VAERS ID:	223530	Age:	0	Sex:	F
Vaccination date:	2/12/2004	Onset date:	3/19/2004	Days later:	36
Report date:	6/22/2004			Entry date:	6/30/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	SMITHKLINE BEECH	0

SYMPTOMS: ABSCESS AGITATION FEVER INFECT BACT PYELONEPHRITIS SCREAMING SYND SEPSIS VOMIT

On March 19, baby threw up (only time in her life, and the nights of March 19 and 20, cried a lot more than usual and cries weaker than usual. Measured temperature under arm pit on March 20: 100 degrees F. She seemed better by night of March 21, but still had temp of 100F, measured daily by forehead strip, until day she died. Nurse follow up on 07/13/04 states: pyelonephritis w/abcesses, E. coli sepsis.

VAERS ID:	246336	Age:	0.1	Sex:	M
Vaccination date:	10/20/2005	Onset date:	10/20/2005	Days later:	0
Report date:	10/27/2005			Entry date:	10/28/2005
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	0

SYMPTOMS: REACT UNEVAL SIDS

Pt was administered Hep B and IPV vaccine at 9AM and pt died of unrelated causes at 12 noon same day. Case is in hands of medical examiner and has ruled out vaccine reaction as cause or contribution to death.

VAERS ID:	222121	Age:	0.3	Sex:	M
Vaccination date:	1/7/2004	Onset date:	1/9/2004	Days later:	2
Report date:	4/29/2004			Entry date:	5/28/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	0
HBHEPB	MERCK & CO. INC.	0

SYMPTOMS: AGITATION ANOREXIA INSOMNIA SCREAMING SYND SIDS

Screaming, inconsolable crying for 2 days, fussy, wasn't feeding or sleeping as usual.

VAERS ID:	**241542**	**Age:**	0.3	**Sex:**	F
Vaccination date:	6/13/2005	**Onset date:**	6/14/2005	**Days later:**	1
Report date:	6/29/2005			**Entry date:**	7/20/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	MERCK & CO. INC.	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: APNEA COUGH INC CYANOSIS PNEUMONIA RHINITIS

Seen 6/13/05 cough/nasal congestion x 4d, hx of prematurity. On apnea monitor, started having increase in alarms in AM o f6/14. At 10AM alarm sounded, acrocyanosis, 911 notified, brought to ER/arrested.

VAERS ID:	**199804**	**Age:**	0.4	**Sex:**	F
Vaccination date:	4/30/1993	**Onset date:**	5/2/1993	**Days later:**	2
Report date:	3/18/2003			**Entry date:**	3/18/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	AVENTIS PASTEUR,	

SYMPTOMS: REACT UNEVAL SIDS

Patient died 4 days after shot was given

VAERS ID:	**261425**	**Age:**	0.4	**Sex:**	F
Vaccination date:	3/7/2006	**Onset date:**	3/9/2006	**Days later:**	2
Report date:	8/11/2006			**Entry date:**	8/11/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	1
HIBV	AVENTIS PASTEUR, INC.	1
IPV	AVENTIS PASTEUR, INC.	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Cardiac arrest Coma Vomiting

As per Emergency Room Report dated 03/09/06: Baby was found unresponsive in her crib by her mother @ 3:15pm. Vomitous around her mouth, last seen alive @ 2:30pm when dad turned patient on back. ALS was done at scene, patient was in asystole and transported to emergency room.

VAERS ID:	**271962**	**Age:**	0.4	**Sex:**	F
Vaccination date:	1/29/2007	**Onset date:**	1/30/2007	**Days later:**	1
Report date:	2/5/2007			**Entry date:**	2/8/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	1
HIBV	AVENTIS PASTEUR	1
IPV	AVENTIS PASTEUR	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Death Sudden infant death syndrome Sudden infant death syndrome

Initial report received on 30 January 2007 from a health care professional. A five-month-old female patient, who was diagnosed with an "URI" (upper respiratory infection) and diarrhea on 22 January 2007, and was being treated with Rondec DM, nystatin, and "Tylenol products", had received, on 29 January 2007 at 16:00 pm, a second, right leg dose of ActHib, lot number UF085AA (lot number Z1038-2), a second, left leg, intramuscular injection of Daptacel, lot number C2553AA, a second, left leg of IPOL, lot number Z0326-2, and a second, right leg dose of Prevnar (manufacturer reported), lot number B08672K. The route of administration was not reported for the ActHib, IPOL, and Prevnar vaccines. The patient's pediatrician's office was notified by the coroner that the patient had been found dead by the father sometime in the morning, on January 2007. The patient had no history of birth defects or known allergies. She weighed 4 pounds 11 ounces at birth and has a twin sister. Reportedly, the patient had no adverse events with prior vaccinations. She received her last immunizations (vaccine not provided) on 27 November 2006. No other information surrounding the death was available at the time of this report.

