

Search Results from the VAERS Database




medalerts.org/vaersdb/findfield.php

From the 7/7/2023 release of VAERS data:

Using all 2,496,465 Cases in VAERS

Government Disclaimer on use of this data

Table

	 	
Event Outcome	Count	Percent
Death	45,560	1.82%
Life Threatening	52,838	2.12%
Permanent Disability	88,732	3.55%
Birth Defect	1,481	0.06%
Hospitalized	292,030	11.7%
Hospitalized, Prolonged	6,782	0.27%
Emergency Doctor/Room	172,407	6.91%
Emergency Room	194,629	7.8%
Office Visit	293,978	11.78%
Recovered	767,110	30.73%
None of the Above	1,097,051	43.94%
TOTAL	† 3,012,598	† 120.67%

† 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 2,496,465 (the number of cases found), and the Total Percent is greater than 100.

Case Details

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VAERS ID: 25001 [\(history\)](#)

Form: Version 1.0

Age: 0.2

Sex: Female

Location: Wisconsin

Vaccinated: 1990-06-04

Onset: 1990-06-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9Q01042 / UNK	- / IM

Administered by: Private **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:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Loud intense cry with screaming for 1 1/2 hrs. Seen next day, child normal.

VAERS ID: 25003 ([history](#))

Form: Version 1.0

Age: 0.8

Sex: Male

Location: Texas

Vaccinated: 1990-01-29

Onset: 1990-02-04

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259962 / 4	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	241950 / 4	MO / PO

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

Symptoms: [Delirium](#), [Hypokinesia](#), [Hypotonia](#)

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (narrow), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (broad), Dehydration (broad)

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 0000-00-00

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Hypotonic, Hyporesponsive episode, Infant died: Reyes text Syndrome.
Vaccine given for routine immunizations.

VAERS ID: 25004 [\(history\)](#)

Form: Version 1.0

Age: 0.9

Sex: Male

Location: New York

Vaccinated: 1989-11-13

Onset: 1989-11-13

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	232961 / UNK	- / -

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

Symptoms: Chills, Dermatitis contact, Oedema genital, Pelvic pain

SMQs: Angioedema (broad), Hypersensitivity (narrow), 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890269201

Write-up: Pt developed chills for approx. 1 hr, felt achy all over, genital area turned red with some swelling, no pain 24 hrs later, now has pain in genital area. Genitals pain, swelling, redness for 8 days. Fever, dematitis contact, rigors



VAERS ID: 25005 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Oklahoma

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	247955 / UNK	- / IM

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

Symptoms: Arthritis, Injection site oedema, Injection site reaction

SMQs: Systemic lupus erythematosus (broad), Extravasation events (injections, infusions and implants) (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Arthritis (narrow), 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? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890277901

Write-up: 7 patients within 2 weeks have reported joint pain & tenderness which radiated up to the shoulder, redness & slight swelling @ injection site, no treatment prescribed, 1 patient is due to visit a neurologist for shoulder. Vaccines routine

VAERS ID: 25006 (history)

Form: Version 1.0

Age: 16.0

Sex: Female

Location: Ohio

Vaccinated: 1989-11-17

Onset: 1989-11-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	- / -
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	247953 / UNK	- / IM

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

Symptoms: Convulsion, Dizziness

SMQs: Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Vestibular disorders (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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions: no hx of local or systemic rxns

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890278001

Write-up: 16 yr old female feeling faint & then had seizure within a few min. /p Td/MMR immunization. MD is uncertain if seizure was due to hyperventilation episode. No treatment initiated. Pt asymptomatic. Vaccine given routine

VAERS ID: 25007 [\(history\)](#)

Form: Version 1.0

Age: 39.0

Sex: Unknown

Location: Oregon

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / -

Administered by: Unknown **Purchased by:** Unknown
Symptoms: injection site inflammation, injection site reaction
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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 900005902

Write-up: 2 or 3 patients who received immunization & developed swollen red arm.

VAERS ID: 25008 (history)

Form: Version 1.0

Age: 75.0

Sex: Female

Location: Kentucky

Vaccinated: 1989-07-05

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	199602 / UNK	- / IM

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

Symptoms: injection site inflammation, injection site reaction

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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901590.01

Write-up: Pt developed an inject site rxn. Aea was erthematous, hard & warm to touch several days /p immunization, treated w/ Benadryl.

VAERS ID: 25009 [\(history\)](#)

Form: Version 1.0

Age: 3.0

Sex: Male

Location: Florida

Vaccinated: 1990-04-05

Onset: 1990-04-06

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	0333P / UNK	- / -

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

Symptoms: Deafness

SMQs:, Hearing impairment (narrow)

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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions: recurrent otitis media, measles

Allergies:

Diagnostic Lab Data:

CDC Split Type: WAES90030661

Write-up: 15mon. male w/ hx of recurrent ear infections & measles in Feb. 89". 5Apr89 was given MMR. Within 24 hrs /p vaccine, parents noted hearing deficit, confirmed by physician exam.

VAERS ID: [25012 \(history\)](#)

Form: Version 1.0

Age: 0.2

Sex: Male

Location: Wisconsin

Vaccinated: 1989-10-20

Onset: 1989-10-23

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	253963 / UNK	RL / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	- / UNK	- / -

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

Symptoms: [Hypotonia](#), [Monoplegia](#), [Neuropathy](#)

SMQs: Peripheral neuropathy (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Guillain-Barre syndrome (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (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? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: xrays of left shoulder, clavicle, humerus & forearm - WNL

CDC Split Type: 890255101

Write-up: 3 days /p immun. infant only able to move fingers of left arm, no tone in arm. Immun. given in Right thigh/buttocks. Mononeuropathy left upper extremity.

VAERS ID: 25013 (history).

Form: Version 1.0

Age: 0.4

Sex: Unknown

Location: North Dakota

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-02

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

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

Symptoms: Erythema multiforme, Rash

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? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8902746.01

Write-up: Pt received DTP/OPV vaccine developed rash in groin area, became wide spread, DX rash, erythema multiforme (E.R. report indicates due to OPV vaccine) At 6 mon. child received DTP w/ no problems.

VAERS ID: 25014 (history)

Form: Version 1.0

Age: 0.4

Sex: Unknown

Location: South Carolina

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259965 / 2	- / -

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

Symptoms: Agitation, Anorexia

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? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8902804.01

Write-up: 4 month old infant received 2nd immunization & became very irritable, fussy & refused to eat. w/ 1st immunization, infant was fussy for about 3 days.

