feeling dizzy; Pale; booster; This is a spontaneous report received from a contactable reporter(s) (Other HCP). The reporter is the parent. A 16 year-old female patient received bnt162b2 (BNT162B2), administered in deltoid left, administration date 11Dec2021 (Lot number: FE3594) at the age of 16 years as dose number unknown (booster), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Covid-19 vaccine (MANUFACTURER UNKNOWN, dose 1, single), for COVID-19 immunization. The following information was reported: IMMUNISATION (medically significant) with onset 11Dec2021, outcome "unknown", described as "booster"; LOSS OF CONSCIOUSNESS (medically significant) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Passed out/Collapse"; NASOPHARYNGITIS (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Really cold"; COLD SWEAT (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Clammy"; HEADACHE (non-serious) with onset 12Dec2021 07:00, outcome "recovered" (12Dec2021), described as "Headache"; FALL (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "fall"; DIZZINESS (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "feeling dizzy"; PALLOR (non-serious) with onset 12Dec2021 07:00, outcome "unknown", described as "Pale". Clinical course: There were no prior vaccinations within 4 weeks. The patient did not even get her flu shot yet. The patient received the booster yesterday around noon and this morning, she just, out of the blue, she just collapsed, she passed out and she was really cold and clammy. Also, she had a headache. This has never happened before. The mother made sure that she gets her fluids. She was really cold and clammy. She just had her lie down in bed actually for like half an hour and just monitored her. The patient was cold, clammy and pale and she was dizzy and she has never had that. She passed out. They were upstairs in our bedroom and she hit the floor, we heard her, we heard her fall, it was a big bang and it was her on the ground.; Sender's Comments: Based on known temporal association, there is reasonable possibility of causal association between the event Immunisation, Loss of consciousness, Nasopharyngitis, Cold sweat, Headache, fall, Dizziness, Pallor and the suspect drug BNT162B2. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated as part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, Ethics Committees, and Investigators, as appropriate.

VAERS ID: [1985725](#) ([history](#)) **Vaccinated:** 2021-12-28
Form: Version 2.0 **Onset:** 2021-12-28
Age: 15.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 15 year old patient inadvertently given pfizer COVID vaccine booster. Booster currently approved for age 16+

VAERS ID: [1985727](#) ([history](#)) **Vaccinated:** 2021-12-28
Form: Version 2.0 **Onset:** 2021-12-28
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2021-12-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ1611 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Extra dose administered](#), [Product administered to patient of inappropriate age](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 15 year old patient inadvertently given pfizer COVID vaccine booster. Booster currently approved for age 16.

VAERS ID: 2005534 (history)	Vaccinated:	2022-01-05
Form: Version 2.0	Onset:	2022-01-05
Age: 7.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?

Symptoms: [Abdominal discomfort](#)

SMQs:, Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: O2 sat 99%, pulse 107, b/p 95/62, no rash. abdominal guarding on palpation by school nurse. C/O discomfort all four quadrants. Parents called to pick up child from school. No further actions.

CDC Split Type:

Write-up: 40 minutes after receiving vaccine pt c/o abdominal discomfort. when asked said she did not eat breakfast

VAERS ID: 2005634 (history)	Vaccinated:	2022-01-04
Form: Version 2.0	Onset:	2022-01-04
Age: 10.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Arthralgia](#), [Chest pain](#), [Immediate post-injection reaction](#)

SMQs:, Gastrointestinal nonspecific symptoms and therapeutic procedures (broad), Cardiomyopathy (broad), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: NKM

Current Illness: none reported

Preexisting Conditions: none reported

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Child reported experiencing right sided "poking" chest pain immediately after receiving vaccine. Child rated discomfort at a 4 out of a scale of 1-10, 10 being the worst pain. After about 15 minutes, child reported pain moved to right elbow. No other symptoms reported. No visual symptoms observed.

VAERS ID: 2005866 (history)	Vaccinated:	2022-01-05
Form: Version 2.0	Onset:	2022-01-05
Age: 5.0	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: School **Purchased by:** ?

Symptoms: [Vomiting](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: vomited once home about an hour and half after vaccination. HX of car sickness. Mom is nurse and assures no continued concerns

VAERS ID: [2005964](#) ([history](#)) **Vaccinated:** 2022-01-04
Form: Version 2.0 **Onset:** 2022-01-04
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient presented as a walk-in to our COVID 19 vaccine clinic. He requested Moderna after receiving his primary series of Pfizer. None of our staff recognized his age as a limiting factor to his request. He received Moderna booster dose (0.25 ml) at age 15 years.

VAERS ID: [2006115](#) ([history](#)) **Vaccinated:** 2022-01-04
Form: Version 2.0 **Onset:** 2022-01-04
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Underdose](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 17 yo patient received Pfizer 5-11 COVID vaccine instead of Pfizer 12+ vaccine. no additional doses were given. patient was advised per agency website to return in 21 days for a Pfizer 12+ vaccine.

VAERS ID: [2006210](#) ([history](#)) **Vaccinated:** 2022-01-04

Form: Version 2.0 **Onset:** 2022-01-04

Age: 17.0 **Days after vaccination:** 0

Sex: Male **Submitted:** 0000-00-00

Location: Vermont **Entered:** 2022-01-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Interchange of vaccine products](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient presented to our health dept COVID 19 vaccine clinic requesting Moderna Booster vaccine. None of the staff assessed to recognize that he was not eligible at age 17 years. His primary series was Pfizer. He received an unauthorized Moderna Booster at age 17

VAERS ID: 2010602 (history)	Vaccinated:	2021-12-11
Form: Version 2.0	Onset:	2021-12-15
Age: 7.0	Days after vaccination:	4
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Lymphadenopathy](#)
SMQs:, Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data:
CDC Split Type:
Write-up: Large lymph node by ear, about 5 cm, resolved in 7-10 days

VAERS ID: [2010609](#) ([history](#)) **Vaccinated:** 2021-12-11
Form: Version 2.0 **Onset:** 2021-12-19
Age: 5.0 **Days after vaccination:** 8
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / UNK	- / -

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

Symptoms: [Vomiting](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vomiting for one day

VAERS ID: [2010628](#) ([history](#)) **Vaccinated:** 2022-01-06
Form: Version 2.0 **Onset:** 2022-01-06
Age: 0.33 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAPHEPBIP: DTAP + HEPB + IPV (PEDIARIX) / GLAXOSMITHKLINE BIOLOGICALS	Z4R9R / 2	RL / IM
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) /	5NF7J /	

GLAXOSMITHKLINE BIOLOGICALS	UNK	RL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ587AA / 2	LL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	EK6267 / 2	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	G973H / 2	MO / PO

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

Symptoms: [Product administered to patient of inappropriate age](#), [Wrong patient](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D infant drops

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Family arrived to office with 2 children (ages 2yr and 4mo) for well child visits. The mom asked for flu vaccine for the 2yr old and nurse misunderstood and thought that request was for the 4mo old. Vaccine given erroneously to the 4mos old patient. Provider has discussed incident with family.

VAERS ID: 2014931 (history)	Vaccinated:	2021-12-09
Form: Version 2.0	Onset:	2021-12-09
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	330308D / 1	RA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Incorrect dose administered](#), [No adverse event](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: patient received adult dose of pfizer vaccine as opposed to the pediatric. there were no adverse reactions to the vaccine

VAERS ID: 2024558 (history)	Vaccinated:	2022-01-11
Form: Version 2.0	Onset:	2022-01-11
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient administered pediatric dose and should have received adult dose.

VAERS ID: 2024747 (history)	Vaccinated:	2022-01-10
Form: Version 2.0	Onset:	2022-01-11
Age: 0.25	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	574R7 / 1	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Product administered to patient of inappropriate age](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** formula intolerance, noisy breathing**Preexisting Conditions:** formula intolerance, noisy breathing**Allergies:** none**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** none

VAERS ID: [2025071](#) ([history](#)) **Vaccinated:** 2022-01-04
Form: Version 2.0 **Onset:** 2022-01-04
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3209 / 3	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient received Booster vaccine too early. was not eligible to receive vaccine.

VAERS ID: [2025140](#) ([history](#)) **Vaccinated:** 2022-01-10
Form: Version 2.0 **Onset:** 2022-01-01
Age: 13.0 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2022-01-11
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [No adverse event](#), [Product preparation issue](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: unknown

Preexisting Conditions: unknown

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: no adverse reaction is known as of now. the vial was not reconstituted before administration

VAERS ID: 2028643 (history)	Vaccinated:	2022-01-12
Form: Version 2.0	Onset:	2022-01-12
Age: 12.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3197 / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Cold sweat](#), [Nausea](#), [Skin warm](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: unknown

Current Illness: none reported

Preexisting Conditions: none reported

Allergies: none reported

Diagnostic Lab Data: none

CDC Split Type:

Write-up: 5 minutes after receiving vaccine 12 yo male feeling "like I'm going to be sick". Skin warm and clammy, BP = 108/62; RR = 22; HR= 86; O2 sat = 98-100%. Laid down on cot for 10 minutes at which time male stated "I'm feeling better now" Sat up for 10 minutes with no further symptoms. BP = 110/64 RR = 20 HR = 82. Escorted patient and Pt parent to door. Reviewed s/s of adverse reaction and provided instructions for further action if needed.

VAERS ID: 2035260 (history)	Vaccinated:	2022-01-14
Form: Version 2.0	Onset:	2022-01-14
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Nausea](#), [Pallor](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypotonic-hyporesponsive episode (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient arrived to clinic for 1st dose of pediatric pfizer vaccine. Vaccination was completed successfully with no immediate complaints from the patient. Approximately 10 minutes post-vaccination patient complained of nausea. Patient was brought to a restroom by parent and patient and parent reported that he vomited. Patient appeared pale/gray complexion RN's assessment. Parent reported that patient had not had anything to eat or drink yet this morning. Patient was asked to sit in a chair and drink small amounts of juice and was given pretzels. Patient's coloring improved with food and drink. Patient was observed for a total of 30 minutes with no other complaints except nausea which improved during observation. Parent reported that patient can get carsick, staff provided parent with emesis bag in case of nausea presenting again. Parent reported they would be getting food after leaving clinic site.

VAERS ID: 2035797 (history)	Vaccinated:	2021-12-28
Form: Version 2.0	Onset:	2022-01-02
Age: 17.0	Days after vaccination:	5
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 1	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: [Antinuclear antibody](#), [Blood thyroid stimulating hormone normal](#), [Chest X-ray normal](#), [Chest wall mass](#), [Condition aggravated](#), [Full blood count normal](#), [Joint swelling](#), [Macule](#), [Metabolic function test](#), [Musculoskeletal chest pain](#), [Pain](#), [Pityriasis](#), [Polychondritis](#), [Rash](#), [Red blood cell sedimentation rate normal](#), [Rheumatoid factor](#), [Swelling face](#), [Troponin normal](#)
SMQs: Anaphylactic reaction (broad), Angioedema (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (narrow), Arthritis (broad), Tendinopathies and ligament disorders (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Immune-mediated/autoimmune disorders (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? Yes
Hospitalized? No

Previous Vaccinations:**Other Medications:** none**Current Illness:** none**Preexisting Conditions:** had some episodic chest wall pain over the course of 2-3 years, negative cardiology workup including echo.**Allergies:** tree nuts, medical adhesive (Zio patch), blackberries (all yielding rash)**Diagnostic Lab Data:** 1/3/22 troponin negative 1/5/22 CBC , CMP, ESR, CRP, TSH normal 1/14/22 ANA, RF, CBC reordered; results of first two could take 5 days or more to return (rural area)**CDC Split Type:**

Write-up: Pt presented to emergency dept 3 days after vaccination with acute chest wall pain, acute coronary syndrome ruled out, pericarditis/myocarditis ruled out. He had a very tender, nonerythematous firm chest wall mass at the right costochondral junction that has been present from 1/3 to date (1/14/22). Ultrasound showed no pericarditis in ED; chest xray was unremarkable. He simultaneously had a rash on his upper shoulders that when I saw him on 1/10 looked like pityriasis (pink-tan macules, ovoid, no scale, nontender, not itchy. At one point this looked like another clinician like urticaria, but the flat macules that were present on my exam were not itchy and were persistent over days. He has had no fever or chills, but has had, since the vaccine, episodic and relatively quickly resolving (over 1-2 days) swelling of the elbow, and the nasal bridge. He does have a single palpable cervical lymph node. -originally entertained possibility of Tietze's syndrome after case of pityriasis but with extremity joint involvement and nasal bridge swelling find this now less likely -ddx does include relapsing polychondritis but no vestibular/acoustic/otic or ophthalmic involvement; also quite rare. Appreciate the work of our public health colleagues.