VAERS ID:	**249021**	**Age:**	1.1	**Sex:**	M
Vaccination date:	11/3/2005	**Onset date:**	11/10/2005	**Days later:**	7
Report date:	0000-00-00			**Entry date:**	12/9/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
HIBV	MERCK & CO. INC.	
PNC	LEDERLE LABORATO	

SYMPTOMS: AGITATION HEART FAIL MYOCARDITIS

Received vaccine 11/03/2005, admitted in heart failure, myocarditis 11/10/2005, Died 11/10/2005.

VAERS ID:	245633	Age:	1.7	Sex:	M
Vaccination date:	9/19/2005	Onset date:	0000-00-00	Days later:	
Report date:	10/14/2005			Entry date:	10/19/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	3
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: APNEA CARDIOVASC DIS FEVER RBC ABNORM WBC ABNORM

Pt had fever for about 12 hours, took nap, and was found several hours later with no pulse, respiration.

VAERS ID:	294412	Age:	12	Sex:	M
Vaccination date:	8/8/1993	Onset date:	10/22/1999	Days later:	2266
Report date:	10/25/2007			Entry date:	10/25/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
6VAX-F	UNKNOWN MANUFACTURER	
DPP	UNKNOWN MANUFACTURER	
DTAPHE	UNKNOWN MANUFACTURER	
DTPIHI	UNKNOWN MANUFACTURER	

SYMPTOMS: Oral surgery Unevaluable event

Patient was a double child, substituted by a network which sought to cover up the use of children by replacing them as teenagers and young adults. The medical record existed for the one child and was used to treat the double from other countries.

VAERS ID:	261075	Age:	18	Sex:	M
Vaccination date:	7/24/2006	Onset date:	7/28/2006	Days later:	4
Report date:	8/3/2006			Entry date:	8/4/2006
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED	Y	Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR, INC.	

SYMPTOMS: Apnoea Coma Pulse absent

Reported by MD that 18 year old male received Menactra vaccine on 7/24/2006, on 7/28/2006, Patient was found unresponsive, pulseless and not breathing in bed. Etiology unknown at this time.

VAERS ID:	**204562**	**Age:**	29	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/2/2003			**Entry date:**	6/6/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: ABORTION DRUG DEPEND

Information has been received through a pregnancy registry from a physician concerning an approximately 29 year old female with an allergy to acetaminophen (+) oxycodone hydrochloride and a history of appendectomy and caesarean section in 1995. In approximately 1998, the patient was vaccinated with varicella virus vaccine live. In 1998, the patient had a termination of pregnancy for fetal disproportion syndrome secondary to varicella virus vaccine live administration. The reporter indicated that the patient

VAERS ID:	**235416**	**Age:**	50	**Sex:**	M
Vaccination date:	3/10/2005	**Onset date:**	3/10/2005	**Days later:**	0
Report date:	3/18/2005			**Entry date:**	3/25/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: PREV REACT REACT UNEVAL

From initial information received on 11Mar05 from a health care professional regarding an adverse event occurring, it was reported that a forty-nine-year old male pt was injured on the job and presented with a laceration to the tip of his fourth finger. He received a dose of Decavac vaccine with lot number U1211DA on 10Mar05 between 11 and 12AM. The route and site of administration were not reported. He also received four sutures on his fourth finger with Lidocaine and local care with Betadine on his fifth

VAERS ID:	**301744**	**Age:**	56	**Sex:**	M
Vaccination date:	8/30/2000	**Onset date:**	7/8/2001	**Days later:**	312
Report date:	1/4/2008			**Entry date:**	1/4/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE BIOLOGICALS
Dose: 2

SYMPTOMS: Agitation Anaemia Antinuclear antibody negative Arthralgia Arthralgia Asthenia Autoimmune disorder Back pain Blood calcium normal Blood immunoglobulin G Blood immunoglobulin M Bone scan Brachial plexopathy Bursitis Cancer pain Chemotherapy Chronic obstructive pulmonary disease Coagulopathy Cognitive disorder Computerised tomogram abnormal