VAERS ID: [25015 \(history\)](#)

Form: Version 1.0

Age:

Sex: Unknown

Location: Georgia

Vaccinated: 1989-11-01

Onset: 1989-11-01

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	- / UNK	- / IM

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

Symptoms: [Injection site mass](#), [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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: n/a

CDC Split Type: 8902805.01

Write-up: vaccine contained large amount of sediment which will not resuspend. Also, reporter states that he has not seen an increase in the number of reactions; however, he has noted more severity of local rxns, more than nl temp and knot under skin

VAERS ID: 25016 (history)

Form: Version 1.0

Age: 0.3

Sex: Female

Location: Georgia

Vaccinated: 1986-02-09

Onset: 1986-02-09

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	- / UNK	- / -

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

Symptoms: Electroencephalogram abnormal, Grand mal convulsion, Mental retardation severity unspecified, Pyrexia

SMQs: 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? Yes

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: initially all lab data WNL; EEG normal, however over period 1986-1988 EEG has turned markedly abnormal, all lab studies WNL

CDC Split Type: 890282301

Write-up: 4 mon. infant given DTP 6Feb86- no problems until 9FEB86 awoke w/ fever 103F seen by MD normal exam. 18 hrs later generalized tonic-clonic seizure thought to be febrile, 2nd seizure 17Mar86, 3rd 3Apr86, child has developmental delay.

VAERS ID: 25017 [\(history\)](#)

Form: Version 1.0

Age: 35.0

Sex: Female

Location: Colorado

Vaccinated: 1989-07-19

Onset: 1989-07-21

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / IM

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

Symptoms: Cellulitis, Injection site reaction

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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901682.01

Write-up: pt developed cellulitis at injection site within 48 hrs p/ immun., mass was not drained or cultured, however is was fluctuant, seen in ER treated w/ with Cirpo & warm compresses, returned to ER for pain, asymptomatic on 4th day.



VAERS ID: 25018 [\(history\)](#)

Form: Version 1.0

Age: 30.0

Sex: Female

Location: Kentucky

Vaccinated: 1989-07-07

Onset: 1989-07-10

Days after vaccination: 3

Submitted: 0000-00-00

Entered: 1990-07-02

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	199602 / UNK	- / IM

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

Symptoms: Injection site inflammation, Injection site mass

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: ~ ()~~~In patient

Other Medications:

Current Illness:

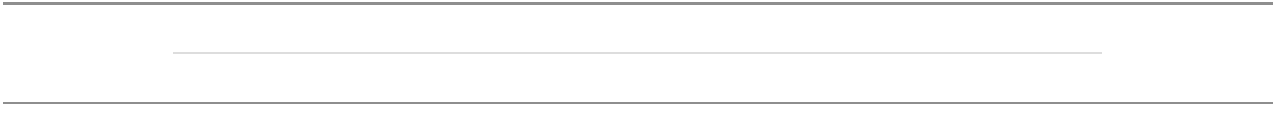
Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901590.02

Write-up: pt developed an injection site reaction resulting in a mass 4 cm in diameter, area was erythematous, warm to touch & firm, treated with Atarax, resolved



VAERS ID: 25019 (history)

Form: Version 1.0

Age: 0.8

Sex: Male

Location: North Carolina

Vaccinated: 1990-06-08

Onset: 1990-06-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	271967 / UNK	- / IM

Administered by: Unknown **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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Received DTP on 8JUN90 & had prolonged fever for a week"s time

VAERS ID: 25020 (history)

Form: Version 1.0

Age: 4.0

Sex: Female

Location: New York

Vaccinated: 1990-06-14

Onset: 1990-06-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1227S / UNK	- / SC

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

Symptoms: Asthma, Face oedema, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications: Subcut- Epinephrine, Bendryl & Solumedrol IV

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Urticaria, wheezy, & periorbital edema which abated /p administration of subcut. epinephrine, Bendryl IV, Solumendrol IV

VAERS ID: 25021 (history)

Form: Version 1.0

Age: 32.0

Sex: Female

Location: Florida

Vaccinated: 1990-06-08

Onset: 1990-06-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
RUB: RUBELLA (MERUVAX II) / MERCK & CO. INC.	2359R / UNK	- / SC

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

Symptoms: Arthralgia, Bradycardia, Chills, Hypotension, Pyrexia

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Arthritis (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (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? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: /p receiving vaccine developed headache, sorejoints, chills, sternal chest pain, low grade fever, low blood pressure & low heart rate, chills again, relief lasted about 2-2.5 hrs. I have not found the low B/P & HR documented.

VAERS ID: 25022 (history).

Form: Version 1.0

Age: 0.2

Sex: Female

Location: Maryland

Vaccinated: 1990-04-26

Onset: 1990-04-26

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	271911 / UNK	- / IM

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

Symptoms: Agitation, Injection site reaction, Lymphadenopathy, 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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: fever 102 F. local adenopathy, screaming episode & local reaction

VAERS ID: 25023 (history).

Form: Version 1.0

Age:

Sex: Male

Location: Pennsylvania

Vaccinated: 1989-10-23

Onset: 1989-12-07

Days after vaccination: 45

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Guillain-Barre syndrome

SMQs: Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (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? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications: receiving gold therapy for rheumatoid arthritis

Current Illness: URI

Preexisting Conditions: rheumatoid arthritis

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: pt has URI prior to onset of Guillian-Barre symptoms. He has rheumatoid arthritis & was receiving gold therapy concurrently. He was given the flu vaccine on 23Oct89

VAERS ID: 25024 [\(history\)](#)

Form: Version 1.0

Age:

Sex: Unknown

Location: New Hampshire

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4898197 / UNK	- / -

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

Symptoms: [Injection site reaction](#), [Oedema](#)

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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Sore edema on arms massive redness from top of shoulder to elbows. More than the usual expected reaction. Just started using the DT two weeks ago. All reactions during this period 6 out of 30 patients.