VAERS ID: 2036039 (history)	Vaccinated:	2022-01-14
Form: Version 2.0	Onset:	2022-01-14
Age: 17.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	LA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Dizziness](#)**SMQs:** Anticholinergic syndrome (broad), Vestibular disorders (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: The patient, arrived to vaccine clinic with two para-educators. Verbal consent and screening checklist completed over the phone with patient's mother. Mother reported a history of patient fainting following the patient's second Covid vaccine, and mother reported that patient improved after drinking apple juice. Mother also reported that patient has Down Syndrome. Plan was made by clinic staff to provide patient with apple juice and pretzels while at the vaccination table, to have an area nearby for patient to lie down if needed, and for patient to wait her 15 minutes at the vaccination table, so that she would not have to walk to another area following vaccination. Patient arrived at vaccination table with two para-educators and began sipping on apple juice and snacking on pretzels. Patient received Pfizer vaccine without issue. Patient continued sipping apple juice and snacking on pretzels while waiting her 15 minutes and talked with vaccinators and para-educators. After 13 minutes had passed, patient stated that she began to feel dizzy, so patient lied down on the floor with her feet up, with the assistance of the clinic staff. Patient's skin appeared pink, and patient was able to open eyes and talk with clinic staff. Para-educator stated that "this might be an attention-seeking behavior." Patient lied on floor for approximately 5 minutes with clinic staff attending to her. After 5 minutes, patient reported that she was feeling better, and not dizzy anymore. Patient was sat up slowly by clinic staff and sat on the floor for approximately 5 minutes, with observation from clinic staff. Patient then was moved to a chair with the assistance of two clinic staff. Patient sat in chair for an additional 2-3 minutes, without issue. Patient was then walked across the room to sit in another chair, with the assistance of two clinic staff. Patient reported feeling fine. At that time, para-educators assumed care of the patient, and patient left the clinic reportedly feeling "better."

VAERS ID: [2036608](#) (history) **Vaccinated:** 2022-01-08
Form: Version 2.0 **Onset:** 2022-01-14
Age: 9.0 **Days after vaccination:** 6
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF0007 / 2	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Blood test](#), [Contusion](#)**SMQs:**, Haemorrhage terms (excl laboratory terms) (narrow), Accidents and injuries (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Methlyphenidate 5mg**Current Illness:** none**Preexisting Conditions:****Allergies:** amoxicillan**Diagnostic Lab Data:** blood work 01/14/2022**CDC Split Type:****Write-up:** Unusual bruising in the shoulders of both arms. It was more so in the arm that had most recently gotten the vaccine and less so in the arm that had gotten the first dose. Bruising didn't show up until day 6 after the second shot. No swelling, itching or pain. Went to the Dr. and all blood work came back normal so there is no explanation for the bruising.

VAERS ID: 2043150 (history)	Vaccinated:	2021-11-05
Form: Version 2.0	Onset:	2021-11-05
Age: 12.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	- / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Pain in extremity](#), [Tendon disorder](#)**SMQs:**, Tendinopathies and ligament disorders (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No

Previous Vaccinations:**Other Medications:** none**Current Illness:** none**Preexisting Conditions:** celiac disease**Allergies:** gluten**Diagnostic Lab Data:** physical exam**CDC Split Type:****Write-up:** developing pain in the biceps origin, tendinopathy symptoms. pain at night improved with positioning

VAERS ID: 2059067 (history)	Vaccinated:	2022-01-24
Form: Version 2.0	Onset:	2022-01-24
Age: 14.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	013H21B / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Interchange of vaccine products](#), [No adverse event](#), [Product administered to patient of inappropriate age](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** pro air**Current Illness:** none covid end of dec**Preexisting Conditions:****Allergies:** nkda**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Child came in for a follow up and needed a booster I gave the moderna half dose instead of the pfizer by accident he stayed the 15 mins had no reaction

VAERS ID: [2062735](#) ([history](#)) **Vaccinated:** 2022-01-21
Form: Version 2.0 **Onset:** 2022-01-22
Age: 5.0 **Days after vaccination:** 1
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C5916AA / UNK	LA / IM

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

Symptoms: [Injection site erythema](#), [Injection site pain](#), [Injection site swelling](#), [Injection site warmth](#), [Skin swelling](#)

SMQs: Anaphylactic reaction (broad), Angioedema (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Hypersensitivity (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Parent called office on 1/24/22 stating that the patient developed a light pink area around the injection site on 1/22/22. Over the weekend it increased in redness, "puffiness", was warm to the touch, became the size of a grapefruit and was painful. At the time of the phone call to office, the swelling had decreased, but still with redness and some pain. Parent was advised to apply cold compress and use Advil/Tylenol as needed

VAERS ID: [2067811](#) ([history](#)) **Vaccinated:** 2022-01-24
Form: Version 2.0 **Onset:** 2022-01-24
Age: 14.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	030H21B / 3	- / OT

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

Symptoms: [Inappropriate schedule of product administration](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20224

Write-up: 14 year old that was given a dose of the Moderna vaccine; 14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series; This spontaneous case was reported by a nurse and describes the occurrence of PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series) in a 14-year-old male patient who received mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 030H21B) for COVID-19 vaccination. Previously administered products included for COVID-19 vaccination: Pfizer COVID-19 vaccination (patient received Pfizer COVID-19 vaccination as the primary series). Past adverse reactions to the above products included No adverse event with Pfizer COVID-19 vaccination. On 24-Jan-2022, the patient received third dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. On 24-Jan-2022, the patient experienced PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series). On 24-Jan-2022, PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE (14 year old that was given a dose of the Moderna vaccine) and INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (14 year old that was given a dose of the Moderna vaccine, received Pfizer COVID-19 vaccination as the primary series) had resolved. For mRNA-1273 (Moderna COVID-19 Vaccine) (Unknown), the reporter did not provide any causality assessments. No concomitant medication were reported. No treatment information was provided by the reporter. Patient was 5feet 10 inches. The Lot number and expiration date for the Pfizer COVID-19 vaccine were unknown

VAERS ID: [2072192](#) ([history](#)) **Vaccinated:** 2022-01-28
Form: Version 2.0 **Onset:** 2022-01-28
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-01-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ5683 / 2	RA / IM

Administered by: School **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: n/a

Current Illness: n/a

Preexisting Conditions: n/a

Allergies: n/a

Diagnostic Lab Data: n/a

CDC Split Type:

Write-up: Patient received adult dose of 0.3ml and adult vial.

VAERS ID: [2079226](#) ([history](#)) **Vaccinated:** 2022-01-31
Form: Version 2.0 **Onset:** 2022-01-31
Age: 16.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FH8028 / 3	- / -

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Dizziness](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None.

Current Illness: None.

Preexisting Conditions: None.

Allergies: None.

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient became light headed and fainted shortly after receiving vaccination. Patient recovered shortly after at least 10 seconds.

VAERS ID: 2082616 (history)	Vaccinated:	2022-02-02
Form: Version 2.0	Onset:	2022-02-02
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient is 13 years old and received a pediatric Pfizer 5-11 dose. Spoke with parent as patient is minor. Plan for the child to have Pfizer 12+ for his 2nd dose

VAERS ID: [2082683](#) (history) **Vaccinated:** 2022-01-01
Form: Version 2.0 **Onset:** 2022-01-19
Age: 10.0 **Days after vaccination:** 18
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL3198 / 1	RA / IM

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

Symptoms: [Incorrect dose administered](#), [No adverse event](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Tylenol as needed for pain/fever Tums as needed upset stomach

Hydrocortisone cream PRN Eczema

Current Illness: None

Preexisting Conditions: Eczema Intermittent leg pain

Allergies: NKA

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient is 10 years old, was given Pfizer COVID vaccine for ages 12 and up. No

adverse effects reported.

VAERS ID: [2096723](#) (history) **Vaccinated:** 2022-02-07
Form: Version 2.0 **Onset:** 2022-02-08
Age: 12.0 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / -

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

Symptoms: [Fatigue](#), [Injection site pain](#), [Nausea](#)

SMQs: Acute pancreatitis (broad), Extravasation events (injections, infusions and implants) (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: COVID

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Nauseated, extreme fatigue and low grade fever of 100.1. Site of injection is very sore.

VAERS ID: [2104805](#) (history) **Vaccinated:** 2022-02-11
Form: Version 2.0 **Onset:** 2022-02-11
Age: 0.33 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-11

Vaccination / Manufacturer	Lot / Dose	Site / Route

DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	H9FM5 / UNK	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ579AA / 2	RL / IM
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	DN4218 / 2	LL / IM
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	K2FM7 / 2	MO / PO

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

Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D

Current Illness: none

Preexisting Conditions: none

Allergies: NKDA

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient was given Kinrix combination vaccine; patient is only 4 months of age.

VAERS ID: 2122755 (history)	Vaccinated:	2021-12-04
Form: Version 2.0	Onset:	2021-12-05
Age: 8.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5618 / 2	LA / OT

Administered by: Public **Purchased by:** ?

Symptoms: [Abdominal pain upper](#), [Lethargy](#), [Nausea](#), [Pyrexia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad),

Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions: Comments: List of non-encoded Patient Relevant History: Patient Other Relevant History 1: None

Allergies:

Diagnostic Lab Data:

CDC Split Type: USPFIZER INC202101733071

Write-up: severe stomach pain; Nausea; Vomiting; Fever; Lethargy; This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP and Physician). The reporter is the patient. The initial safety information received was reporting only non-serious adverse drug reaction(s). Upon receipt of follow up information on 01Feb2022, this case contains serious adverse reaction(s) and all safety information is processed together. A 8 year-old male patient received bnt162b2 (BNT162B2), intramuscular, administered in arm left, administration date 04Dec2021 13:15 (Lot number: FK5618) at the age of 8 years as dose 2 (tris), single for covid-19 immunisation. The patient had no relevant medical history. There were no concomitant medications. Vaccination history included: Padiatric pfizer (Dose 1, Batch/Lot No: FK5127, Location of injection: Arm Left, Vaccine Administration Time: 04:30 PM, Route of administration: Intramuscular), administration date: 12Nov2021, when the patient was 7 years old, for Covid-19 Immunization. The following information was reported: ABDOMINAL PAIN UPPER (medically significant) with onset 06Dec2021 07:30, outcome "recovered" (Dec2021), described as "severe stomach pain"; LETHARGY (non-serious) with onset 05Dec2021 07:00, outcome "recovered" (06Dec2021), described as "Lethargy"; PYREXIA (non-serious) with onset 05Dec2021 08:00, outcome "recovered" (06Dec2021), described as "Fever"; NAUSEA (non-serious) with onset 06Dec2021 07:30, outcome "recovered" (06Dec2021 13:00), described as "Nausea"; VOMITING (non-serious) with onset 06Dec2021 07:30, outcome "recovered" (06Dec2021 13:00), described as "Vomiting". Therapeutic measures were not taken as a result of lethargy, pyrexia, nausea, vomiting. No other vaccine in four weeks and no other medications in two weeks. The patient did not experienced covid prior vaccination. The morning after second dose of vaccination 05Dec2021 patient had fever starting in the morning (approximately 8:00 AM) continuing through the day until bed time (approximately 8:00 PM), lethargy also started next day 05Dec2021, but continued through late afternoon 2 days following vaccination 06Dec2021. Reporter was not surprised by either of these symptoms as they are pretty common, but the second day after vaccination 06Dec2021, patient woke complaining of severe stomach pain, which was followed by vomiting (around 7:30 AM), constant nausea, and repeated bouts of vomiting, about once every 45 minutes, until about 1:00 PM when both vomiting and nausea stopped. The patient did not test for covid post vaccination. No relevant tests. The reporter consider the Pfizer product had a causal

effect to the adverse events. The reporter considered the events lethargy, pyrexia, nausea, vomiting as non-serious. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Based on available information and a plausible temporal association, the causa association between the event severe stomach pain and the suspect drug BNT162B2 cannot be totally excluded. The impact of this report on the benefit/risk profile of the Pfizer product is evaluated a part of Pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. Any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to Regulatory authorities, Ethics committees, and Investigators, as appropriate.

VAERS ID: [2124617](#) ([history](#)) **Vaccinated:** 2022-02-18
Form: Version 2.0 **Onset:** 2022-02-18
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: administered undiluted pediatric vaccine

VAERS ID: [2134747](#) (history) **Vaccinated:** 2022-02-23
Form: Version 2.0 **Onset:** 2022-02-23
Age: 17.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-23

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

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

Symptoms: [Extra dose administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient assented and mother consented to a COVID booster shot. After shot was given, patient revealed his COVID vaccination card that already noted completion of his primary series + COVID booster (3rd shot). Our office only had record of completion of the primary series. He got his booster somewhere else, we didn't have documentation ahead of time supporting that. Discussed with patient and his mother the error & apologized. We encouraged monitoring for any routine signs/symptoms that can be experienced after the mRNA vaccine but don't anticipate any other sequelae or side effects.