This case was reported by a lawyer and described the occurrence of arthralgia in a male subject of unspecified age who was vaccinated with LYMErix for prophylaxis. A physician or other health care professional has not verified this report. On an unspecified date the subject received unspecified dose of LYMErix (unknown). An unspecified time after vaccination with LYMErix, the subject experienced arthralgia, body aches and pains, swollen joints, and rheumatologic, neurologic and or cognitive impairment of an autoimmune, immune-mediated or other mechanism. At the time of reporting the outcome of the events was unspecified. The information in this case was received via a Statement of Injuries. Follow up information was received on 27 December 2007 via medical records. The subject's history included non-small cell lung carcinoma, chronically elevated liver function tests, chronic obstructive pulmonary disease, osteoarthritic spurring of the lumbar vertebrae, and back pain. The subject received his first, second, and third doses of LYMErix (all administered intramuscularly in the left deltoid , 0.5 cc) on 16 June 1999, 05 July 1999, and 30 August 2000. Approximately 10 months after the third LYMErix injection on 08 July 2001, the subject presented to the emergency room due to pain in elbow. Right elbow radiology results were normal. On 23 July 2001, he was seen for follow up of right elbow swelling and was diagnosed with bursitis. Treatment included Celebrex. In early August 2002, the subject developed pain in the upper back over the right shoulder area. A subsequent x-ray revealed a mass in the apex of the left lung, and a bone scan was recommended in light of shoulder pain. He was diagnosed with non small cell lung cancer. The subject was hospitalized on 08 July 2004 with a chief complaint of generalized seizure (according to the subject's wife) after experiencing tonic clonic activity and urinary incontinence. He had reportedly experienced irritability and personality changes in the preceding few months. In the eme

VAERS ID:	**294274**	**Age:**	72	**Sex:**	M
Vaccination date:	10/20/2007	**Onset date:**	10/20/2007	**Days later:**	0
Report date:	10/24/2007			**Entry date:**	10/24/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED	Y	**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU

Manufacturer: NOVARTIS VACCINES AND DIAGNOSTICS

Dose:

SYMPTOMS: Cardiac arrest Cardiac arrest Cough Death Electrocardiogram abnormal Fall Intubation Syncope Ventricular fibrillation Wheezing

Patient's daughter called after the event and reported that patientexperienced wheezing, cough and syncope "later that day" after he returned home from flu clinic. She did not indicate which, if any, hospital he was taken to, but that she had called his physician. Cardiologist. She reported that her father died on Sunday 10-21-2007

VAERS ID:	**218724**	**Age:**	75	**Sex:**	M
Vaccination date:	11/3/2003	**Onset date:**	11/6/2003	**Days later:**	3
Report date:	4/6/2004			**Entry date:**	4/6/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED	Y	**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: FLU

Manufacturer: LEDERLE LABORATO

Dose:

SYMPTOMS: ASTHENIA HEART FAIL INFARCT MYOCARD PAIN

FLU VACINE GIVEN ON NOV.6, 2003. PATIENT HAD TWO MECHANICAL HEART VALVES. WAS ON AN ANTIBIOTIC AT THE TIME THE VACCINE WAS GIVEN. FOUR DAYS LATER WENT INTO CONGESTIVE HEART FAILURE. HOSPITALIZED FOR 4 DAYS. CONTINUED TO GET WEAKER OVER THE LAST THREE MONTHS. LEG PAINS, WEAKNESS. PATIENT PAST AWAY MARCH 16TH 2004. SEEMED TO BE IN GOOD HEALTH UNTIL THE VACCINE. CARDIOLOGIST FEELS ONE OF THE VALVES FAILED. I BELIEVE THE FLU VACCINE IS WHAT THE PROBLEM WAS. Per death certificate, cause of death was acut

VAERS ID:	**245445**	**Age:**	0.2	**Sex:**	M
Vaccination date:	9/27/2004	**Onset date:**	12/21/2004	**Days later:**	85
Report date:	10/16/2005			**Entry date:**	10/16/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
6VAX-F	AVENTIS PASTEUR,	2
DTAPHE	GLAXOSMITHKLINE	1
HIBV	UNKNOWN MFR	1
PNC	LEDERLE LABORATO	2

SYMPTOMS: CONVULS POS RECHAL

Vaccine date lot# exp date Pediatrix 09/27/04 AC21A001AA 09/05 Hib 09/27/04 0092P 10/06 Prevnar 09/27/04 A83578R 07/06 Pediatrix 11/23/04 AC21A008AA 10/05 Hib 11/23/04 0805P 10/06 Prevnar 11/23/04 A79659B 08/06 first seizure seen 12/21/2004 admitted to hospital 01/06/2005 seizure free 04/06/2005 - 04/26/2005 Prevnar 04/21/05 A67188A 01/07 Pediatrix 04/21/05 AC21A05AA 01/06 04/26/2005 seizures returned No vaccines given for 4th set of shots. Seizure free since 05/17/