VAERS ID: 25025 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Florida

Vaccinated: 0000-00-00

Onset: 1990-01-10

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	9J01133 / UNK	- / -

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

Symptoms: 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? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications: treated with Hydroxazine

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: rash, pruritus

VAERS ID: 25026 (history)

Form: Version 1.0

Age: 1.0

Sex: Male

Location: Washington

Vaccinated: 1990-01-12

Onset: 1990-01-14

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DT: DT ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229974 / UNK	- / IM
HIBV: HIB (PROHIBIT) / CONNAUGHT LABORATORIES	9A11092 / UNK	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	244970 / UNK	MO / PO

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

Symptoms: Unevaluable event

SMQs:

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 1990-01-14

Days after onset: 0

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: child found dead in bed 14Jan90. Had full check up 12Jan90 with immunizations DPT/HIB/Oral Polio

VAERS ID: 25027 (history)

Form: Version 1.0

Age: 1.0

Sex: Female

Location: New York

Vaccinated: 1990-05-29

Onset: 1990-05-31

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	1022S / UNK	- / SC

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever 102.5 F, rash

VAERS ID: 25028 (history)

Form: Version 1.0

Age: 2.0

Sex: Male

Location: Tennessee

Vaccinated: 1989-05-24

Onset: 1990-06-24

Days after vaccination: 396

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (PROHIBIT) / CONNAUGHT LABORATORIES	8L01022 / UNK	- / IM

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

Symptoms: Meningitis

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

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 1990-06-25

Days after onset: 1

Permanent Disability? No

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Pt admitted with H-Flu meningitis on 24Jun90. Pt expired on 25Jun90. Pt received HIB vaccine at 18 months of age.

VAERS ID: 25029 (history).

Form: Version 1.0

Age: 0.5

Sex: Female

Location: Florida

Vaccinated: 0000-00-00

Onset: 1990-04-02

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9M01012 / UNK	RL / IM

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

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: p/ receiving DPT #2 infant developed fever 103.4 for 4 days and extreme lethargy

VAERS ID: 25030 (history)

Form: Version 1.0

Age: 66.0

Sex: Female

Location: New York

Vaccinated: 1989-12-01

Onset: 1989-12-03

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLU3: INFLUENZA (SEASONAL) (FLUZONE) / CONNAUGHT LABORATORIES	9F01202 / UNK	- / -

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

Symptoms: Encephalitis, Guillain-Barre syndrome, Myalgia

SMQs: Rhabdomyolysis/myopathy (broad), Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Noninfectious encephalitis (narrow), Demyelination (narrow), Eosinophilic pneumonia (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? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications: Lisinopril 20mg, Verapamil 120mg, HCTZ 25mg, Thyrolar

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Mylagias occurred within 3 days of immun. Seen on 4 additional occasions for continued pain & increasing eye/temporal pain. Considered poss. meningoencephalitis due to vaccine. Admit to hosp for Guillain-Barre Synd. on 15Feb90.

VAERS ID: 25031 [\(history\)](#)

Form: Version 1.0

Age:

Sex: Unknown

Location: Unknown

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (RECOMBIVAX HB) / MERCK & CO. INC.	0140P / UNK	- / -

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: rash skin on legs

VAERS ID: 25033 (history)

Form: Version 1.0

Age: 5.0

Sex: Male

Location: Illinois

Vaccinated: 1990-06-25

Onset: 1990-06-25

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	271912 / UNK	- / IM

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

Symptoms: Agitation, Headache, Pyrexia, Vomiting

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), 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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications: 16May90 Oral polio vaccine Lederle 265-927

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Elevated temp (as high as 104.3), headache, vomiting, irritable 40 hours.

VAERS ID: 25034 [\(history\)](#)

Form: Version 1.0

Age: 0.1

Sex: Male

Location: Wisconsin

Vaccinated: 1990-06-20

Onset: 1990-06-20

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	271912 / UNK	- / IM

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

Symptoms: Screaming

SMQs: Hostility/aggression (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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Prolonged screaming

VAERS ID: 25036 (history)

Form: Version 1.0

Age: 1.5

Sex: Female

Location: Maryland

Vaccinated: 0000-00-00

Onset: 1990-06-29

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HIBV: HIB (PROHIBIT) / CONNAUGHT LABORATORIES	9B11095 / UNK	- / IM

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

Symptoms: Pyrexia, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Arrhythmia related investigations, signs and symptoms (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? No

Permanent Disability? No

Recovered? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Within 5-10 of injection pt passed out/fainted temp 100.8

VAERS ID: 25037 (history)

Form: Version 1.0

Age: 31.0

Sex: Female

Location: Michigan

Vaccinated: 1990-04-03

Onset: 1990-04-04

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
RAB: RABIES (NO BRAND NAME) / MICHIGAN DEPT PUB HLTH	127 / UNK	- / IM

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

Symptoms: Asthma, Dyspnoea, Hypersensitivity, Pruritus, Urticaria

SMQs: Anaphylactic reaction (narrow), Angioedema (narrow), Asthma/bronchospasm (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (broad), Cardiomyopathy (broad), 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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: NOT GIVEN

Write-up: 31yr old women admitted to Hosp with hives and tightness of her chest for the preceding 36 hours, at least. Approximately 36 hrs after vaccination had hives, pruritus, tightness of the chest, dyspnea, urticaria & wheezing.

VAERS ID: 25038 (history)

Form: Version 1.0

Age: 0.8

Sex: Female

Location: California

Vaccinated: 1990-03-05

Onset: 1990-03-05

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9G01042 / UNK	- / -

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

Symptoms: Pyrexia, Somnolence, Vomiting

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), 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: ~ () ~ ~ ~ In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Elevated temp (103), some vomiting, lethargy

VAERS ID: [25039](#) (history)

Form: Version 1.0

Age: 0.2

Sex: Female

Location: Indiana

Vaccinated: 1990-06-14

Onset: 1990-06-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9B11033 / UNK	- / -

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

Symptoms: Hypotonia, Stupor

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (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? No

Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: Prematurity 27w on monitor for Hx apnea/bradycardia
Allergies:
Diagnostic Lab Data: HCT stable; Blood, Urine, CSF Cultures Neg
CDC Split Type:

Write-up: Hypotonia, Hyporesponsive reaction.

VAERS ID: 25040 (history)

Form: Version 1.0

Age: 0.1

Sex: Male

Location: Arkansas

Vaccinated: 1990-06-14

Onset: 1990-06-15

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	250978 / UNK	- / IM

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

Symptoms: Hypotonia, Stupor

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (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? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: 15 min period of being limp and unresponsive. No breathing difficulties, no jerking, no fever.

VAERS ID: 25042 (history).