VAERS ID: [2137123](#) (history) **Vaccinated:** 2022-02-24
Form: Version 2.0 **Onset:** 2022-02-24
Age: 1.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-02-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	95EJ7 / 1	RA / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	U024765 / 1	RA / SC

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

Symptoms: [Extra dose administered](#), [Product administered to patient of inappropriate age](#), [Product administration error](#), [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Cefdinir

Current Illness: Ear Infection

Preexisting Conditions:

Allergies: Amoxicillin

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient seen in office for routine 1 year check up. During immunizations a combination MMR/Varicella vaccine given instead of single MMR. Patient was also given single Varicella in separate extremity. Error identified upon entry into administration record. Provider notified who will reach out to the family to discuss.

VAERS ID: 2148526 (history)	Vaccinated:	2022-02-22
Form: Version 2.0	Onset:	2022-02-22
Age: 13.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-02-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

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

Symptoms: [Underdose](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: DDAVP 0.1 mg tabs, 3 tabs qAM, 4 tabs qPM
Current Illness:
Preexisting Conditions: diabetes insipidus
Allergies: augmentin--diarrhea
Diagnostic Lab Data:
CDC Split Type:
Write-up: Pt was given pediatric Pfizer vaccine on 13th birthday.

VAERS ID: [2179864](#) (history) **Vaccinated:** 2022-02-09
Form: Version 2.0 **Onset:** 2022-02-09
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-03-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	068H21A / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Fatigue](#), [Pain in extremity](#), [Product administered to patient of inappropriate age](#)
SMQs:, Tendinopathies and ligament disorders (broad), Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Loryna
Current Illness: No known
Preexisting Conditions:
Allergies: none
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient received a moderna covid vaccine for the first dose of the series on 2/9/22.

Patient should have received pfizer instead due to age. Pfizer covid vaccine given 03/09/2022 as second dose of series. department of health, patients parents and patient's PCP made aware of the error. Patient has now completed the covid vaccine series. No unexpected adverse events. Patient reported fatigue, sore arm and feeling run down after having Moderna vaccine. Symptoms lasted a day.

VAERS ID: [2204034](#) (history) **Vaccinated:** 2022-03-29
Form: Version 2.0 **Onset:** 2022-03-29
Age: 2.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-03-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	X9A9B / 2	LL / IM

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

Symptoms: [Incorrect dose administered](#), [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Pt was Given adult dose of the vaccine at Age 2

VAERS ID: [2213950](#) (history) **Vaccinated:** 2022-04-01
Form: Version 2.0 **Onset:** 2022-04-01
Age: 15.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-04-04

Vaccination / Manufacturer	Lot /	Site /
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	Dose	Route
MENB: MENINGOCOCCAL B (BEXSERO) / NOVARTIS VACCINES AND DIAGNOSTICS	ABXB59AA / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7211AA / 2	LA / IM

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

Symptoms: [Inappropriate schedule of product administration](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Sertraline 150 mg

Current Illness: None

Preexisting Conditions: Anxiety, OCD , Seasonal allergies

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Doses administered too early, before 16th birthday Menactra will have to be repeated near high school graduation to extend through college years.

VAERS ID: 2216377 (history)	Vaccinated:	2022-03-15
Form: Version 2.0	Onset:	2022-03-15
Age: 10.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-04-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK9729 / 1	AR / IM

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

Symptoms: [Incorrect dose administered](#), [Pain in extremity](#), [Product administered to patient of inappropriate age](#)

SMQs: Tendinopathies and ligament disorders (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: I met with the family to administer 2nd vaccine to son , on 3/15/22. Via interpreter and from the father and the son, I was told that his other son was about to turn 12 and he really needed the vaccine today as they didn't know when they might be able to get it if they didn't get it now. The father and the child, both gave a DOB and said he was going to be 12. Due to the circumstances and the urgency from father I administered the first Pfizer vaccine. Today I went back to give the 2nd shot and the interpreter that was interpreting said the child's birthday year was and the child had just turned 11. The father continued to insist the child was 12....Advised the father that the child received the wrong dose of vaccine and for his 2nd vaccine needs to get the appropriate Pfizer vaccine for children 12 and under. The child had no adverse side effects other than a sore arm. Father expressed understanding and a plan was made to administer the appropriate dose of vaccine in the future.

VAERS ID: [2259909](#) (history) **Vaccinated:** 2022-04-22
Form: Version 2.0 **Onset:** 2022-04-22
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Claritin, fluoxetine, Focalin, focalin
Current Illness: anxiety, major depressive disorder, vitamin D deficiency
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Given vaccine outside of beyond use date

VAERS ID: [2259910 \(history\)](#) **Vaccinated:** 2022-04-22
Form: Version 2.0 **Onset:** 2022-04-22
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-05-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FJ6369 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: topiramate, cetirizine, Focalin, vitamin D, amitriptyline, meloxicam
Current Illness: ADHD, headache, chronic pain, chronic nausea
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccination administered past beyond use date

VAERS ID: [2260440](#) (history) **Vaccinated:** 2022-04-22
Form: Version 2.0 **Onset:** 2022-04-22
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-05-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 2	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#), [No adverse event](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: None
Allergies: No Known Food/Environmental or Drug Allergies
Diagnostic Lab Data: None
CDC Split Type:

Write-up: Patient had received an expired COVID 19 vaccine. Vaccine was drawn up on 4/21/22 at 12:00pm for a patient & the vial was put back into the refrigerator. At the end of the day, vial wasn't wasted & it also wasn't dated. Next day around 1630, pt received his 1st dosage of COVID 19 as ordered by Dr. Staff then realized that the vial wasn't labeled & it was from 4/21/22. Dr. called the parents up on 4/21/22 to check on patient at the end of the day. Parents stated that pt was fine. No symptoms noted. Patient was brought back to the office on 5/2/2022 to received a dose of COVID 19.

VAERS ID: [2263157](#) (history) **Vaccinated:** 2022-02-01
Form: Version 2.0 **Onset:** 2022-02-01
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-05-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

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

Symptoms: [Mechanical urticaria](#)

SMQs:, Hypersensitivity (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Doxycycline, benzoyl peroxide, ProAir, tretinoin

Current Illness: Acne

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Dermatographic urticaria

VAERS ID: 2280744 (history)	Vaccinated:	2022-05-17
Form: Version 2.0	Onset:	2022-05-17
Age: 5.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-05-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	24T2N / 5	RA / IM

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

Symptoms: [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: Developmental and speech delay

Allergies: none

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt. was given a Kinrix vaccine instead of an MMRV.

VAERS ID: 2305594 (history)	Vaccinated:	2022-01-14
Form: Version 2.0	Onset:	2022-01-15
Age: 1.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-06-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / 1	RA / SYR

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Atrial fibrillation](#), [Cardiac monitoring](#), [Fatigue](#), [Insomnia](#), [Pain](#), [Palpitations](#), [Swelling](#)
SMQs: Anaphylactic reaction (broad), Angioedema (broad), Arrhythmia related investigations, signs and symptoms (broad), Supraventricular tachyarrhythmias (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Heart monitor

CDC Split Type:

Write-up: Heart palpitations and Atrial fibrillation..pain swelling, fatigue, and sleeplessness

VAERS ID: [2308461](#) ([history](#)) **Vaccinated:** 2022-05-31
Form: Version 2.0 **Onset:** 2022-05-31
Age: 7.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-06-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

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

Symptoms: [Chills](#), [Influenza virus test](#), [Livedo reticularis](#), [Lymphadenopathy](#), [Nausea](#), [Pyrexia](#), [Respiratory syncytial virus test](#), [SARS-CoV-2 test](#), [Streptococcus test](#), [Tachycardia](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Dehydration (broad), COVID-19 (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flouride- 1MG Magnesium citrate 100 MG Multivitamin with probiotic

Current Illness: Seasonal allergies

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: swab for flu, rsv, covid and rapid strep test

CDC Split Type: vsafe

Write-up: Swollen Lymph Nodes in neck tachycardia mottling of the skin nausea vomiting rigors fever

VAERS ID: [2314253](#) ([history](#)) **Vaccinated:** 2022-06-09
Form: Version 2.0 **Onset:** 2022-06-09
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-06-09

Vaccination / Manufacturer	Lot / Dose	Site / Route

HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	T028929 / 2	RA / IM
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Administered by: Private **Purchased by:** ?**Symptoms:** [Blood pressure decreased](#), [Fall](#), [Loss of consciousness](#)

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Hypoglycaemia (broad), Dehydration (broad)

Life Threatening? No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:**

Other Medications: Zyrtec 10 mg tab- 1 tab daily for allergies Singulair 5 mg Tab Chewable -1 tablet orally daily for allergies

Current Illness:**Preexisting Conditions:****Allergies:** No known**Diagnostic Lab Data:****CDC Split Type:**

Write-up: Patient was sitting on the exam table with her mom in the room as I was administering the HPV vaccine. I administered the vaccine in her RT deltoid muscle and turned around to toss away my sharps in the sharps container. As I turned back around I noticed Patient falling down off the exam table from a seated position and I was bae to run and catch her before she fell and hit the counter corner/ground in the exam room. I placed her in supine position on the exam table and she opened her eyes after about 5-10 seconds and "came to" asking what was wrong/what happened. I had her lay down for about 15 minutes and placed a cool cloth on her forehead and took her BP which did decrease a small amount from 104/64 to 90/70. Here PAP, Dr came and made sure she was doing okay before having them leave.

VAERS ID: 2316712 (history)	Vaccinated:	2022-06-11
Form: Version 2.0	Onset:	2022-06-11
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-06-12

Vaccination / Manufacturer	Lot /	Site /
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	Dose	Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

Administered by: Pharmacy **Purchased by:** ?

Symptoms: [Product preparation issue](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: The vaccine was a Pfizer Covid-19 pediatric and WAS NOT diluted prior to administration off 0.2ml

VAERS ID: 2320513 (history)	Vaccinated:	2022-06-13
Form: Version 2.0	Onset:	2022-06-13
Age: 11.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-06-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FM7553 / 2	- / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect product formulation administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: vomiting and low blood pressure after sinovac
Other Medications: none reported
Current Illness: none reported
Preexisting Conditions: unknown
Allergies: none reported
Diagnostic Lab Data:
CDC Split Type:
Write-up: 11 year old child received 12 and up Pfizer.

VAERS ID: 2350001 (history)	Vaccinated:	2022-06-28
Form: Version 2.0	Onset:	2022-06-29
Age: 0.58	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-07-02

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

Administered by: Private **Purchased by:** ?
Symptoms: [Rash](#), [Rash maculo-papular](#)
SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Amoxicillin, day 9/10 day course
Current Illness: Bilateral OM dx. with fever. Suspect this rash may be amor allergy vs. viral exanthema.
Preexisting Conditions:
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient developed a rash on trunk and extremities, a maculopapular rash with some pearly papules, no pruritis, on day 1 after vaccine.

VAERS ID: 2357843 (history)	Vaccinated:	2022-06-30
Form: Version 2.0	Onset:	2022-06-30
Age: 2.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-07-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS1414B / 1	LL / IM

Administered by: Other **Purchased by:** ?

Symptoms: [Diarrhoea](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: office not aware of any

Current Illness: office not aware of any

Preexisting Conditions: office not aware of any

Allergies: office not aware of any

Diagnostic Lab Data: On 7/5 when family called we encouraged them to call their pediatrician, they said they would call them right away. We do not know for sure if they called or where seen by their doctor.

CDC Split Type:

Write-up: started with diarrhea 6/30, some vomiting 7/1, diarrhea off and on, called 7/5 with still some diarrhea

VAERS ID: 2361253 (history)	Vaccinated:	2022-06-29
Form: Version 2.0	Onset:	0000-00-00
Age: 2.0	Submitted:	0000-00-00
Sex: Male	Entered:	2022-07-07
Location: Vermont		

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	5575N / 2	RL / IM

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

Symptoms: [Expired product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: NKDA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine was expired at time given

VAERS ID: 2363976 (history)	Vaccinated:	2022-07-08
Form: Version 2.0	Onset:	2022-07-08
Age: 1.58	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	LS444 / 4	LG / IM
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	AP47C / 2	LG / IM

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

Symptoms: [Injection site papule](#), [Papule](#), [Rash macular](#)

SMQs: Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Ibuprofen
Current Illness: Viral URI 5 days prior
Preexisting Conditions: None
Allergies: None
Diagnostic Lab Data: SpO2 96%, no wheezing or mucosal edema.
CDC Split Type:

Write-up: Given vaccines by nurse, dressed children and checked out. Walked out to the car and noticed that he was covered in pink blotches over face, neck, under his hairline, and front and back torso. Took him back inside and saw some pink papules develop on his thighs as well (looked like viral exanthem). He was re-examined by doctor and no signs of anaphylaxis but given Benadryl.

VAERS ID: [2370752](#) (history) **Vaccinated:** 2022-07-15
Form: Version 2.0 **Onset:** 2022-07-15
Age: 7.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-07-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect dose administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** Pt was given a dose of the Baby Pfizer (6m-4y) vaccine accidentally. Should have been given Pedi Pfizer (5y-11y). No adverse signs or symptoms.