VAERS ID:	**270477**	**Age:**	0.2	**Sex:**	M
Vaccination date:	7/25/2006	**Onset date:**	8/16/2006	**Days later:**	22
Report date:	1/12/2007			**Entry date:**	1/12/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Blood albumin increased Blood alkaline phosphatase increased Blood calcium increased Blood chloride Blood lactic acid increased Blood urea decreased Chest X-ray abnormal Complex partial seizures Convulsion Convulsion Culture wound positive Echocardiogram normal Electroencephalogram abnormal Epilepsy Full blood count Gastrooesophageal reflux disease Gastrooesophageal reflux disease Hypotonia Infantile spasms Laboratory test abnormal

none. TC to reporter who states the AE is seizures which progressed to hypotonia, laryngomalacia, GERD, and laryngeal reflux.

VAERS ID:	**305501**	**Age:**	0.2	**Sex:**	M
Vaccination date:	1/4/2008	**Onset date:**	1/30/2008	**Days later:**	26
Report date:	2/21/2008			**Entry date:**	2/22/2008

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	
HIBV	MERCK & CO. INC.	
IPV	SANOFI PASTEUR	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Barium double contrast Blood test Chest X-ray Diet refusal Haematochezia Intestinal resection Intussusception Lethargy Lumbar puncture Oral intake reduced Surgery Ultrasound abdomen abnormal Vomiting

Information has been received from a physician concerning a 9 week old male with no pertinent medical history or drug allergies who on 04-JAN-2008 was vaccinated PO with his first 2.0 ml dose of Rotateq (lot# 657984/1169U). Concomitant vaccinations administered on that same day included a dose of DAPTACEL, a dose of PEDVAXHIB (manufacturer unknown), a dose of PREVNAR and a dose of IPOL (Vero). On 30-JAN-2008 the patient was admitted to the hospital for 5 days and was initially being worked up for sepsis. It was noted that the patient did not have "typical intussusception symptoms." The patient was lethargic, not eating well, and only vomited a small amount. The patient appeared to be getting better. On 01-FEB-2008 the patient experienced a bloody stool and was diagnosed with intussusception and underwent surgery for treatment. Lab diagnostic studies included: abdominal ultrasound, air contrast enema, unspecified blood work, unspecified work up for sepsis, spinal tap and a chest X-ray. When asked if the patient's experience was life-threatening she replied, "I guess so if not diagnosed). A section of his bowel had to be removed." Subsequently, the patient recovered. There was no product quality complaint. The physician considered intussusception to be disabling, life-threatening and an other important medical event (surgery). Additional information has been requested.

VAERS ID:	**224494**	**Age:**	0.4	**Sex:**	F
Vaccination date:	8/2/2001	**Onset date:**	3/1/2002	**Days later:**	211
Report date:	10/6/2004			**Entry date:**	7/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3

SYMPTOMS: AUTISM MED ERROR

This case was reported by a physician and described the occurrence of autism in a 3 year old female patient who received diphtheria and tetanus toxoids and acellular pertussis vaccine absorbed (Infanrix). The reporting physician was from a foreign country, however, the patient received Infanrix in the US. On 7/13/01, the patient received the first dose of Infanrix. Approximately three weeks later, on 8/2/01, the subject received the second dose of Infanrix; this is sooner than the recommended interval of fo

VAERS ID:	**271480**	**Age:**	0.4	**Sex:**	F
Vaccination date:	1/12/2007	**Onset date:**	1/12/2007	**Days later:**	0
Report date:	1/30/2007			**Entry date:**	1/30/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Allergy test negative Immunology test normal Nuclear magnetic resonance imaging normal Vomiting Weight decreased X-ray with contrast upper gastrointestinal tract

This case was reported by a physician and described the occurrence of vomiting in a 4-month-old female subject who was vaccinated with Pediarix vaccine for prophylaxis. On 12 January 2007 the subject received 1st dose of Pediarix (.5 ml, unknown). That evening, the subject started vomiting and spitting up. Over the next 12 days, the subject lost 9 ounces, and ultimately had to be hospitalized on 24 January 2007. During the hospitalization, the subject underwent an MRI, allergy testing, immune testing and an upper GI series which were all negative. The physician considered the events were disabling and clinically significant (or requiring intervention). The subject was treated with lansoprazole (Prevacid). At the time of reporting the vomiting was improved, but the spitting up and the weight loss were unresolved. The subject remained in the hospital.