Form: Version 1.0

Age: 1.0

Sex: Male

Location: Minnesota

Vaccinated: 1990-06-14

Onset: 1990-06-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TYP: TYPHOID VI POLYSACCHARIDE (NO BRAND NAME) / PFIZER/WYETH	4898107 / UNK	- / SC
YF: YELLOW FEVER (YF-VAX) / CONNAUGHT LABORATORIES	0B11048 / UNK	- / SC

Administered by: Public **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? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Fever of 106F rectally beginning 1 hr after immunizations and lasting <24 hrs. Seen at ER treated w/tylenol & cool baths.

VAERS ID: 25043 (history).

Form: Version 1.0

Age: 0.1

Sex: Female

Location: Wisconsin

Vaccinated: 1990-06-14

Onset: 1990-06-14

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
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DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	9B11033 / UNK	- / IM
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Administered by: Private **Purchased by:** Unknown
Symptoms: Screaming
SMQs: Hostility/aggression (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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type:

Write-up: Unconsolable crying for \$g 4 hours immediately following 1st DTP vaccination.

VAERS ID: 25044 (history)

Form: Version 1.0

Age: 2.0

Sex: Male

Location: California

Vaccinated: 1990-05-24

Onset: 1990-05-30

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
MMR: MEASLES + MUMPS + RUBELLA (MMR II) / MERCK & CO. INC.	12275 / UNK	- / SC

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

Symptoms: Gait disturbance, Personality disorder, Pyrexia, Somnolence, Speech disorder

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Dementia (broad), Parkinson-like events (broad), Psychosis and psychotic disorders (broad), Guillain-Barre 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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: Beginning 6 days after immunization had 3 days of fever followed by 3 days of slurred speech, wide-based gait, lethargy, and bizarre behavior, followed in turn by complete resolution.

VAERS ID: 25045 (history)

Form: Version 1.0

Age: 0.5

Sex: Female

Location: Texas

Vaccinated: 1990-06-18

Onset:	1990-06-18
Days after vaccination:	0
Submitted:	0000-00-00
Entered:	1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9B11033 / 5	- / IM

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

Symptoms: Cyanosis, Hypotonia, Muscle twitching, Pallor

SMQs: Anaphylactic reaction (broad), Peripheral neuropathy (broad), Dyskinesia (broad), Dystonia (broad), Acute central respiratory depression (broad), Guillain-Barre syndrome (broad), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (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: 9Apr90 2nd dose DPT limp & blue around mouth, 13Jan90 1st dose lethargic~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 4 hrs /p injection DPT .25 cc child woke up crying, parents noted child pale & blue around mouth, extremities were twitching, in route to MD ofc. childs head went limp.

VAERS ID: 25046 (history)

Form: Version 1.0

Age: 0.2

Sex: Male

Location: California

Vaccinated: 1990-06-18

Onset: 1990-06-18

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	OF11072 / UNK	- / IM
OPV: POLIO VIRUS, ORAL (NO BRAND NAME) / UNKNOWN MANUFACTURER	- / UNK	MO / PO

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

Symptoms: Injection site pain, Injection site reaction, 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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever \$g 102 F, pain & induration of thigh at inject site

VAERS ID: 25047 (history)

Form: Version 1.0

Age: 0.2

Sex: Male

Location: Mississippi

Vaccinated: 1990-03-27

Onset: 1990-03-27

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

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

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? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 04039011A

Write-up: continuous crying since vaccine. Pt seen in ER

VAERS ID: 25048 ([history](#))

Form: Version 1.0

Age: 5.0

Sex: Male

Location: California

Vaccinated: 1990-05-17

Onset: 1990-05-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	271914 / 3	- / IM

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

Symptoms: [Insomnia](#), [Screaming](#)

SMQs: Hostility/aggression (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: ~ ()~~~In patient

Other Medications: Tylenol

Current Illness:

Preexisting Conditions: general good health

Allergies:

Diagnostic Lab Data: CBC 10.1, WBC 76.9 other labs illegible to read

CDC Split Type:

Write-up: pt screaming for hours, still crying much 21May90 & 19Jun90. Parents report still not sleeping well at night, pt appears otherwise healthy now

VAERS ID: 25049 (history)

Form: Version 1.0

Age: 0.2

Sex: Male

Location: Pennsylvania

Vaccinated: 1990-06-12

Onset: 1990-06-12

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	OF11072 / UNK	- / IM

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

Symptoms: Hypochromic anaemia, Hypotonia, Pallor, Stupor

SMQs: Peripheral neuropathy (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Guillain-Barre syndrome (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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Labs drawn 12Jun90 WBC - 10,700, HgB - 9.8, Polys - 54,
Mono - 5, Lymphs - 41

CDC Split Type:

Write-up: Hypotomic-Hyporesponsive, very pale, about 4 hrs after 1st DTP injection

VAERS ID: 25050 (history)

Form: Version 1.0

Age: 3.0

Sex: Female

Location: California

Vaccinated: 1990-05-07

Onset: 1990-05-07

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	0B11038 / 4	LL / IM

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

Symptoms: Injection site reaction, 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? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever. inject site reaction



VAERS ID: 25051 (history)

Form: Version 1.0

Age: 5.0

Sex: Male

Location: South Dakota

Vaccinated: 1990-05-04

Onset: 1990-05-05

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	0B11038 / 5	RL / IM

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

Symptoms: Injection site reaction, 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? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever, inject site reaction, swelling in right thigh



VAERS ID: [25052 \(history\)](#)

Form: Version 1.0

Age: 0.5

Sex: Female

Location: Oregon

Vaccinated: 1989-10-23

Onset: 1989-10-24

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	8E01005 / UNK	LL / IM

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

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? No

Office Visit? No

ER Visit? Yes

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: temp 99.6, vomiting X 1

VAERS ID: 25053 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: New York

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4898032 / UNK	- / -

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

Symptoms: Injection site 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:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: B034189091

Write-up: several patients experienced raised red welts & skin irritation at the site of inject several days /p receiving Td. The only complaints came from clinic patients who generally receive injections frequently.