VAERS ID: 2379216 (history)	Vaccinated:	2022-07-21
Form: Version 2.0	Onset:	2022-07-22
Age: 1.92	Days after vaccination:	1
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-07-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 2	LL / -

Administered by: Private **Purchased by:** ?**Symptoms:** [Lethargy](#), [Pyrexia](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:** Tree nuts**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Fever 103f and lethargy

VAERS ID: [2414816](#) (history) **Vaccinated:** 2022-08-18
Form: Version 2.0 **Onset:** 2022-08-18
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	RA / IM

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

Symptoms: [Product preparation issue](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: none

Current Illness: none

Preexisting Conditions: none

Allergies: none

Diagnostic Lab Data: none

CDC Split Type:

Write-up: inadvertently given a dose from an undiluted vial of pfizer covid

VAERS ID: [2414832](#) (history) **Vaccinated:** 2022-08-18
Form: Version 2.0 **Onset:** 2022-08-18
Age: 8.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	LA / IM

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

Symptoms: [No adverse event](#), [Product preparation error](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Flonase nasal spray, Cetirizine 10mg (daily), Vyvanse (daily), Multivitamin, Adderall

Current Illness: none

Preexisting Conditions: ADHD

Allergies: No known allergies

Diagnostic Lab Data: None.

CDC Split Type:

Write-up: Medical assistant inadvertently gave an undiluted dose of the COVID-19 vaccine. Parent notified. At this time, no adverse events reported.

VAERS ID: 2420107 (history)	Vaccinated:	2022-08-05
Form: Version 2.0	Onset:	2022-08-05
Age: 15.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-08-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 2	LA / IM

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

Symptoms: [Expired product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** NKDA**Diagnostic Lab Data:** None.**CDC Split Type:****Write-up:** Received vaccine with a BUD of 7/22/2022.

VAERS ID: 2420868 (history)	Vaccinated:	2022-08-08
Form: Version 2.0	Onset:	2022-08-08
Age: 17.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Expired product administered](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** NKDA**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient received a vaccine with a BUD of 7/22/2022.

VAERS ID: [2420873](#) (history) **Vaccinated:** 2022-08-10
Form: Version 2.0 **Onset:** 2022-08-10
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Proair, Xulane, Zyrtec
Current Illness: None
Preexisting Conditions: Asthma, Allergic Rhinitis, Menometrorrhagia
Allergies: Sulfa
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine with a BUD of 7/22/2022.

VAERS ID: [2421005](#) (history) **Vaccinated:** 2022-08-17
Form: Version 2.0 **Onset:** 2022-08-17
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: None
Current Illness: None
Preexisting Conditions: Amblyopia strabysmic
Allergies: NKDA
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Given vaccine that was beyond it's use date of 7/22/2022

VAERS ID: [2421037](#) (history) **Vaccinated:** 2022-08-18
Form: Version 2.0 **Onset:** 2022-08-18
Age: 10.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:

Other Medications: None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** Infarix**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient was given a vaccine that was beyond it's use date of 7/22/2022

VAERS ID: 2421051 (history)	Vaccinated:	2022-08-18
Form: Version 2.0	Onset:	2022-08-18
Age: 12.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Expired product administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Azelastine**Current Illness:** None**Preexisting Conditions:** Dyspnea on Exertion, Allergic Rhinitis, Snoring, Twitching, Headaches, Enuresis/Nocturnal**Allergies:** No Known Allergies**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Patient given vaccine that was beyond it's use date of 7/22/2022

VAERS ID: [2421060](#) (history) **Vaccinated:** 2022-08-18
Form: Version 2.0 **Onset:** 2022-08-18
Age: 7.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-08-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 3	LA / IM

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

Symptoms: [Expired product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Speech Articulation Disorder, Hyperactivity, Eczema, Constipation

Allergies: Eggs

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient given vaccine that was beyond its use date of 7/22/2022

VAERS ID: [2426649](#) (history) **Vaccinated:** 2022-09-01
Form: Version 2.0 **Onset:** 2022-09-01
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-01

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FN2908 / 3	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Expired product administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKDA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Gave Covid booster after time of 12 hour expiration period

VAERS ID: [2442747](#) (history) **Vaccinated:** 2021-11-02
Form: Version 2.0 **Onset:** 2021-11-17
Age: 0.33 **Days after vaccination:** 15
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV5: ROTAVIRUS (ROTATEQ) / MERCK & CO. INC.	T034512 / 2	MO / PO

Administered by: Private **Purchased by:** ?
Symptoms: [Decreased appetite](#), [Enema administration](#), [Haematemesis](#), [Intussusception](#), [Lethargy](#), [Pyrexia](#), [Surgery](#), [Ultrasound abdomen abnormal](#)
SMQs:, Haemorrhage terms (excl laboratory terms) (narrow), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Retroperitoneal fibrosis (broad), Gastrointestinal obstruction (narrow), Gastrointestinal haemorrhage (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No

ER or Doctor Visit? Yes**Hospitalized?** Yes, 4 days**Extended hospital stay?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** N/A**Preexisting Conditions:** Sacral Dimple in Newborn**Allergies:** N/A**Diagnostic Lab Data:** US abdomen on 11/19/2022 confirmed Dx of intussusception**CDC Split Type:**

Write-up: Fever, loss of appetite on 11/17/2021 followed on 11/18/2021 by non-intractable emesis with blood, lethargy. Two ER trips (11/17/2021, 11/18/2021), second ER trip resulted in admission to hospital. Unable to reduce intussusception with air or fluid enema attempts, surgical intervention required to reduce intussusception. Pt has recovered from surgery with no recurrences or complications.

VAERS ID: 2447636 (history)	Vaccinated:	2022-08-19
Form: Version 2.0	Onset:	2022-08-19
Age: 11.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-09-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 3	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Vaccination site erythema](#), [Vaccination site pruritus](#)**SMQs:****Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none known**Current Illness:** none known**Preexisting Conditions:** congenital single kidney**Allergies:** environmental, Amoxicillin, gluten**Diagnostic Lab Data:** none

CDC Split Type:

Write-up: About 6 hrs after patient received vaccine, the patient realized the site vaccine was given was itchy and red. Family called the office to discuss. Pt denied any signs of distress. Only complaint was itching at the site of vaccine. Reviewed symptoms with patient's PCP and advised cold pack and topical hydrocortisone cream for itching and if persists, oral antihistamine.

VAERS ID: [2452071](#) (history) **Vaccinated:** 2022-07-14
Form: Version 2.0 **Onset:** 2022-07-21
Age: 1.0 **Days after vaccination:** 7
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / IM

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

Symptoms: [Rash](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies: SUNSCREEN

Diagnostic Lab Data:

CDC Split Type:

Write-up: RASH.

VAERS ID: [2452077](#) ([history](#)) **Vaccinated:** 2022-09-16
Form: Version 2.0 **Onset:** 2022-09-17
Age: 1.17 **Days after vaccination:** 1
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-20

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 3	LL / IM

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

Symptoms: [Rash](#)

SMQs: Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: RASH AFTER PFIZER #2

Other Medications:

Current Illness: RASH, COUGH, CONGESTION

Preexisting Conditions:

Allergies: SUNSCREEN

Diagnostic Lab Data:

CDC Split Type:

Write-up: RASH

VAERS ID: [2459905](#) ([history](#)) **Vaccinated:** 2022-09-25
Form: Version 2.0 **Onset:** 2022-09-25
Age: 8.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9702 / 1	LA / IM

Administered by: Pharmacy **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: mMULTIVITAMIN
Current Illness: NO
Preexisting Conditions: NONE, MOTHER STATED THEY HAVE SOME MEETING SET UP WITH SPECIALISTS BUT DID NOT GO INTO WHAT THEY WERE FOR
Allergies: NO
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: PATIENT RECEIVED ADULT DOSE PFIZER BIVALENT VACCINE INSTEAD OF FLU SHOT

VAERS ID: [2460544](#) ([history](#)) **Vaccinated:** 2022-08-21
Form: Version 2.0 **Onset:** 2022-09-19
Age: 0.75 **Days after vaccination:** 29
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-09-26

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AS1412B / 2	LL / IM

Administered by: Public **Purchased by:** ?
Symptoms: [Dermatitis diaper](#), [Diarrhoea](#), [Vomiting](#)
SMQs:, Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:**Other Medications:** Vitamin D**Current Illness:** He tested positive for COVID-19 on 7/28/22.**Preexisting Conditions:** N/A**Allergies:** N/A**Diagnostic Lab Data:** N/A**CDC Split Type:** vsafe**Write-up:** He had diarrhea, a diaper rash and vomiting. It lasted for about 5 days.

VAERS ID: 2466211 (history)	Vaccinated:	2022-09-09
Form: Version 2.0	Onset:	2022-09-23
Age: 1.25	Days after vaccination:	14
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-09-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	AR9236B / 2	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site rash](#), [Papule](#), [Rash papular](#)**SMQs:** Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** URI**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Rash on left deltoid at injection site that developed approximately 2 weeks after administration. Rash is collection of about 8-10 raised flesh colored papules of 1-2mm in diameter. Not painful or itchy. Patient is not bothered by the rash. Skin surrounding the rash is normal. No vesicles, blistering or crusting.

VAERS ID: [2473630](#) (history) **Vaccinated:** 2022-10-10
Form: Version 2.0 **Onset:** 2022-10-10
Age: 17.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-10-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	UT7681LA / 1	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Dizziness](#), [Feeling hot](#), [Vomiting](#)

SMQs: Acute pancreatitis (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Unknown

Current Illness: Unknown

Preexisting Conditions: Unknown

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient post vaccinations c/o feeling warm and lightheaded, patient vomited x1 with resolution of symptoms. Patient was offered water and was continuously monitored. HR 76 strong/regular 1306 All symptoms resolved

VAERS ID: [2476216](#) (history) **Vaccinated:** 2022-10-07
Form: Version 2.0 **Onset:** 2022-10-09
Age: 17.0 **Days after vaccination:** 2
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-10-12

Vaccination / Manufacturer	Lot /	Site /
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	Dose	Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / 1	LA / IM

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

Symptoms: [Cough](#), [Discomfort](#), [Headache](#), [Injection site swelling](#), [Injection site urticaria](#), [Injection site warmth](#), [Rash](#), [Rash erythematous](#), [Rash pruritic](#), [Urticaria](#), [Viral test negative](#), [Wheezing](#)

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Eosinophilic pneumonia (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: flonase, ceterizine

Current Illness: none

Preexisting Conditions: none

Allergies: seasonal

Diagnostic Lab Data: viral respiratory panel to rule out any viral sickness all of which came back negative.

CDC Split Type:

Write-up: Mild discomfort on day one and two (friday, saturday). Sunday woke up to intense cough, headache and developed red itchy bumps on palms and intensely spread head to toe throughout the day. Monday 10/10 at follow up rash was still head to toe but 12 cm x 10 cm raised hive hot to the touch over injection site on left arm. and multiple similar sized hives on right arm, back and trunk had appeared. very uncomfortable with a notable uncomfortable wheeze and cough as well.

VAERS ID: 2476265 (history)	Vaccinated:	2022-10-03
Form: Version 2.0	Onset:	2022-10-03
Age: 9.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-10-12

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL2757 / 2	RA / IM

FLU4: INFLUENZA (SEASONAL) (FLUARIX QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	UT7681LA / N/A	LA / IM
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Administered by: Private **Purchased by:** ?

Symptoms: [Expired product administered](#), [No adverse event](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: COVID vaccine given 3 days post expiration date. No adverse event occurred. PCP, dept of health notified and family notified. Awaiting advice from dept of health on validity of dose and subsequent dosing.

VAERS ID: 2491353 (history)	Vaccinated:	2022-10-27
Form: Version 2.0	Onset:	2022-10-27
Age: 2.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-10-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / 1	LG / IM

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

Symptoms: [Incorrect dose administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:** Fever, cold-like symptoms.**Other Medications:** None**Current Illness:** Ear infection of the left ear.**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:****CDC Split Type:**

Write-up: My daughter received a double dose of the Moderna Covid vaccine. She was at her well child visit with her twin sister. The nurse was training somebody new and didn't verify what syringe they each had since there was 2 covid vaccines and 2 flu shots in the room for each child. And they proceeded to both inject my daughter with two syringes of the Moderna Covid vaccine.

VAERS ID: 2492754 (history)	Vaccinated:	2022-10-28
Form: Version 2.0	Onset:	2022-10-28
Age: 14.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-10-28

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9697 / 4	RA / IM

Administered by: Public **Purchased by:** ?**Symptoms:** [Dizziness](#), [Fall](#), [Feeling hot](#), [Hyperhidrosis](#), [Malaise](#), [Pallor](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Accidents and injuries (narrow), Vestibular disorders (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:** None**Preexisting Conditions:** None**Allergies:** NKA**Diagnostic Lab Data:** N/A.