VAERS ID:	**243047**	**Age:**	0.5	**Sex:**	F
Vaccination date:	10/4/2002	**Onset date:**	11/12/2002	**Days later:**	39
Report date:	8/16/2005			**Entry date:**	8/16/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2

SYMPTOMS: INCONTIN URIN MYELITIS PARALYSIS QUADRIPLEGIA RESPIRAT DIS

About 4 weeks, 37 days later, my daughter was paralyzed from the neck down. Due to her age, we were unable to determine how long this had been progressing to a condition of transverse myelitis.

VAERS ID:	**251382**	**Age:**	0.5	**Sex:**	M
Vaccination date:	8/7/2002	**Onset date:**	8/7/2002	**Days later:**	0
Report date:	1/6/2006			**Entry date:**	2/10/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	2
HIBV	MERCK & CO. INC.	2
IPV	AVENTIS PASTEUR, INC.	2
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Apraxia Autism Diarrhoea Eye movement disorder Hydrocephalus Hypotonia Infection Laboratory test abnormal Nervous system disorder Premature labour Pyrexia Sepsis Speech disorder

My son was born on 1/27/02. While in delivery, doctor said I needed penicillin for Strep medicine was given 2 hours before delivery. After he was born 24 hours later, he was put in NICU unit for infection which he never had given medication Gentamycin/Ampicillin. Shortly after his stay at hospital, he was vaccinated at private physician for his routine Hep B; was given on 2/8/02 and according to my notes, might have received another dose at hospital. Shortly after this vaccine was given, we had taken him to

VAERS ID:	285158	Age:	0.5	Sex:	F
Vaccination date:	5/23/1994	Onset date:	5/1/2005	Days later:	3996
Report date:	7/13/2007			Entry date:	7/19/2007
Administered by:	PUB	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTP	UNKNOWN MANUFACTURER	
HIBV	UNKNOWN MANUFACTURER	
IPV	UNKNOWN MANUFACTURER	

SYMPTOMS: Anion gap normal Blood bicarbonate Blood glucose increased Blood potassium decreased Blood sodium decreased Diabetes mellitus insulin-dependent Diabetic ketoacidosis Enuresis Glycosylated haemoglobin increased Polydipsia Polyuria Urine ketone body absent Urine ketone body present Weight decreased

juvenile diabetes diagnosed at age 11 on may, 2005

VAERS ID:	272956	Age:	0.5	Sex:	M
Vaccination date:	10/7/1998	Onset date:	0000-00-00	Days later:	
Report date:	2/22/2007			Entry date:	2/23/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	UNKNOWN MANUFACTURER	2
HIBV	LEDERLE LABORATORIES	2

SYMPTOMS: Developmental delay Immune system disorder Metal poisoning Nervous system disorder Speech disorder developmental

This case was considered medically important for the events of developmental delay, nervous system disorder, immune system disorder, immune system disorder and speech disorder developmental. A legal complaint regarding Hib Titer vaccine was received from an attorney regarding a male patient who received the third dose of Hib-Titer along with the third dose of Diphtheria/Tetanus toxoids/Acellular pertussis vaccine on 07-Oct-1998 at the age of 6 months. The patient was allegedly exposed to very high doses of mercury from thimerosal containing vaccines. On an unspecified date, the patient experienced neurological damage, immunological damage, loss of language and developmental delay. On 07-Oct-1998, the patient received the third dose of Hib-Titer vaccine along with another childhood vaccine. During the first fifteen months of life, the patient was exposed to very high doses of mercury from thimerosal containing vaccines. On an unspecified date, the child experienced developmental delay, neurological damage, immunological damage and loss of language. It was unknown if the patient recovered from the events. No additional information was available at the time of this report.