VAERS ID: 25054 [\(history\)](#)

Form: Version 1.0

Age: 45.0

Sex: Female

Location: Maine

Vaccinated: 1989-11-22

Onset: 1989-11-22

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TTOX: TETANUS TOXOID (NO BRAND NAME) / PFIZER/WYETH	- / UNK	- / IM

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

Symptoms: 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: ~ ()~~~In patient

Other Medications: Augmentin 500mg TID

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: B034089162

Write-up: pt developed erytoma, edema & induration w/ warmth in a 13 X 11 cm area surrounding the injection site after receiving TTF vaccine

VAERS ID: 25059 [\(history\)](#)

Form: Version 1.0

Age: 0.2

Sex: Female

Location: Pennsylvania

Vaccinated: 1990-06-15

Onset: 1990-06-15

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259964 / UNK	- / IM
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	259964L / UNK	- / IM

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

Symptoms: Screaming

SMQs: Hostility/aggression (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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: screaming for 5-6 hrs /p DTP/OPV

VAERS ID: 25062 (history)

Form: Version 1.0

Age: 1.5

Sex: Female

Location: Colorado

Vaccinated: 1990-06-26

Onset: 1990-06-26

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (NO BRAND NAME) / CONNAUGHT LABORATORIES	9MO1012 / UNK	LL / IM

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

Symptoms: Agitation, Anorexia, Pyrexia, Somnolence

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (narrow), 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: 18 mon. female w/ DPT 11:00am in Lt thigh. 48 hrs /p T 101-103 w/ irritability refused to bear weight or sit up. Refusing solid food but drinking Pedolyte well. Peak T 103, Excessive sleepiness the past 48 hrs.

VAERS ID: 25063 (history)

Form: Version 1.0

Age: 0.4

Sex: Female

Location: Illinois

Vaccinated: 1990-06-27

Onset: 1990-06-27

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	65929 / UNK	- / IM

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

Symptoms: Pyrexia, Rash, Screaming

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (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: ~ () ~ ~ ~ In patient

Other Medications: acetaminophen

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type:

Write-up: fever 105-105.4 for about 16 hrs crying uncontrollably, started about 2 hrs /p receiving DTP. Pt examined 29-jun-90 has rash that looks like enterovirus. Her fever has resolved & she is clinically fine.

VAERS ID: 25065 (history)

Form: Version 1.0

Age: 20.0

Sex: Female

Location: New Jersey

Vaccinated: 1989-10-24

Onset: 1989-11-03

Days after vaccination: 10

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Injection site reaction, Tenosynovitis

SMQs:, Tendinopathies and ligament 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions: Diabetic & Cystic fibrosis

Allergies:

Diagnostic Lab Data:

CDC Split Type: B073089143

Write-up: Pt experienced tendinitis of the biceps brachii of her arm 10 days /p receiving influenza virus vaccine.

VAERS ID: 25067 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Wisconsin

Vaccinated: 1989-11-15

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / PFIZER/WYETH	4898038 / UNK	- / IM

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

Symptoms: Cellulitis, Oedema

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? Yes

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions: CLL (sic)

Allergies:

Diagnostic Lab Data: none

CDC Split Type: B034189159

Write-up: Pt experienced extreme edema & was hospitalized following adm. of Td vaccine. Condition was described as cellulitis of the lt arm. the pt fully recovered /p treatment /w antibiotics.

VAERS ID: 25068 (history)

Form: Version 1.0

Age:

Sex: Male

Location: Oregon

Vaccinated: 1990-01-25

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
HEP: HEP B (ENGERIX-B) / SMITHKLINE BEECHAM	585A4 / 3	- / IM

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

Symptoms: Drug ineffective, Encephalitis

SMQs: Lack of efficacy/effect (narrow), Noninfectious encephalitis (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? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions: no hx of allergies

Allergies:

Diagnostic Lab Data: 10Jan90 titier test - nonresponder, Herpes varicella was recovered from the brain

CDC Split Type: EBU900170

Write-up: nonresponder to a previous 3 dose series with MSD vaccine, encephalitis, Herpes varicella recovered from the brain

VAERS ID: 25069 [\(history\)](#)

Form: Version 1.0

Age: 34.0

Sex: Male

Location: Michigan

Vaccinated: 1989-11-09

Onset: 1989-11-15

Days after vaccination: 6

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Rash, 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions: allergy to penicillins & shell-fish

Allergies:

Diagnostic Lab Data:

CDC Split Type: B073089154

Write-up: Pt developed hives 6 days /p receiving Influenza Virus vaccine. As of January 22, 1990, it was reported that he had recovered

VAERS ID: 25070 (history)

Form: Version 1.0

Age:

Sex: Male

Location: Wisconsin

Vaccinated: 1989-11-21

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Guillain-Barre syndrome

SMQs: Peripheral neuropathy (narrow), Guillain-Barre syndrome (narrow), Demyelination (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? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: B073090001

Write-up: Pt developed weakness in his arms and legs, DX as Guillain-Barre Syndrome /p receiving Influenza Virus Vaccine

VAERS ID: 25071 (history)

Form: Version 1.0

Age:

Sex: Female

Location: Minnesota

Vaccinated: 1989-10-27

Onset: 1989-10-27

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / PFIZER/WYETH	4898137 / UNK	- / IM

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

Symptoms: Dizziness, Headache, Influenza, Injection site oedema, Injection site pain, Injection site reaction, Nausea

SMQs: Acute pancreatitis (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), Vestibular disorders (broad), Infective pneumonia (broad), Opportunistic infections (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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: B073089142

Write-up: pt developed erythema, edema, warmth, itching, stinging & pain in approx. 4" X 6" area at site of injection /p receiving vaccine. Experienced flu-like symptoms. That include haedache, light-headedness, dizziness, nausea within 3 hrs /p vacc

VAERS ID: 25072 (history).

Form: Version 1.0

Age: 16.0

Sex: Male

Location: New York

Vaccinated: 1990-06-03

Onset: 1990-06-05

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Abdominal pain, Blood amylase increased, Enzyme abnormality, Pancreatitis

SMQs: Acute pancreatitis (narrow), Retroperitoneal fibrosis (broad), Gastrointestinal nonspecific symptoms and therapeutic procedures (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? No

ER or Doctor Visit? No
Hospitalized? Yes, ? days
Extended hospital stay? Yes
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions: no relevant hx
Allergies:
Diagnostic Lab Data: Lab test serum amylase 6Jun90 - 2000
CDC Split Type: WAES90060353

Write-up: Pt developed abdominal pain & 6Jun90 admitted to hosp. DX pancreatitis & required surgery

VAERS ID: 25074 (history)

Form: Version 1.0

Age: 73.0

Sex: Female

Location: Washington

Vaccinated: 1989-11-06

Onset: 1989-11-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Oedema, Pain, Pyrexia

SMQs: Cardiac failure (broad), Anaphylactic reaction (broad), Angioedema (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: B073090004