CDC Split Type:

Write-up: Patient came to the vaccine clinic with his mom to get his Pfizer Bivalent booster dose. He received the dose at 3:50, while waiting in the waiting area he started to not feel well and walked to a family friend who is a vaccinator at 3:55. Patient was complaining of feel dizzy, warm, sweaty and pale. He started to fall to the ground and his mom lowered him. Mom does not believe there was LOC, he did not strike his head or any other body parts and has no additional complaints. At 3:59 patient was given water and a granola bar and advised he was feeling much better. Both he and his mom stayed with us for approximately 30 minutes to ensure he was feeling 100%.

VAERS ID: 2496524 (history)	Vaccinated:	2022-08-19
Form: Version 2.0	Onset:	2022-08-19
Age: 4.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-11-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 2	LA / IM

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

Symptoms: [Inappropriate schedule of product administration](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: none

CDC Split Type:

Write-up: patient received 2nd dose at 15 days instead of 21 days from 1st dose

VAERS ID: [2500528](#) (history) **Vaccinated:** 2022-11-03
Form: Version 2.0 **Onset:** 2022-11-03
Age: 6.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-11-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT1551 / UNK	- / SYR

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

Symptoms: [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: no

Current Illness: no

Preexisting Conditions: no

Allergies: no

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient was given Pfizer 5-11 vaccination Lot #FT1551 when patient was actually supposed to get the Pfizer bivalent that day, as she completed her primary series in 2021.

VAERS ID: [2507084](#) (history) **Vaccinated:** 2022-10-28
Form: Version 1.0 **Onset:** 0000-00-00
Age: 5.0 **Submitted:** 2022-11-01
Sex: Female **Entered:** 2022-11-07
Location: Vermont **Days after submission:** 6

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK1657 / 1	LA / -
DTAPIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C6002BA / 1	RA / -
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7684DA / 7+	LA / -

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

Symptoms: [No adverse event](#)

SMQs:

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Multivitamin

Current Illness: N/A

Preexisting Conditions: Soy allergy

Allergies:

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: No adverse events

VAERS ID: 2501830 (history)	Vaccinated:	2022-11-08
Form: Version 2.0	Onset:	2022-11-08
Age: 0.83	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FT9142 / 1	LL / IM

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

Symptoms: [Product preparation issue](#)

SMQs: Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: None
Preexisting Conditions: None known
Allergies: NKDA
Diagnostic Lab Data:
CDC Split Type:
Write-up: 0.2 mL dose provided without diluent

VAERS ID: [2503457](#) (history) **Vaccinated:** 2022-11-01
Form: Version 2.0 **Onset:** 2022-11-01
Age: 14.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUR4: INFLUENZA (SEASONAL) (FLUBLOK QUADRIVALENT) / PROTEIN SCIENCES CORPORATION	UJ892AA / N/A	RA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [No adverse event](#)
SMQs:
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions: Innocent murmur
Allergies:
Diagnostic Lab Data:

CDC Split Type:**Write-up:** Patient received the vaccine no adverse effect has been reported

VAERS ID: [2509754](#) (history) **Vaccinated:** 2022-11-15
Form: Version 2.0 **Onset:** 2022-11-15
Age: 13.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-11-16

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GH9693 / N/A	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Incorrect product formulation administered](#), [No adverse event](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** loratadine 10mg daily as needed**Current Illness:** NA**Preexisting Conditions:** nevus, allergic rhinitis**Allergies:** NKDA**Diagnostic Lab Data:** NA**CDC Split Type:****Write-up:** Patient received COVID Pfizer Bivalent booster instead of scheduled Pfizer Monovalent dose #2 at 11/15/22 visit. No harm to patient/adverse reaction. In process of notifying family as to plan for series/booster once finalized by Dept of Health.

VAERS ID: [2513004](#) (history) **Vaccinated:** 2022-11-21
Form: Version 2.0 **Onset:** 2022-11-21
Age: 10.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2022-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK1657 / 3	LA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U7684DA / UNK	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Fall](#), [Immediate post-injection reaction](#), [Syncope](#)

SMQs: Torsade de pointes/QT prolongation (broad), Arrhythmia related investigations, signs and symptoms (broad), Accidents and injuries (narrow), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (narrow), Hypoglycaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: NKA

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient rcv"d Bivalent Booster with no issues followed by her Flu vaccine. Immediately following she experienced a 30 second syncopal episode. She fell to the floor landing partially on her mom. PE completed with no findings, vitals were monitored and remained within normal limits, patient was provided with water and a snack. Within 5 minutes patient was feeling 100% better.

VAERS ID: 2536887 (history)	Vaccinated:	2022-12-19
Form: Version 2.0	Onset:	2022-12-19
Age: 11.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-12-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	AS7168B / 4	RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Patient was given .5 ml of Moderna Bivalent and should have received .25 ml as he is only 11 years and 8 months.

VAERS ID: 2540777 (history)	Vaccinated:	2021-12-29
Form: Version 2.0	Onset:	2022-01-06
Age: 9.0	Days after vaccination:	8
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2022-12-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL0007 / 1	LA / IM
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8094 / 2	LA / IM

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

Symptoms: [Dizziness](#), [Feeling abnormal](#), [Headache](#), [Pain](#), [Postural orthostatic tachycardia syndrome](#)

SMQs: Anticholinergic syndrome (broad), Dementia (broad), Vestibular disorders (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? Yes

Recovered? No

Office Visit? Yes**ER Visit?** No**ER or Doctor Visit?** Yes**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** Patient started to feel awful post first covid vaccine, worsened after the second vaccine and has since been diagnosed with POTS syndrome**Allergies:** None**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Patient with onset of dizzy spells, headaches, body pain post vaccine, worsened after 2nd. Diagnosed with POTS Saw PEDI Neuro

VAERS ID: 2552144 (history)	Vaccinated:	2022-11-23
Form: Version 2.0	Onset:	2022-11-24
Age: 13.0	Days after vaccination:	1
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-01-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	HF24A / 1	AR / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Diarrhoea](#), [Fatigue](#), [Headache](#), [Nausea](#)**SMQs:** Acute pancreatitis (broad), Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** No Known Allergies**Diagnostic Lab Data:** None**CDC Split Type:****Write-up:** Diarrhea, headache, nausea, fatigue for a week - treated with rest and herbal remedies

Has had similar reactions to majority of vaccines in the past per mother

VAERS ID: [2559471](#) (history) **Vaccinated:** 2023-01-12
Form: Version 2.0 **Onset:** 2023-01-12
Age: 11.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	C472T / 1	LA / IM

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

Symptoms: [Wrong product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None known

Current Illness: None known

Preexisting Conditions: None known

Allergies: None known

Diagnostic Lab Data: none

CDC Split Type:

Write-up: Patient was supposed to be given Tdap, was given Kinrix DTap instead by mistake. PCP made aware and made parent aware.

VAERS ID: [2562315](#) (history) **Vaccinated:** 2023-01-18
Form: Version 2.0 **Onset:** 2023-01-18
Age: 7.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-18

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ3270 / 3	LA / IM
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Administered by: Private **Purchased by:** ?

Symptoms: [Incorrect dose administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Given Pfizer bivalent 0.3 ml adult booster dose Intended dose, Pfizer Bivalent 0.2 ml booster dose

VAERS ID: 2563265 (history)	Vaccinated:	2022-12-28
Form: Version 2.0	Onset:	2022-12-28
Age: 11.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-01-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	- / 3	- / IM

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

Symptoms: [Expired product administered](#), [No adverse event](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? Yes

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Patient received a dose of the 5-11 year old Pfizer booster after BUD, by one day. Our site notified the state, who called Pfizer to confirm any follow up actions, side effects to watch for, and any need for re-vaccination. The state notified us that re-vaccination was not required, and no negative side effects expected. Person who administered the vaccine notified the patient's mother who understood and stated that patient did not experience any ill side effects. Unusual occurrence form completed for clinic. No adverse event occurred.

VAERS ID: 2565803 (history)	Vaccinated:	2023-01-23
Form: Version 2.0	Onset:	2023-01-23
Age: 1.67	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FX5095 / UNK	LL / IM

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

Symptoms: [Interchange of vaccine products](#)

SMQs:, Medication errors (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None**CDC Split Type:**

Write-up: Confirmed Pfizer vaccine with parent prior to administration without confirming the previous administered dose. Noticed after administration when completing COVID vaccine cards that patient's received Moderna as first dose, not Pfizer. Patient was well when departing the office. Family/provider aware of error.

VAERS ID: 2565804 (history)	Vaccinated:	2023-01-23
Form: Version 2.0	Onset:	2023-01-23
Age: 1.67	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-01-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FX5095 / UNK	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Interchange of vaccine products](#)**SMQs:** Medication errors (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None**Current Illness:** None**Preexisting Conditions:** None**Allergies:** None**Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Confirmed Pfizer vaccine with parent prior to administration without confirming the previous administered dose. Noticed after administration when completing COVID vaccine cards that patient's received Moderna as first dose, not Pfizer. Patient was well when departing the office. Family/provider aware of error.

VAERS ID: [2566601](#) ([history](#)) **Vaccinated:** 2023-01-21
Form: Version 2.0 **Onset:** 2023-01-21
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 3	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Expired product administered](#), [Product storage error](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine had a BUD of 1/18/2023 as it was delivered unfrozen and immediately placed in the refrigerator unit.

VAERS ID: [2566604](#) ([history](#)) **Vaccinated:** 2023-01-21
Form: Version 2.0 **Onset:** 2023-01-21
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 3	LA / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: [Expired product administered](#), [Product storage error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine had a BUD of 1/18/2023 as it was delivered unfrozen and immediately placed in the refrigerator unit.

VAERS ID: [2566606](#) (history) **Vaccinated:** 2023-01-21
Form: Version 2.0 **Onset:** 2023-01-21
Age: 1.58 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 3	LL / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: [Expired product administered](#), [Product storage error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine had a BUD of 1/18/2023 as it was delivered unfrozen and immediately placed in the refrigerator unit.

VAERS ID: 2566607 (history)	Vaccinated:	2023-01-21
Form: Version 2.0	Onset:	2023-01-21
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-01-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 3	LL / IM

Administered by: Unknown **Purchased by:** ?
Symptoms: [Expired product administered](#), [Product storage error](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Vaccine had a BUD of 1/18/2023 as it was delivered unfrozen and immediately placed in the refrigerator unit

VAERS ID: [2567737](#) (history) **Vaccinated:** 2023-01-20
Form: Version 2.0 **Onset:** 2023-01-20
Age: 0.33 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-25

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	E2L54 / UNK	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Vitamin D 10mcg/mL, 1ml daily

Current Illness: none

Preexisting Conditions: none

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Kinrix vaccination selected instead of age appropriate vaccine for Dtap and IPV. Vaccine administered around 4pm on Friday 1/20/2023. No SE at time of vaccination. Family denies any SE after the vaccination. Adverse event was the administration of the incorrect vaccine. Communicated with Dept of Health -- vaccine is eligible and does not need to be repeated. Family aware.

VAERS ID: [2572294](#) (history) **Vaccinated:** 2023-01-31
Form: Version 2.0 **Onset:** 2023-01-31
Age: 0.58 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-01-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FX5095 / 2	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [No adverse event](#), [Product preparation error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: vitamin d3
Current Illness: n/a
Preexisting Conditions: n/a
Allergies: n/a
Diagnostic Lab Data:
CDC Split Type:
Write-up: Vaccine was given to the patient without being diluted. No known adverse symptoms reported from this at this time.

VAERS ID: [2575194](#) (history) **Vaccinated:** 2023-02-03
Form: Version 2.0 **Onset:** 2023-02-03
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-02-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 1	LL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No

Previous Vaccinations:**Other Medications:** n/a**Current Illness:** n/a**Preexisting Conditions:** n/a**Allergies:** n/a**Diagnostic Lab Data:** n/a**CDC Split Type:****Write-up:** Patient came in for first dose of moderna vaccine and was given bivalent dose.**VAERS ID:** [2578623](#) (history) **Vaccinated:** 2023-01-19**Form:** Version 2.0 **Onset:** 2023-01-01**Age:** 11.0 **Submitted:** 0000-00-00**Sex:** Male **Entered:** 2023-02-08**Location:** Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FP7140 / 2	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [Wrong product administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** none**Current Illness:** none**Preexisting Conditions:** none**Allergies:** nka**Diagnostic Lab Data:** none**CDC Split Type:****Write-up:** wrong Pfizer vaccine given to patient

VAERS ID: [2579717](#) (history) **Vaccinated:** 2022-08-10
Form: Version 2.0 **Onset:** 2022-08-10
Age: 12.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-02-10

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	1780876 / 1	RA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENACTRA) / SANOFI PASTEUR	U7483AA / 1	RA / IM
TDAP: TDAP (BOOSTRIX) / GLAXOSMITHKLINE BIOLOGICALS	C5872AA / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Pain in extremity](#), [Tenderness](#)
SMQs: Tendinopathies and ligament disorders (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? Yes
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: Anxiety
Allergies: Penicillins
Diagnostic Lab Data:
CDC Split Type:

Write-up: Ongoing soreness in left arm following injection of the Tdap vaccine (boosterix). Patient describes pain as "a faint bruise feeling" only when pressure is applied. No bump on palpation.