VAERS ID:	197857	Age:	0.8	Sex:	M
Vaccination date:	11/13/2002	Onset date:	11/20/2002	Days later:	7
Report date:	2/14/2003			Entry date:	2/19/2003
Administered by:	OTH	State:	NJ	Funded by:	OTH

DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 0

SYMPTOMS: DIABETES MELL SOMNOLENCE THIRST URIN FREQUENCY

A physician reported the occurrence of diabetes mellitus in an infant of unspecified age and gender who was vaccinated with hep B vaccine (manuf unk) for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were not reported. On an unspecified date, the subject received an injection of hep B vaccine (manuf unk). One week post-immunization, the physician made a diagnosis of diabetes mellitus. As of 2/4/03, the event persisted. The physician considered the diabetes mel

VAERS ID:	**253344**	**Age:**	0.9	**Sex:**	M
Vaccination date:	4/25/1989	**Onset date:**	4/27/1989	**Days later:**	2
Report date:	3/27/2006			**Entry date:**	3/27/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: DTP
Manufacturer: LEDERLE LABORATORIES
Dose: 1

SYMPTOMS: Gait disturbance Hypotonia Muscle spasticity Prostration Pyrexia Speech disorder Tremor Vomiting

HIGH FEVER AND PROSTATION SINCE THE PREVIOUS NIGHT; VOMITED TWICE AND AT THE TIME OF THE EXAMINATION ENTERED MY OFFICE ON HIS MOTHERS ARMS COMPLETELY LIMP AND HAD FINE TREMORS ON ALL EXTREMITIES. AFTER 10-15 MINUTES OF HIS STAY IN THE OFFICE, GRADUALLY RECOVERED CONSCIOUSNESS. THE REMAINER OF HIS PHYSICAL EXAM, INCLUDING HTE NEURO EXAM WERE NORMAL. SUBSEQUENTLY DEVELOPED SPASTIC QUADRIPLEGIA. UNDERWENT EXTENSIVE TESTING BY SEVERAL PEDIATRIC NEUROLOGISTS (EEG'S, MRI'S, BLOOD TESTS, ETC.).

VAERS ID:	**282221**	**Age:**	1.1	**Sex:**	F
Vaccination date:	11/6/1996	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/13/2007			**Entry date:**	6/19/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: MMR
Manufacturer: UNKNOWN MANUFACTURER
Dose:

SYMPTOMS: Abnormal behaviour Autism Autism spectrum disorder Autism spectrum disorder Developmental delay Diarrhoea Food allergy Gait disturbance Gluten free diet Hypotonia Irritability Mixed receptive-expressive language disorder Pyrexia Speech disorder developmental

Autism. Several years ago I requested these forms, but was told the vaccine did not cause the autism. I still believe it did cause it and now thousands of families are in court to prove it when we tried to sue through a class action suit the act stopped it. Now I just want to make sure my child is registered with VAERS and included in any compensation to help her get through life. Patient is a 4year 10month old female who has been diagnosed with Pervasive Developmental Disorder. At present her mother has requested that patient receive no more immunizations due to the literature suggesting linkage between immunizations and PDD/autism. Attached you will find patient immunization record to present and her rubeola titer which shows that she is immune. Patient's history suggests that she was born normally and began developmental changes after reactions she had following immunizations. These

unexplained reactions included high fevers, and excessive diarrhea. After her immunizations given at one year, patient stopped using whatever words had been learned to that point, "skated" between furniture, became a fussy eater, irritable and "zoned out". Her developmental delays became more noticeable. She finally began walking at age 20 months. Patient is allergic to gluten. At present she is on a gluten free diet (no wheat) and a dairy free diet and is doing very well. I have been unable to ascertain if any vaccines are gluten free. I am trying to check through the manufacturing companies, as the pharmacist is unable to tell all the ingredients. Due to patient's neurologically impaired and developmental delayed condition, and her allergy to gluten, I would advise at this time that she receive no more vaccines and stay on her gluten free and dairy free diet.

VAERS ID:	**233610**	**Age:**	1.4	**Sex:**	M
Vaccination date:	2/2/2004	**Onset date:**	2/3/2004	**Days later:**	1
Report date:	1/17/2005			**Entry date:**	2/10/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION CONVULS FEVER SPEECH DIS TWITCH

Fever 24 hours. Seizures and tic. Would not sit up for a long time; always laying down even when he plays with toys. Cries a lot. Violent temper tantrums. Stopped talking; plays along. Blinking of eyes.

VAERS ID:	**206897**	**Age:**	1.5	**Sex:**	M
Vaccination date:	12/12/1991	**Onset date:**	1/10/1992	**Days later:**	29
Report date:	7/26/2003			**Entry date:**	8/1/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MFR	
IPV	UNKNOWN MFR	

SYMPTOMS: AUTISM SLEEP DIS THINKING ABNORM

18 months stopped sleeping through night. 18 months started losing speech-stopped saying words, only said sounds like "da, ga, woo." Diagnosed with autism.