Write-up: Pt experienced severe pain & edema in lt arm from shoulder to hand, & fever /p receiving Influenza Virus. Symptoms persisted for approx. 2 wks & pt recovered

VAERS ID: [25075 \(history\)](#)

Form: Version 1.0

Age: 43.0

Sex: Female

Location: New Jersey

Vaccinated: 1989-11-07

Onset: 1989-11-07

Days after vaccination: 0

Submitted: 1989-11-09

Days after onset: 2

Entered: 1990-07-09

Days after submission: 241

Vaccination / Manufacturer	Lot / Dose	Site / Route
FLUX: INFLUENZA (SEASONAL) (NO BRAND NAME) / PFIZER/WYETH	4898169 / UNK	- / IM

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

Symptoms: Arthralgia, Arthritis, Back pain, Hypokinesia, Injection site hypersensitivity, Lymphadenopathy, Neck pain, Paraesthesia

SMQs: Peripheral neuropathy (broad), Systemic lupus erythematosus (broad), Retroperitoneal fibrosis (broad), Parkinson-like events (broad), Guillain-Barre syndrome (broad), Hypotonic-hypo-responsive episode (broad), Hypersensitivity (narrow), Arthritis (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? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: B073089147

Write-up: Pt experienced a local reaction within 24 hrs at the site of injection, described as a bullseye, after receiving influenza virus vaccine. Also observed was supraclavicular swelling including lymph nodes.

VAERS ID: 25076 (history)

Form: Version 1.0

Age: 65.0

Sex: Male

Location: Ohio

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Confusional state

SMQs:, Neuroleptic malignant syndrome (broad), 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: B073089153

Write-up: Pt became confused within a minute or two /p receiving Influenza Virus Vaccine. He became disoriented & could not remember the route to his home. Symptoms slowly abated within 3 days.

VAERS ID: 25077 (history)

Form: Version 1.0

Age: 6.0

Sex: Male

Location: American Samoa

Vaccinated: 1990-03-08

Onset: 1990-03-08

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

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

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

Symptoms: Pulmonary oedema

SMQs: Cardiac failure (narrow), 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? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: Wiskott-Aldrich Syndrome~ ()~~~In patient

Other Medications: 8-Mar-90 Dalacin C (Clindamycin) 65 mg p.o.

Current Illness: Sinusitis chron

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: confirmatory findings: x-ray examination thorax ECG

CDC Split Type: 90A130008

Write-up: Lung Oedema

VAERS ID: 25078 (history)

Form: Version 1.0

Age:

Sex: Female

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / IM

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

Symptoms: Chills, Nausea, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901412.01

Write-up: Five patients experienced fever, chills, nausea and vomiting within 48 hrs after immunization. All pt received immunizations from the same vial between 6/1/89 & 6/15/89. One of the five pts treated w/tylenol & compazine.

VAERS ID: 25079 (history)

Form: Version 1.0

Age: 10.0

Sex: Unknown

Location: Pennsylvania

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	244920 / UNK	- / -

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

Symptoms: Injection site oedema, 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), 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: 8901518.01

Write-up: Pt received vaccine in evening; next day had fever 100 - 102 lasting for 3 days, injection site swelling and nausea.

VAERS ID: 25080 (history)

Form: Version 1.0

Age: 15.0

Sex: Unknown

Location: Pennsylvania

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	244920 / UNK	- / -

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

Symptoms: Injection site oedema, 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), 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: ~ () ~ ~ ~ In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8901518.02

Write-up: 10yr old and 15yr old siblings received vaccine in evening; next day had fever 100 - 102 lasting for 3 days, injection site swelling and nausea.

VAERS ID: 25081 (history)

Form: Version 1.0

Age: 23.0

Sex: Female

Location: Wisconsin

Vaccinated: 1989-05-25

Onset: 1989-05-26

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	187640 / UNK	- / -

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

Symptoms: Hypotension, Syncope

SMQs: Torsade de pointes/QT prolongation (broad), Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Arrhythmia related investigations, signs and symptoms (broad), Cardiomyopathy (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (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? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8901436.01

Write-up: Pt given injection approx 9:45am at 10:05am pt was feeling strange and she then fainted. She had another fainting spell several minutes later. Each spell lasted 2-3 seconds. Her BP was quite low during each episode.

VAERS ID: 25082 (history)

Form: Version 1.0

Age: 26.0

Sex: Female

Location: Georgia

Vaccinated: 1989-05-25

Onset: 1989-05-26

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	235965 / UNK	- / -

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

Symptoms: Confusional state, Injection site pain, Injection site reaction, Lymphadenopathy, Malaise, Pyrexia, Visual disturbance

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), Glaucoma (broad), Optic nerve disorders (broad), Lens disorders (broad), Retinal 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901311.01

Write-up: Within 24 hrs after immunization pt experienced disorientation and pain at injection site. Treated w/Decadron & prednisone. On 27-MAY-89 developed fever, swollen lymph nodes at inject site, following day a repeat dos of Decadron given.

VAERS ID: [25083](#) ([history](#)).

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 1989-06-05

Onset: 1989-06-07

Days after vaccination: 2

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
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TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	235961 / UNK	- / -
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Administered by: Private **Purchased by:** Unknown

Symptoms: Injection site inflammation, Injection site mass, Lymphadenopathy

SMQs: 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901341.01

Write-up: Erythema, induration and warmth at injection site (Deltoid), axillary node.

VAERS ID: 25085 (history)

Form: Version 1.0

Age: 30.0

Sex: Female

Location: Pennsylvania

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / -

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

Symptoms: Injection site mass, Injection site pain, Injection site reaction
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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901366.01

Write-up: Pt reported 6 days /p immun. that inject site was painful & red, exam showed induration - redness 8cm X 6cm at inject site

VAERS ID: 25086 (history)

Form: Version 1.0

Age: 35.0

Sex: Female

Location: Pennsylvania

Vaccinated: 1989-06-07

Onset: 1989-06-08

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / -

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

Symptoms: Injection site mass, Injection site 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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901366.02

Write-up: 3 days/p immun. injection site became reddened to 17cm X 16cm warm & indurated

VAERS ID: 25087 (history)

Form: Version 1.0

Age:

Sex: Female

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / IM

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

Symptoms: Chills, Nausea, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: N/A

CDC Split Type: 8901412.02

Write-up: 5 pts experienced fever, chills, nausea, vomiting within 48 hrs after immunization. All pts received immun from same vial between 6-1-90 and 6-15-90. One pt treated with tylenol and compazine.