VAERS ID: [2581476](#) (history) **Vaccinated:** 2023-01-31
Form: Version 2.0 **Onset:** 2023-01-31
Age: 8.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-02-14

Vaccination / Manufacturer	Lot / Dose	Site / Route

COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH

GD1857 / 3

LA / IM

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

Symptoms: [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Adderall 5 mg BID Melatonin Multivitamin

Current Illness: None

Preexisting Conditions: ADHD

Allergies: Penicillin

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Patient was to receive Pfizer Bivalent booster for ages 5-11 years (third in this patients series). Instead, patient received a dose of the Pfizer primary series for ages 5-11 years . State and PCP informed. Called and left a VM with the mother.

VAERS ID: 2593227 (history)	Vaccinated:	2023-02-27
Form: Version 2.0	Onset:	2023-02-27
Age: 2.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-03-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT) / GLAXOSMITHKLINE BIOLOGICALS	5M2H2 / 1	LA / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	U007684 / 1	LA / SC
PNC13: PNEUMO (PREVNAR13) / PFIZER/WYETH	FF7357 / 4	LL / IM
TD: TD ADSORBED (TDVAX) / MASS. PUB HLTH BIOL LAB	A142A / 4	LA / IM

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

Symptoms: [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A
Diagnostic Lab Data: N/A
CDC Split Type:
Write-up: A Tetanus and Diphtheria vaccine was given instead of a Vaxelius.

VAERS ID: [2596314 \(history\)](#) **Vaccinated:** 2023-02-27
Form: Version 2.0 **Onset:** 2023-02-27
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-03-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: [Expired product administered](#), [No adverse event](#), [Product storage error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:**Allergies:****Diagnostic Lab Data:****CDC Split Type:** USMODERNATX, INC.MOD20237

Write-up: The vial was initially stored in the refrigerator on 05-Jan-2023 and administered on 27-FEB-2023; No adverse event; Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date 04-Feb-2023; This spontaneous case was reported by an other health care professional and describes the occurrence of EXPIRED PRODUCT ADMINISTERED (Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date 04-Feb-2023), PRODUCT STORAGE ERROR (The vial was initially stored in the refrigerator on 05-Jan-2023 and administered on 27-FEB-2023) and NO ADVERSE EVENT (No adverse event) in a 5-year-old female patient who received mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL ANDOMICRON BA.4/BA.5)) (batch no. 215K22A) for COVID-19 prophylaxis. No Medical History information was reported. On 27-Feb-2023, the patient received dose of mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL ANDOMICRON BA.4/BA.5)) (unknown route) .2 milliliter. On 27-Feb-2023, after starting mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL ANDOMICRON BA.4/BA.5)), the patient experienced EXPIRED PRODUCT ADMINISTERED (Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date 04-Feb-2023). On an unknown date, the patient experienced PRODUCT STORAGE ERROR (The vial was initially stored in the refrigerator on 05-Jan-2023 and administered on 27-FEB-2023) and NO ADVERSE EVENT (No adverse event). At the time of the report, EXPIRED PRODUCT ADMINISTERED (Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date 04-Feb-2023), PRODUCT STORAGE ERROR (The vial was initially stored in the refrigerator on 05-Jan-2023 and administered on 27-FEB-2023) and NO ADVERSE EVENT (No adverse event) outcome was unknown. For mRNA-1273 BIVALENT .222 (MODERNA COVID-19 VACCINE, BIVALENT (ORIGINAL ANDOMICRON BA.4/BA.5)) (Unknown), the reporter considered NO ADVERSE EVENT (No adverse event) to be not related. No further causality assessments were provided for EXPIRED PRODUCT ADMINISTERED (Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date 04-Feb-2023) and PRODUCT STORAGE ERROR (The vial was initially stored in the refrigerator on 05-Jan-2023 and administered on 27-FEB-2023). No concomitant medications were reported. It was unknown if patient received any other vaccine 4 weeks prior to COVID-19 vaccine. Health nurse stating that she was inquiring on a medication error with the Moderna Bivalent 6 months to 5 yrs. Dose was administered after 30-day Use by Date of 04-Feb-2023. Moderna Bivalent 6 months to 5 years vaccine dose was administered after 30-day Use by date or after manufacturer date of expiry It was reported that individual vials were used. The vial was initially stored in the refrigerator on 05-Jan-2023. The vial did not undergo any temperature excursions. No treatment information was reported.

VAERS ID: 2599941 (history)	Vaccinated: 2021-11-29
Form: Version 2.0	Onset: 0000-00-00
Age: 6.0	Submitted: 0000-00-00
Sex: Female	Entered: 2023-03-15
Location: Vermont	

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK5127 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Product preparation error](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Patient was given 0.2 ml of undiluted pfizer vaccine

VAERS ID: [2598503](#) ([history](#)) **Vaccinated:** 2023-03-15
Form: Version 2.0 **Onset:** 2023-03-15
Age: 3.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK1667 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: None
Preexisting Conditions: None
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Bivalent Dose was given as the first primary series shot.

VAERS ID: [2598505 \(history\)](#) **Vaccinated:** 2023-03-15
Form: Version 2.0 **Onset:** 2023-03-15
Age: 5.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GK0876 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect product formulation administered](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: NKA
Diagnostic Lab Data:
CDC Split Type:
Write-up: Bivalent booster given as first primary dose.

VAERS ID: [2598581](#) ([history](#)) **Vaccinated:** 2023-02-27
Form: Version 2.0 **Onset:** 2023-02-27
Age: 5.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-03-17

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	215K22A / 1	LA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Expired product administered](#), [No adverse event](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: During clinic held on 2/27/2023 a 5-year-old child was giving a dose of Moderna 6m-5y bivalent that had a BUD date of 2/4/2023. The mistake was discovered after the clinic. I contacted Moderna who did a lot activity test and determined that the vaccine was still active on 2/27/2023 and that a readministration of the vaccine was not necessary. No adverse affects were reported by the patient or patient guardian.

VAERS ID: [2603520](#) ([history](#)) **Vaccinated:** 2022-09-22
Form: Version 2.0 **Onset:** 2023-02-02
Age: 12.0 **Days after vaccination:** 133
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-03-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
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COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH

GH9694 /
4

RA / IM

Administered by: Public **Purchased by:** ?

Symptoms: [Abdominal pain upper](#), [Burning sensation](#), [Eczema](#), [Pruritus](#), [Rash](#), [Rash macular](#)
SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Peripheral neuropathy (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: abdominal pain after all COVID-19 vaccines, beginning at 24 hours, lasting 12 hours

Other Medications: N/A

Current Illness: N/A

Preexisting Conditions: N/A

Allergies: N/A

Diagnostic Lab Data: N/A

CDC Split Type: vsafe

Write-up: On 01/30/2023, we noticed a rash on her face. Itchy, burning, along the hairline, cheeks, neck and it was patchy and blotchy. We went to the dermatologist and she was diagnosed with Eczema. She gave her a prescription for two topical medications as well as over the counter cream. She is much better. She also had stomach pain twenty four hours after the vaccine for twelve hours, on 09/23/2022.

VAERS ID: 2606270 (history)	Vaccinated:	2022-05-27
Form: Version 2.0	Onset:	2022-07-27
Age: 5.0	Days after vaccination:	61
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-03-30

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (JANSSEN)) / JANSSEN	- / 1	- / OT

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

Symptoms: [Inappropriate schedule of product administration](#), [No adverse event](#)
SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: USMODERNATX, INC.MOD20237

Write-up: No adverse event; first dose received 0n 27-May-2022 and second dose on 27-Jul-2022; This spontaneous case was reported by a nurse and describes the occurrence of INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (first dose received 0n 27-May-2022 and second dose on 27-Jul-2022) and NO ADVERSE EVENT (No adverse event) in a 5-year-old female patient who received mRNA-1273 (Spikevax) for COVID-19 prophylaxis. No Medical History information was reported. On 27-May-2022, the patient received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. On 27-Jul-2022, received second dose of mRNA-1273 (Spikevax) (unknown route) dosage was changed to 1 dosage form. On 27-Jul-2022, after starting mRNA-1273 (Spikevax), the patient experienced INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (first dose received 0n 27-May-2022 and second dose on 27-Jul-2022). On an unknown date, the patient experienced NO ADVERSE EVENT (No adverse event). At the time of the report, INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (first dose received 0n 27-May-2022 and second dose on 27-Jul-2022) and NO ADVERSE EVENT (No adverse event) outcome was unknown. For mRNA-1273 (Spikevax) (Unknown), the reporter considered NO ADVERSE EVENT (No adverse event) to be not related. No further causality assessment was provided for INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION (first dose received 0n 27-May-2022 and second dose on 27-Jul-2022). Concomitant medications were not reported. It was unknown whether the patient ever been diagnosed with/ tested positive for COVID-19. Treatment medications were not reported. This case was linked to MOD-2023-714991 (Patient Link).

VAERS ID: [2617223](#) (history) **Vaccinated:** 2023-03-17
Form: Version 2.0 **Onset:** 0000-00-00
Age: 10.0 **Submitted:** 0000-00-00
Sex: Male **Entered:** 2023-04-11
Location: Vermont

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	FJ3270 / 3	AR / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Tylenol, Ibuprofen, Proair inhaler
Current Illness: No known illness
Preexisting Conditions: No known chronic concerns
Allergies: None
Diagnostic Lab Data: None
CDC Split Type:
Write-up: Pfizer vaccine for individuals 12+ years old given to child under this age. No side effects noted.

VAERS ID: [2615590](#) (history) **Vaccinated:** 2023-02-16
Form: Version 2.0 **Onset:** 2023-03-13
Age: 1.0 **Days after vaccination:** 25
Sex: Unknown **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-04-14

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	- / UNK	- / -
PNC15: PNEUMO (VAXNEUVANCE) / MERCK & CO. INC.	- / UNK	- / -
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	- / UNK	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: [Gianotti-Crosti syndrome](#), [Rash](#), [Rash maculo-papular](#)
SMQs:, Liver infections (broad), Anaphylactic reaction (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No

Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:

CDC Split Type: US0095075132304USA003238

Write-up: flat, maculopapular, non-blanchable rash on the limbs, buttocks and face; He stated that he believes that the child's rash resembles Gianotti-Crosti syndrome; This spontaneous report was received from a physician and refers to a 1-year-old patient of unknown gender. No medical history, concurrent conditions nor concomitant medications were reported. On 16-FEB-2023, the patient was vaccinated with dose of varicella virus vaccine live (Oka/Merck) (VARIVAX); dose of pneumococcal 15v conj vaccine (CRM197) prefilled syringe (VAXNEUVANCE) and dose of measles, mumps, and rubella (Wistar RA 27-3) virus vaccine, live (M-M-R II) (exact doses, lot numbers, expiration dates, routes of administration and anatomical locations were not provided) for prophylaxis. On 13-MAR-2023, the patient experienced flat, maculopapular, non-blanchable rash on the limbs, buttocks and face. The physician stated that the child's rash resembled Gianotti-Crosti syndrome. The patient did not have any other symptoms such as a runny nose, congestion or fever. The patient came back later that day and patient's mother had some questions. They briefly discussed the program and reviewed sample collection and shipping instruction in case the physician decided to submit a sample for PCR testing. The physician reported that he would discuss with patient's mother and contact if he planed on submitting a sample through the program. He additionally reported that he did not feel that sample collection would be possible without removing a "chunk" of the patient's skin since it was a flat, maculopapular rash and he did not feel that the rash was varicella. Additional information had been requested. The outcome of the events was reported as not recovered/not resolved. The action taken with suspect vaccines regarding the events was not applicable. The relatedness between the events and suspect vaccines was reported as unlikely to be related.

VAERS ID: 2649110 (history)	Vaccinated:	2023-06-01
Form: Version 2.0	Onset:	2023-06-14
Age: 1.0	Days after vaccination:	13
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-06-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (PRIORIX) / GLAXOSMITHKLINE BIOLOGICALS	- / 1	LG / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Pyrexia](#), [Rash morbilliform](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:****Write-up:** 102 degree fever for 2 days beginning 13 days after receiving immunization. Then head to toe measles like bumps all over the body for 36 hours before peaking and beginning to subside.