VAERS ID:	**222450**	**Age:**	2	**Sex:**	M
Vaccination date:	8/16/2001	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/30/2004			**Entry date:**	6/8/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	

SYMPTOMS: AUTISM HYPOTHYR THINKING ABNORM

Diagnosed autistic. We feel thimerosal accumulation caused autistic symptoms to developed. Diagnosed by neurodevelopmental pediatrician. Nurse follow up on 06/28/04 states: "ADD: Global delay, hypothyroidism,

VAERS ID:	**228417**	**Age:**	2	**Sex:**	M
Vaccination date:	10/9/2003	**Onset date:**	10/29/2003	**Days later:**	20
Report date:	10/25/2004			**Entry date:**	10/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: AUTISM MENTAL RETARD

Information has been received from a pharmacist and a mother concerning her 25 month old son with food allergies who on 8/29/02 and 10/9/03 was vaccinated by injection with the first and second doses of varicella virus vaccine live. Concomitant therapy included HIB conjugate vaccine and hepatitis B vaccine, recomb. It was noted that the three year old child is at 2 year old level mentally and has been placed on autistic spectrum. Unspecified medical attention was sought. There was no product quality complai

VAERS ID:	**205580**	**Age:**	4	**Sex:**	M
Vaccination date:	2/12/2002	**Onset date:**	5/30/2002	**Days later:**	107
Report date:	6/23/2003			**Entry date:**	6/30/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: CONVULS

5/30/02 Had initial seizure; hospitalized for 8 days. Had 2 MRI's, 2 EEG's, blood tests, spinal tap - all negative except EEG's showed slower brain wave movement on left side. Has been treated since and is on 3 medications concurrently.

VAERS ID:	**262756**	**Age:**	5	**Sex:**	M
Vaccination date:	7/26/2006	**Onset date:**	9/7/2006	**Days later:**	43
Report date:	9/8/2006			**Entry date:**	9/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:

DTAP	SMITHKLINE BEECHAM	4
IPV	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Blood glucose increased Diabetes mellitus Increased appetite Pollakiuria Thirst

Pt experienced increased thirst, appetite and urination x 1 day. BS 259 at fasting and urinalysis and 4+ glucose. Pt was immediately sent to medical center ER for admission and work up.

VAERS ID:	**262757**	**Age:**	5	**Sex:**	M
Vaccination date:	7/27/2006	**Onset date:**	9/7/2006	**Days later:**	42
Report date:	9/8/2006			**Entry date:**	9/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECHAM	4
IPV	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Blood glucose increased Diabetes mellitus Increased appetite Thirst Urinary retention Weight decreased

Patient experienced excessive thirst, appetite and urination 2-3 prior to 9/7/06. Weight loss 11 lbs in 5 weeks. Seen in office and diagnosed with Diabetes. Sent to hospital immediately for hospitalization and work up.

VAERS ID:	**264397**	**Age:**	6	**Sex:**	M
Vaccination date:	7/26/2006	**Onset date:**	9/7/2006	**Days later:**	43
Report date:	9/8/2006			**Entry date:**	10/11/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECHAM	4
IPV	AVENTIS PASTEUR, INC.	3
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Blood glucose increased Blood glucose increased Diabetes mellitus Full blood count normal Glucose urine present Glycosylated haemoglobin Increased appetite Lymphocyte count decreased Pollakiuria Thirst

Pt experienced increased thirst, appetite and urination x 1 day, BS 259 at fasting and Urinalysis x 4+ glucose. PT was immediately sent to ER for admission and work up.

VAERS ID:	**257122**	**Age:**	9	**Sex:**	M
Vaccination date:	8/18/1997	**Onset date:**	12/1/2005	**Days later:**	3027
Report date:	5/12/2006			**Entry date:**	5/17/2006

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Rash vesicular Skin ulcer Viral infection

Information has been received from a RN concerning her 9 yr old son with scoliosis secondary to Priedreich's ataxia who on 18Aug97 was vaccinated with a dose of varicella virus vaccine live (lot622750/0545E). Concomitant therapy included antioxidants (unspecified). In Dec 2005, the pt experienced chickenpox. Unspecified medical attention was sought. It was reported that the pt normally wears a brace for scoliosis, however he has been unable to wear the brace due to the varicella lesions and it is very diffi

VAERS ID:	**281880**	**Age:**	10	**Sex:**	F
Vaccination date:	1/16/2007	**Onset date:**	1/17/2007	**Days later:**	1
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Body temperature increased Injection site cellulitis Injection site erythema Injection site induration Injection site pain Injection site rash Injection site warmth Pyrexia