VAERS ID: 25088 (history)

Form: Version 1.0

Age:

Sex: Female

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	NA / IM

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

Symptoms: Chills, Nausea, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: 8901412.03

Write-up: 5 PTS EXPERIENCED FEVER,CHILLS,NAUSEA,AND VOMITING WITHIN 48 HRS AFTER IMMUNIZATION.ALL PTS RECEIVED IMMUN FROM SAME VIAL BETWEEN 6-1-89 AND 6-15-89. ONE PT TREATED WITH TYLENOL AND COMPAZINE

VAERS ID: 25089 (history)

Form: Version 1.0

Age:

Sex: Female

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / IM

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

Symptoms: Chills, Nausea, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901412.05

Write-up: 5 PTS EXPERIENCED FEVER, CHILLS, NAUSEA, VOMITING 48 HRS AFTER IMMUNIZATION.ALLPTS RECEIVED IMMUN FROM SAME VIAL BETWEEN 6-1-89 AND 6-15-89.ONE PT TREATED WITH TYLENOL AND COMPAZINE.

VAERS ID: 25090 (history)

Form: Version 1.0

Age:

Sex: Female

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	229968 / UNK	- / IM

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

Symptoms: Chills, Nausea, 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? No

Office Visit? No

ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8901412.04

Write-up: 5 PTS EXPERIENCED FEVER,CHILLS,NAUSEA AND VOMITING WITHIN 48 HRS AFTER IMMUNIZATION. ALL PTS RECEIVED IMMUN FROM SAME VIAL BETWEEN 6-1-89 AND 6-15-89.ONE PT TREATED WITH TYLENOL AND COMPAZINE

VAERS ID: 25091 (history)

Form: Version 1.0

Age: 2.0

Sex: Unknown

Location: New York

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	244930 / UNK	- / -

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

Symptoms: Dizziness, Hyperhidrosis, Hypotension

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (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? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901556.01

Write-up: pt nearly fainted-no loc,sweating, bp dropped approx 5-10 min after vac.

VAERS ID: 25092 (history)

Form: Version 1.0

Age: 10.0

Sex: Unknown

Location: New York

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	244920 / UNK	- / -

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

Symptoms: Dizziness, Hyperhidrosis, Hypotension

SMQs: Anaphylactic reaction (broad), Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Vestibular disorders (broad), Hypoglycaemia (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? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901556.02

Write-up: Pt nearly fainted - no loss of consciousness, sweating and blood pressure dropped approximately 5-10 minutes after vaccination.

VAERS ID: 25093 (history)

Form: Version 1.0

Age: 14.0

Sex: Female

Location: Texas

Vaccinated: 1989-04-17

Onset: 1989-04-17

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	199601 / UNK	- / IM

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

Symptoms: Injection site oedema, Injection site pain, Injection site reaction, 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890113102

Write-up: Pt recvd TD Booster on 17-ARP-89, after stepping on a nail, returned to office on 19-APR-89, complaining of temp 99.5, pain at site of injection, radiating upper arm to neck; had swelling, redness, tenderness at site of injection.

VAERS ID: 25094 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	187641 / UNK	- / -

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

Symptoms: Injection site oedema, 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: 890104804

Write-up: One of five patients who experienced swelling of injection site and fever (1-3 days) after immunization.

VAERS ID: 25095 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	187641 / UNK	- / -

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

Symptoms: Injection site oedema, 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890104805

Write-up: One of five pt who experienced swelling of injection site and fever (1-3 days) after immunization.

VAERS ID: 25096 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: California

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	- / UNK	- / -

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

Symptoms: injection site oedema, injection site pain, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890111401

Write-up: Approximately 15 pt developed induration, swelling, redness and pain on the entire arm.

VAERS ID: 25097 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / -

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890112201

Write-up: One of three healthy, young, adult pt who developed vasovagal syncopal episode within 5 minutes of immunization. recovered uneventfully.

VAERS ID: 25098 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / -

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890112202

Write-up: One of three healthy, young, adult pt who developed vasovagal syncopal episode within 5 minutes of immunization. Recovered uneventfully.

VAERS ID: 25099 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / -

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890112203

Write-up: One of three healthy, young, adult pt who developed vasobagal syncopal episode within 5 minutes of immunization. Recovered uneventfully.

VAERS ID: 25100 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890112204

Write-up: Pt fainted within 15 minutes after immunization.

VAERS ID: 25101 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	241916 / UNK	- / 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 890112205

Write-up: Pt fainted within 15 minutes after immunization.

VAERS ID: 25102 (history)

Form: Version 1.0

Age: 1.5

Sex: Female

Location: New York

Vaccinated: 1981-12-09

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	- / UNK	- / -

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

Symptoms: Convulsion, Hemiplegia, Mental retardation severity unspecified, Personality disorder, Pyrexia

SMQs: Neuroleptic malignant syndrome (broad), Systemic lupus erythematosus (broad), Anticholinergic syndrome (broad), Convulsions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hostility/aggression (broad), Conditions associated with central nervous system haemorrhages and cerebrovascular accidents (narrow), 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? Yes

Recovered? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? Yes, ? days

Extended hospital stay? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: 8902947.01

Write-up: Plaintiffs allege that as a result of immunization in 1-DEC-81, healthy 20 month old suffered high fever & convulsions with resultant permanent paralysis of right extremities, mental retardation & behavioral problems.

VAERS ID: 25103 (history).

Form: Version 1.0

Age: 15.0

Sex: Male

Location: Texas

Vaccinated: 0000-00-00

Onset: 1989-04-04

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	199601 / UNK	- / IM

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

Symptoms: Injection site oedema, Injection site pain, Injection site reaction, 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: ~ ()~~~In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 890113101

Write-up: 4-APR-89 came in for TD Booster. Last booster had been given 1-MAR-79. Returned to office 6-APR-89, complaining of pain, redness and swelling at site of injection. Also had fever up to 103. Physician noted on chart modify next dose.

VAERS ID: 25104 (history)

Form: Version 1.0

Age: 0.7

Sex: Female

Location: Nebraska

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259966 / UNK	- / -

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

Symptoms: Gaze palsy, Hypotonia, Injury

SMQs: Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Accidents and injuries (narrow), Hostility/aggression (broad), Ocular motility disorders (narrow), Hypotonic-hyporesponsive episode (broad), Generalised convulsive seizures following immunisation (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:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8902951.01

Write-up: Child given DTP on 11-DEC-89. Four Hrs later at home turned pale, eyes rolled back, became limp, bumped chin on high chair. No seizure activity. Examined in office; temp 102, otherwise fine. Child hospitalized and place on monitor.