VAERS ID: 2652018 (history)	Vaccinated:	2023-04-03
Form: Version 2.0	Onset:	2023-04-03
Age: 10.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-07-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	3KS4F / 3	RA / IM
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	W002452 / 2	LA / IM
MMRV: MEASLES + MUMPS + RUBELLA + VARICELLA (PROQUAD) / MERCK & CO. INC.	W016359 / 2	LA / SC

Administered by: Private **Purchased by:** ?**Symptoms:** [Product administered to patient of inappropriate age](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:
Write-up: Kinrix administered to a patient over 7 years old

VAERS ID: [2655042](#) (history) **Vaccinated:** 2023-05-01
Form: Version 2.0 **Onset:** 2023-06-19
Age: 0.5 **Days after vaccination:** 49
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-07-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (MODERNA BIVALENT)) / MODERNA	201L22A / 1	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Inappropriate schedule of product administration](#), [Underdose](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: none
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient was given incorrect vaccine, Not approved strength for age based on changes

made with Bivalants Patient also received second dose on incorrect 6/19/23

VAERS ID: [2665650](#) (history) **Vaccinated:** 2023-08-03
Form: Version 2.0 **Onset:** 2023-08-03
Age: 12.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-08-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) / PFIZER/BIONTECH	GJ3268 / 3	- / IM

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

Symptoms: [Expired product administered](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: None

Allergies: None

Diagnostic Lab Data: None

CDC Split Type:

Write-up: Vaccine was given 08/03/2023 prior to noticing that the use by date was 08/02/2023.

VAERS ID: [2667043](#) (history) **Vaccinated:** 2023-08-07
Form: Version 2.0 **Onset:** 2023-08-07
Age: 9.0 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-08-07

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19-2: COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) /	GY 5686 /	LA / IM

PFIZER/BIONTECH

1

Administered by: Public **Purchased by:** ?**Symptoms:** [Abdominal discomfort](#), [Disorientation](#), [Dizziness](#), [Hyperhidrosis](#), [Immediate post-injection reaction](#)**SMQs:** Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Gastrointestinal perforation, ulcer, haemorrhage, obstruction non-specific findings/procedures (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Hypersensitivity (narrow), Hypoglycaemia (broad), Dehydration (broad)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** this was not assessed.**Current Illness:** Patient was not sick at the time of vaccination.**Preexisting Conditions:** No health conditions mentioned on the screening form.**Allergies:** no allergies to medications or food.**Diagnostic Lab Data:****CDC Split Type:****Write-up:** Immediately after vaccination, Patient became quiet and seemed a little disoriented and surprised by the vaccination process. We asked him how he was doing, and he said he was feeling okay. However we asked him to sit for a few minutes after vaccination. After that, upon standing, he said his head felt a little dizzy. He was asked to sit back down. He appeared a little sweaty as well and reported that his stomach felt a little unsettled. He was given an ice pack for the back of his neck, water, apple juice, and popcorn and was monitored for 20 additional minutes. He never lost consciousness but seemed to have a minor vasovagal response. He was able to stand without feeling dizzy prior to leaving our office. He left with this mom and siblings.

VAERS ID: 2675647 (history)	Vaccinated:	2023-08-23
Form: Version 2.0	Onset:	2023-08-23
Age: 0.67	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-08-23

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC20: PNEUMO (PREVNAR20) / PFIZER/WYETH	- / UNK	- / -

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

Symptoms: [Wrong product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Administrative Error PCV 20 given to patient instead of PCV-15. Provider aware, Provider called state and this was declared near miss.

Current Illness: No

Preexisting Conditions: NO

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: See Item 9 for explanation

VAERS ID: 2676270 (history)	Vaccinated:	2023-08-17
Form: Version 2.0	Onset:	2023-08-17
Age: 5.0	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-08-24

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (KINRIX) / GLAXOSMITHKLINE BIOLOGICALS	C6002BA / UNK	- / SC

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

Symptoms: [Incorrect route of product administration](#)

SMQs:, Drug abuse and dependence (broad), Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:**Other Medications:****Current Illness:****Preexisting Conditions:****Allergies:****Diagnostic Lab Data:****CDC Split Type:** USGSKUS2023112128

Write-up: Kinrix was administered subcutaneously instead of intramuscularly; This non-serious case was reported by a other health professional via call center representative and described the occurrence of intramuscular formulation administered by other route in a 5-year-old patient who received DTPa-IPV (Kinrix) (batch number C6002BA) for prophylaxis. On 17-AUG-2023, the patient received Kinrix (subcutaneous). On 17-AUG-2023, an unknown time after receiving Kinrix, the patient experienced intramuscular formulation administered by other route (Verbatim: Kinrix was administered subcutaneously instead of intramuscularly). The outcome of the intramuscular formulation administered by other route was unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional Information: GSK Receipt Date: 17-AUG-2023 The reporter stated that Kinrix was administered subcutaneously instead of intramuscularly, which led to intramuscular formulation administered by other route. Lot number provided did not identify as a GSK vaccine. The reporter did not have initials or gender at the time of call. The reporter consented to follow up via postal.

VAERS ID: 2678186 (history)	Vaccinated:	2023-08-23
Form: Version 2.0	Onset:	2023-08-30
Age: 11.0	Days after vaccination:	7
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
MNQ: MENINGOCOCCAL CONJUGATE (MENQUADFI) / SANOFI PASTEUR	U7827AC / 1	LA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Injection site erythema](#), [Injection site swelling](#)**SMQs:**, Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No

ER or Doctor Visit? No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None.**Current Illness:** None**Preexisting Conditions:** Atopic Dermatitis**Allergies:** Gluten Protein Neosporin**Diagnostic Lab Data:****CDC Split Type:****Write-up:** injection site noted to be pink, with swelling up to 2 cm , 7 days after injection.

VAERS ID: 2678258 (history)	Vaccinated:	2023-08-31
Form: Version 2.0	Onset:	2023-08-31
Age: 1.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-08-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPV: DTAP + IPV (QUADRACEL) / SANOFI PASTEUR	C6002BA / 4	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (PRIORIX) / GLAXOSMITHKLINE BIOLOGICALS	W009104 / 1	LL / IM
UNK: VACCINE NOT SPECIFIED (NO BRAND NAME) / UNKNOWN MANUFACTURER	X007372 / 1	RL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [No adverse event](#), [Product administration error](#), [Wrong product administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** None.**Current Illness:** None.**Preexisting Conditions:** None.

Allergies: None.**Diagnostic Lab Data:** nONE.**CDC Split Type:**

Write-up: ADMINISTRATION ERROR: He got his vaccine, was very busy this morning and she accidentally grabbed the wrong vile. He was supposed to get the pneumococcal vaccine instead of the Quadracel vaccine. He has not had any reaction at this point. They also informed the mother of the error, and notified her that they were going to report it to VAERS.

VAERS ID: 2679316 (history)	Vaccinated:	2023-08-31
Form: Version 2.0	Onset:	2023-08-31
Age: 1.42	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-09-05

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAP: DTAP (INFANRIX) / GLAXOSMITHKLINE BIOLOGICALS	3M9Y7 / 4	LL / IM
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ797AA / 4	RL / IM
PNC15: PNEUMO (VAXNEUVANCE) / MERCK & CO. INC.	X004289 / 4	RL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Product preparation error](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** Yes**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Acetaminophen 160mg/5mL Amoxicillin 400mg/5mL Cholecalciferol 10mcg/mL Erythromycin 5mg/gm**Current Illness:** Changes in stool (R19.5) Bilateral acute otitis media (H66.93) Chronic Diarrhea (K52.9)**Preexisting Conditions:** Chronic Diarrhea (K52.9)**Allergies:****Diagnostic Lab Data:****CDC Split Type:**

Write-up: Hib Conjugate vaccine reconstituted with incorrect diluent. Instead of vaccine being reconstituted with the supplied SALINE DILUENT (0.4% SODIUM CHLORIDE) 0.6mL [UJ797AA exp 9/10/23) it was reconstituted with the STERILE DILUENT (STERILE WATER) 0.7mL [U035269 exp 4/5/2024] supplied for MERCK SHARP AND DOHME CORP LIVE VIRUS VACCINES. This error has been reported to the Department of Health and repeat vaccination has

been recommended to the family.

VAERS ID: [2685232](#) (history) **Vaccinated:** 2023-07-27
Form: Version 2.0 **Onset:** 2023-07-27
Age: 0.17 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-09-22

Vaccination / Manufacturer	Lot / Dose	Site / Route
RV1: ROTAVIRUS (ROTARIX) / GLAXOSMITHKLINE BIOLOGICALS	- / UNK	MO / PO

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

Symptoms: [Diarrhoea](#)

SMQs: Pseudomembranous colitis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Noninfectious diarrhoea (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: N/A

Current Illness: A dry cough from a mild upper respiratory infection.

Preexisting Conditions:

Allergies: N/A

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Liquid diarrhea for 4 weeks straight after vaccination was administered.

VAERS ID: [2692888](#) (history) **Vaccinated:** 2023-10-09
Form: Version 2.0 **Onset:** 2023-10-09
Age: 1.25 **Days after vaccination:** 0
Sex: Male **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-10-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ784AAA / 4	RL / IM

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

Symptoms: [Expired product administered](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: albuterol, Fluoride

Current Illness: N/A

Preexisting Conditions: asthma

Allergies: NKA

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Patient was given a dose of expired ActHIB. Dose expired 10/7/23 and was administered 10/09/23

VAERS ID: 2698864 (history)	Vaccinated:	2023-10-09
Form: Version 2.0	Onset:	2023-10-09
Age: 1.25	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-10-19

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (ACTHIB) / SANOFI PASTEUR	UJ784AAA / UNK	- / OT

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

Symptoms: [Expired product administered](#), [Medication error](#), [No adverse event](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:**Diagnostic Lab Data:****CDC Split Type:** USSA2023SA314410

Write-up: a practice that i oversee gave a act-hib vaccination after the expiration date with no reported adverse event; Initial information received on 10-Oct-2023 regarding an unsolicited valid non-serious case received from other health professional. This case involves a 15-months-old and unknown gender patient who got a HIB (PRP/T) vaccine [ACT-HIB] vaccination after the expiration date with no reported adverse event. The patient's past medical history, medical treatment(s), vaccination(s) and family history were not provided. On 09-Oct-2023, the patient received unknown expired dose of suspect HIB (PRP/T) vaccine, Powder and solvent for solution for injection (batch number: UJ784AAA; expiry date: 07-Oct-2023) via unknown route in unknown administration site for immunization with no reported adverse event (expired product administered) (same day latency). Reportedly, A practice that reporter oversee gave a Hib vaccination after the expiration date and reporter was hoping you could tell me if the dose should be repeated or if it will count as valid Action taken: not applicable. At time of reporting, the outcome was Unknown for the event. No additional details. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder's compliance with the requirements set out in the Directive 2001/83/EC and Module VI of the Good Pharmacovigilance Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID: 2707097 (history)	Vaccinated:	2023-10-20
Form: Version 2.0	Onset:	2023-10-20
Age: 0.25	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-10-31

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTAIPVHIB: DTAP + IPV + HIB (PENTACEL) / SANOFI PASTEUR	- / UNK	- / OT

Administered by: Unknown **Purchased by:** ?
Symptoms: [Expired product administered](#), [No adverse event](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:

CDC Split Type: USSA2023SA328418

Write-up: administered a PENTACEL today/The expiration date of the administered PENTACEL is 09Oct2023 with no reported adverse event; Initial information received on 20-Oct-2023 regarding an unsolicited valid non-serious case received from a nurse. This case involves a 3 months old and unknown gender patient who was administered Diphtheria/Tetanus/5 Hybrid Ac Pertussis/Ipv(Vero)/Hib(Prp/T) Vaccine [Pentacel (Vero)] which was expired on 09oct2023 with no reported adverse event. The patient's past medical history, medical treatment(s), vaccination(s) and family history were not provided. On 20-Oct-2023, the patient received an unknown dose of suspect Diphtheria/Tetanus/5 Hybrid Ac Pertussis/Ipv(Vero)/Hib(Prp/T) Vaccine Suspension for injection (expiry date: 09-Oct-2023) (with an unknown strength, lot number) via unknown route in unknown administration site for immunization. On 20-Oct-2023, the patient was administered Diphtheria/Tetanus/5 Hybrid Ac Pertussis/Ipv(Vero)/Hib(Prp/T) Vaccine which was expired on 09oct2023 with no reported adverse event (expired product administered) (latency: same day). It was reported, Nurse stated that one of their practices administered a PENTACEL today, 20Oct2023, to 3-month-old patient. The expiration date of the administered PENTACEL is 09Oct2023. Nurse was asking about revaccination recommendations. This situation is reported as a medication error due to administration of an expired vaccine. The nurse refused to provide any facility/clinic information. She also said that she does not have any patient information aside from the age. This suspected adverse reaction report is submitted and classified as a medication error solely and exclusively to ensure the marketing authorization holder's compliance with the requirements set out in the Directive and Regulatory Authority Practices. The classification as a medical error is in no way intended, nor should it be interpreted or construed as an allegation or claim made by the marketing authorization holder that any third party has contributed to or is to be held liable for the occurrence of this medication error.

VAERS ID: 2709700 (history)	Vaccinated:	2023-11-03
Form: Version 2.0	Onset:	2023-11-03
Age: 6.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-03

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	HH3252 / 5	RA / IM
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) /	U8230CA /	

SANOFI PASTEUR

N/A

LA / IM

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

Symptoms: [Underdose](#), [Wrong patient](#)

SMQs: Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None

Current Illness: None

Preexisting Conditions: Juvenile Plantar dermatosis

Allergies: None

Diagnostic Lab Data: N/A

CDC Split Type:

Write-up: Patient and his younger brother were in office for Flu and Covid vaccines. I was assisting a newer M.A. in drawing up/administering. Discussed vaccinating different ages and encouraged drawing separate trays and labeling each with name/age as with Covid vaccine. We prepared two separate trays each labeled for the boys with their separate ages, 5-11 (Patient) and brother (6m-<5yrs.) Brother was going to go first, then did not want to. Brother was crying. Patient said he would go first. I had Brother's tray and administered the Flu and YOUNG CHILD Covid to Patient who should have gotten the 5-11 dose. I realized my error immediately afterwards as having grabbed the wrong tray. We took a time out, I explained my error to co-worker. I had staff re-draw the 6m-<5yr dose, verified, and we went back in. I apologized to mom and explained what had happened, that Patient got the dose intended for a younger child. Told mom that I will find out from Health Dept. what to do. Mom expressed understanding and will wait to hear what is recommended. Staff administered the imms to Brother with the correct dosing. I apologized to mom again.

VAERS ID: 2710311 (history)	Vaccinated:	2023-10-25
Form: Version 2.0	Onset:	2023-10-25
Age: 11.0	Days after vaccination:	0
Sex: Unknown	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-06

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	HF9300 / N/A	LA / IM

Administered by: Pharmacy **Purchased by:** ?**Symptoms:** [No adverse event](#), [Product administered to patient of inappropriate age](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** n/a**Current Illness:** none**Preexisting Conditions:** none**Allergies:** none**Diagnostic Lab Data:** none.**CDC Split Type:****Write-up:** patient was 11 years & 5 months old and received 12 year old dose. No side effects or adverse reactions.

VAERS ID: 2711674 (history)	Vaccinated:	2023-10-31
Form: Version 2.0	Onset:	2023-10-31
Age: 8.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	GSK95 / 1	- / -

Administered by: Unknown **Purchased by:** ?**Symptoms:** [Incorrect dose administered](#), [Product administered to patient of inappropriate age](#)**SMQs:**, Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:**

Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data:

CDC Split Type: USGSKUS2023152355

Write-up: pediatric patient received adult dose of Havrix; pediatric patient received adult dose of Havrix; This non-serious case was reported by a nurse via call center representative and described the occurrence of overdose in a 8-year-old male patient who received HAV (Havrix 1440 adult) (batch number GSK95, expiry date 13-DEC-2024) for prophylaxis. On 31-OCT-2023, the patient received the 1st dose of Havrix 1440 adult. On 31-OCT-2023, an unknown time after receiving Havrix 1440 adult, the patient experienced overdose (Verbatim: pediatric patient received adult dose of Havrix) and adult product administered to child (Verbatim: pediatric patient received adult dose of Havrix). The outcome of the overdose and adult product administered to child were unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional Information: GSK Receipt Date: 02-NOV-2023 It was reported that male pediatric patient received adult dose of Havrix which led to overdose and adult product administered to child. The reporter consented to follow up. This case is linked to US2023152358, same reporter.; Sender's Comments: US-GSK-US2023152358:Same reporter

VAERS ID: 2711675 (history)	Vaccinated:	2023-10-31
Form: Version 2.0	Onset:	2023-10-31
Age: 13.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	95DB2 / 1	- / -

Administered by: Unknown **Purchased by:** ?
Symptoms: [Incorrect dose administered](#), [Product administered to patient of inappropriate age](#)
SMQs:, Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: USGSKUS2023152358

Write-up: pediatric patient received adult dose of Havrix; pediatric patient received adult dose of Havrix; This non-serious case was reported by a nurse via call center representative and described the occurrence of overdose in a 13-year-old male patient who received HAV (Havrix 1440 adult) (batch number 95DB2, expiry date 13-DEC-2024) for prophylaxis. On 31-OCT-2023, the patient received the 1st dose of Havrix 1440 adult. On 31-OCT-2023, an unknown time after receiving Havrix 1440 adult, the patient experienced overdose (Verbatim: pediatric patient received adult dose of Havrix) and adult product administered to child (Verbatim: pediatric patient received adult dose of Havrix). The outcome of the overdose and adult product administered to child were unknown. This report is made by GSK without prejudice and does not imply any admission or liability for the incident or its consequences. Additional Information: GSK Receipt Date: 02-NOV-2023 It was reported that male pediatric patient received adult dose of Havrix which led to overdose and adult product administered to child. The reporter consented to follow up. This case is linked to US2023152355, same reporter.; Sender's Comments: US-GSK-US2023152355:Same reporter

VAERS ID: [2711975](#) (history) **Vaccinated:** 2023-11-09
Form: Version 2.0 **Onset:** 2023-11-09
Age: 11.0 **Days after vaccination:** 0
Sex: Female **Submitted:** 0000-00-00
Location: Vermont **Entered:** 2023-11-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HPV9: HPV (GARDASIL 9) / MERCK & CO. INC.	X005578 / 1	LA / IM
MNQ: MENINGOCOCCAL CONJUGATE (MENQUADFI) / SANOFI PASTEUR	U7852AA / 1	LA / IM

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

Symptoms: [Dizziness](#), [Hypotension](#), [Nausea](#)

SMQs:, Anaphylactic reaction (broad), Acute pancreatitis (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (narrow), Vestibular disorders (broad), Dehydration (broad), Hypokalaemia (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? Yes

ER Visit? No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** Unknown**Current Illness:** COVID 19 three weeks prior to vaccine**Preexisting Conditions:** Eczema**Allergies:** Nickel**Diagnostic Lab Data:** None**CDC Split Type:**

Write-up: Patient began to feel nauseous and faint shortly after administration of vaccines. She laid supine on exam table for a few minutes and then felt well enough to go to school and leave office. Began to feel faint and nauseous again in waiting room while checking out at front desk. Returned to exam room and laid supine with feet elevated. Drank 5.5oz of apple juice, declined crackers, cool compress applied to forehead. Blood pressure and HR monitored, initially hypotensive and returned to normotensive after laying supine for approximately 30 minutes. Also had a popsicle before NP evaluated patient.

VAERS ID: 2716333 (history)	Vaccinated:	2023-10-03
Form: Version 2.0	Onset:	2023-10-03
Age: 16.0	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-21

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEPA: HEP A (VAQTA) / MERCK & CO. INC.	W008110 / 2	RA / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Incorrect dose administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** No**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** - Loratadine 10mg tablet - Fluticasone propionate 50mcg nasal spray - Peridex 0.12% mouthwash - Podofilox 0.5% topical solution**Current Illness:** - Genital condyloma, male

Preexisting Conditions: - Chronic allergic rhinitis

Allergies: None

Diagnostic Lab Data:

CDC Split Type:

Write-up: Rendering provider during appointment ordered Hep A (Vaqta) adult vaccine which was administered by writer/medical assistant near end of visit. Further treatment and outcomes unknown by writer.

VAERS ID: 2719006 (history)	Vaccinated:	2023-11-01
Form: Version 2.0	Onset:	2023-11-01
Age: 1.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-11-29

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U8041DA / 1	RL / IM
HEPA: HEP A (HAVRIX) / GLAXOSMITHKLINE BIOLOGICALS	Y3ME2 / 1	LL / IM
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	W019422 / 1	LL / IM
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	X019438 / 3	LL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	X006982 / 1	RL / IM

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

Symptoms: [Inappropriate schedule of product administration](#)

SMQs:, Medication errors (narrow)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: Ferrous Sulfate Luride

Current Illness: none

Preexisting Conditions: Iron-deficiency anemia

Allergies: NKA
Diagnostic Lab Data: none
CDC Split Type:
Write-up: none noted

VAERS ID: 2722184 (history)	Vaccinated:	2023-12-08
Form: Version 2.0	Onset:	2023-12-08
Age: 2.0	Days after vaccination:	0
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-12-08

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	HH3252 / 4	RL / IM

Administered by: Private **Purchased by:** ?
Symptoms: [Incorrect dose administered](#), [Product preparation error](#)
SMQs: Medication errors (narrow)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: N/A
Current Illness: N/A
Preexisting Conditions: N/A
Allergies: N/A

Diagnostic Lab Data:
CDC Split Type:

Write-up: the medical assistant who gave vaccine did not dilute prior to administration. This error was realized after patient left facility. MD notified and call placed to mom to notify.

VAERS ID: 2722835 (history)	Vaccinated:	2023-12-06
Form: Version 2.0	Onset:	2023-12-09
Age: 5.0	Days after vaccination:	3
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-12-11

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (UNKNOWN)) / UNKNOWN MANUFACTURER	UNKNOWN / UNK	UN / SYR
UNK: VACCINE NOT SPECIFIED (OTHER) / UNKNOWN MANUFACTURER	UNKNOWN / UNK	UN / SYR

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

Symptoms: [Borrelia test](#), [Electrocardiogram normal](#), [Facial nerve disorder](#), [Facial paralysis](#), [Ocular discomfort](#)

SMQs: Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious meningitis (broad), Hearing impairment (broad)

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? Yes

Hospitalized? No

Previous Vaccinations:

Other Medications: No medications.

Current Illness: Strep pharyngitis 2 weeks ago treated with amoxicillin.

Preexisting Conditions: No chronic health conditions.

Allergies: NKDA.

Diagnostic Lab Data: Lyme testing sent and pending.

CDC Split Type:

Write-up: Patient had covid and flu shots on Wednesday 6/6/23. On Saturday 6/9/23 patient developed right sided facial droop and eye discomfort. Patient presented to the ED on 12/11/23 and was found to have a facial nerve palsy concerning for Bell's palsy secondary to lyme vs covid and flu vaccines. He recently completed a course of amoxicillin for strep pharyngitis about a week ago. EKG unremarkable and lyme testing sent. He was prescribed doxycycline and artificial tears for eye discomfort.

VAERS ID: 2723591 (history)	Vaccinated:	2023-10-03
Form: Version 2.0	Onset:	2023-10-03
Age: 0.67	Days after vaccination:	0
Sex: Male	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
PNC15: PNEUMO (VAXNEUVANCE) / MERCK & CO. INC.	W027275 / 2	RL / IM
VARCEL: VARICELLA (VARIVAX) / MERCK & CO. INC.	W012165 / 1	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Wrong product administered](#)**SMQs:** Medication errors (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No**Recovered?** Yes**Office Visit?** No**ER Visit?** No**ER or Doctor Visit?** No**Hospitalized?** No**Previous Vaccinations:****Other Medications:** N/A**Current Illness:** N/A**Preexisting Conditions:** N/A**Allergies:** N/A**Diagnostic Lab Data:** N/A**CDC Split Type:** N/A**Write-up:** Varicella was administered to the patient vs the true vaccine, Vaxelis.

VAERS ID: 2726722 (history)	Vaccinated:	2023-11-27
Form: Version 2.0	Onset:	2023-11-30
Age: 1.67	Days after vaccination:	3
Sex: Female	Submitted:	0000-00-00
Location: Vermont	Entered:	2023-12-13

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU4: INFLUENZA (SEASONAL) (FLUZONE QUADRIVALENT) / SANOFI PASTEUR	U8203GA / 3	LL / IM

Administered by: Private **Purchased by:** ?**Symptoms:** [Activated partial thromboplastin time](#), [C-reactive protein](#), [Ear infection](#), [Full blood count](#), [Gait disturbance](#), [Henoch-Schonlein purpura](#), [International normalised ratio](#), [Metabolic function test](#), [Pain](#), [Prothrombin time](#), [Rash](#), [Red blood cell sedimentation rate](#), [Urine analysis](#)**SMQs:** Anaphylactic reaction (broad), Peripheral neuropathy (broad), Haemorrhage terms (excl laboratory terms) (narrow), Anticholinergic syndrome (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Vasculitis (narrow), Hypersensitivity (narrow), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Hypoglycaemia (broad), Immune-mediated/autoimmune disorders (narrow)**Life Threatening?** No**Birth Defect?** No**Died?** No**Permanent Disability?** No

Recovered? Yes

Office Visit? Yes

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations:

Other Medications: prescribed Amoxicillin for ear infection at visit on 11/30/22 then dx. with HSP
Tylenol Ibuprofen

Current Illness: none

Preexisting Conditions: none

Allergies: NKDA

Diagnostic Lab Data: PT, INR, PTT, CMP, CBC done on 11/30/23 UA & BP in office on 12/7/23
ESR, CRP UA in office 12/1/23

CDC Split Type:

Write-up: Mom chatted with our triage nurse on 11/30/23 that starting on Tuesday 11/28 she was having pain and would not walk. Developed a rash on 11/29 on lower abdomen, back & legs. Triage nurse recommended an appt and they were seen on 11/30/23 and they were dx with purpura Henoch (Schonlein) HSP (D69.0) & ear infection.

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