VAERS ID: 25105 (history)

Form: Version 1.0

Age: 7.0

Sex: Female

Location: Colorado

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	232968 / UNK	- / -

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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8902969.01

Write-up: 7 1/2 year old child had reaction (symptoms unspecified)

VAERS ID: [25106 \(history\)](#)

Form: Version 1.0

Age: 0.6

Sex: Male

Location: New York

Vaccinated: 1989-12-06

Onset: 1989-12-07

Days after vaccination: 1

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259959 / UNK	- / -

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

Symptoms: Convulsion, Cyanosis, Muscle twitching

SMQs: Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Convulsions (narrow), Dyskinesia (broad), Dystonia (broad), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: CSF - WBC = 0, RBC=5, CSF Protein=13, Glucose 71/94, SMA-7WNL

CDC Split Type: 8902977.01

Write-up: 7 month old infant received 3rd immunization and 1 hr later developed shaking movements of extremities, and lips turned blue for a duration of approximately 30 minutes, then alert and active. Neuro exam significant for tendency It hand.

VAERS ID: 25107 (history)

Form: Version 1.0

Age: 0.4

Sex: Female

Location: Maryland

Vaccinated: 1989-11-28

Onset: 1989-11-28

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	229976 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	238938 / UNK	- / -

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

Symptoms: Pyrexia, Screaming

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (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: ~ ()~~~In patient

Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 8902986.01

Write-up: Fever 104 and screaming episode lasting approximately 3 hrs following DTP/OPV immunization.

VAERS ID: 25108 (history)

Form: Version 1.0

Age: 0.3

Sex: Female

Location: Delaware

Vaccinated: 0000-00-00

Onset: 1989-10-01

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	256963 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	10598A / UNK	- / -

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

Symptoms: Injection site 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8902988.01

Write-up: 4 Month old infant developed injection site reaction within 24 hrs after DTP/OPV immunization.

VAERS ID: 25109 (history)

Form: Version 1.0

Age: 0.6

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259962 / UNK	- / -

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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8902991.01

Write-up: 7 Month old infant developed fever to 104 following DTP/Measles Immunization.

VAERS ID: 25110 (history)

Form: Version 1.0

Age: 0.1

Sex: Female

Location: North Carolina

Vaccinated: 1989-12-06

Onset: 1989-12-06

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	259966 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	10598A / UNK	- / -

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

Symptoms: 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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:
Diagnostic Lab Data:
CDC Split Type: 8903012.01

Write-up: 2 Months old infant appeared sluggish, in a deep sleep and required stimulation for 20-25 minutes. Event occurred 1 1/2 - 2 hrs after DTP/OPV immunization.

VAERS ID: 25111 (history).

Form: Version 1.0

Age: 0.4

Sex: Female

Location: Maryland

Vaccinated: 1989-10-03

Onset: 1989-10-03

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	247979 / UNK	- / -
OPV: POLIO VIRUS, ORAL (ORIMUNE) / PFIZER/WYETH	10594B / UNK	- / -

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

Symptoms: Pyrexia, Screaming

SMQs: Neuroleptic malignant syndrome (broad), Anticholinergic syndrome (broad), Hostility/aggression (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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 9000057.01

Write-up: 6month old infant developed fever 103 and screaming episode for approximately 3 hrs following DTP/OPV immuniation

VAERS ID: [25112](#) (history)

Form: Version 1.0

Age: 0.2

Sex: Male

Location: Tennessee

Vaccinated: 1990-01-04

Onset: 1990-01-04

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
DTP: DTP (TRI-IMMUNOL) / LEDERLE LABORATORIES	241920 / UNK	- / IM

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

Symptoms: Injection site oedema, Rash, Screaming

SMQs: Anaphylactic reaction (broad), Extravasation events (injections, infusions and implants) (broad), Hostility/aggression (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: ~ ()~~~In patient
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC Split Type: 9000067.01

Write-up: Child presented in office same evening following immunization with splotchy erythema on entire leg, swelling 2 cm & irritability; crying episode (2PM to 2AM).. Treates w/Tempra and cold compresses. child had a low grade fever of 99 at imm.

VAERS ID: [25113 \(history\)](#)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	235961 / UNK	- / -

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

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

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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8900520.01

Write-up: One of three pt who developed an area that was pruritic and hot to touch, involving the entire upper arm around the injection site.

VAERS ID: 25114 (history)

Form: Version 1.0

Age:

Sex: Unknown

Location: Texas

Vaccinated: 0000-00-00

Onset: 0000-00-00

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	235961 / UNK	- / -

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

Symptoms: Injection site hypersensitivity, Injection site inflammation

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: ~ ()~~~In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8900520.02

Write-up: One of three pt who developed an area that was pruritic and hot to touch, involving the entire upper arm around the injection site.

VAERS ID: [25115 \(history\)](#)

Form: Version 1.0

Age: 10.0

Sex: Female

Location: Texas

Vaccinated: 1989-04-24

Onset: 1989-04-24

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	199601 / UNK	- / IM

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

Symptoms: [Infection](#), [Injection site oedema](#), [Injection site pain](#), [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: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8901131.03

Write-up: Received TD 24-APR-89 Booster after getting laceration to toe. Last TD was 26-APR-84. Returned to office 25-APR-89 c/o pain and swelling at injection site, sore throat, headache, stomach ache and fever up to 101.2. Treated w/warm soaks

VAERS ID: [25116 \(history\)](#)

Form: Version 1.0

Age: 14.0

Sex: Male

Location: Colorado

Vaccinated: 1989-03-01

Onset: 1989-03-01

Days after vaccination: 0

Submitted: 0000-00-00

Entered: 1990-07-09

Vaccination / Manufacturer	Lot / Dose	Site / Route
TD: TD ADSORBED (NO BRAND NAME) / LEDERLE LABORATORIES	235961 / UNK	- / IM

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

Symptoms: Headache, 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? No

Office Visit? No

ER Visit? No

ER or Doctor Visit? No

Hospitalized? No

Previous Vaccinations: ~ () ~ ~ ~ In patient

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC Split Type: 8900500.01

Write-up: 12 hrs after immunization pt developed severe headache, nausea vomiting. Lasted 24 hrs only.

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