Information has been received from a physician assistant concerning a 10 year old female with no allergies or medical history who on 22-APR-2002 was vaccinated with a first dose of Varivax without any problems and on 16-JAN-2007 was vaccinated SC in the left deltoid with a 0.5 mL second dose of Varivax (lot # 654131/1150F). Concomitant vaccination on the same day included a dose of Gardasil in the other arm. There was no illness at the time of vaccination. On 17-JAN-2007, the patient developed an injection site rash. The rash was described as a cellulitis that was swollen, warm, and tender to the touch. The patient was seen in the office on 18-JAN-2007 and the cellulitis was determined to be 4 cm in diameter and reported to be larger than it was on 17-JAN-2007. The patient had a fever of 102 degrees Fahrenheit on 18-JAN-2007. Unspecified medical attention was sought and the patient was told to take Benadryl and to use a warm compress. No diagnostic laboratory tests were performed. At the time of the report the patient had not recovered. Follow-up information was received from the physician assistant who reported that on 17-JAN-2007, the patient had red, indurated, warm cellulitis of the left upper extremity around the injection site. It was greater than four inches in diameter with a central vesicle. Her temperature was 102.5. She was treated with Rocephin and Augmentin. The patient recovered on 19-JAN-2007. The patient's experiences were considered to be disabling and other important medical events by the reporter. No further information is expected.

VAERS ID:	**217492**	**Age:**	15	**Sex:**	F
Vaccination date:	2/1/2003	**Onset date:**	2/1/2003	**Days later:**	0
Report date:	3/5/2004			**Entry date:**	3/9/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1

SYMPTOMS: ARTHRALGIA MYALGIA MYASTHENIA PAIN NECK

Information has bee received from a registered nurse and a physician concerning a 15 year old female with no yeast allergy who in February 2003 was vaccinated with a second dose of hepatitis B virus vaccine. The reporter indicated that about a week to two weeks later the patient complained of muscle weakness, arthralgia, and pain in and around her neck area. It was noted that these events have been weaning and waning since that time. The patient visited an emergency room and a rheumatologist and the tests w

VAERS ID:	**286419**	**Age:**	17	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/31/2007			**Entry date:**	8/1/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Abnormal behaviour Psychotic disorder

Information has been received from a physician concerning a 17 year old female who was vaccinated with a first dose of Gardasil dose and date not reported. Subsequently the patient experienced strange behavior and was diagnosed with a "psychotic outbreak" and was hospitalized in the "psychiatric ward". An unspecified therapy was initiated. The physician reported the patient was at camp prior to the administration of Gardasil and was unsure if the event was due to something she may have experienced at camp. At the time of the report the patient was recovering. The reporting physician considered the "psychotic outbreak" to be a disabling event. Additional information has been requested.

VAERS ID:	**306166**	**Age:**	17	**Sex:**	F
Vaccination date:	9/16/2007	**Onset date:**	2/5/2008	**Days later:**	142
Report date:	2/28/2008			**Entry date:**	2/29/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Acute lymphocytic leukaemia Blast cell count increased Fatigue Laboratory test abnormal

Information has been received from a physician concerning a 17 year old female patient with heavy menstruation periods, drug hypersensitivity to ibuprofen, and penicillin allergy who on 18-SEP-2007 was vaccinated IM with a first dose of 0.5 mL of Gardasil (lot # 658219/0680U). On 06-DEC-2007 she received her second dose of Gardasil (lot# 659437/1266U). Concomitant therapy included FLUZONE and SEASONIQUE. The physician reported that the patient was diagnosed with Acute Lymphoblastic Leukemia (ALL) after blood work on 12-FEB-2008 which showed "blasts in her smear". Her symptoms began two months after she received her second dose of Gardasil. On 05-FEB-2008 symptoms were described as feeling tired for a few days. It was reported that the patient sought medical attention on 08-FEB-2008. The patient was hospitalized for worsening symptoms. On 19-FEB-2008 she had started unspecified antineoplastic chemotherapy. The reporter considered Acute Lymphoblastic Leukemia (ALL) to be disabling and life threatening. The reporter considered ALL to be other important medical event. Additional information has been requested.

VAERS ID:	**294376**	**Age:**	18	**Sex:**	F

Vaccination date:	8/15/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/24/2007			**Entry date:**	10/25/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Condition aggravated Gaucher's disease Laboratory test Neurological symptom

Information has been received from a Nurse concerning an 18 year old female patient with gaucher's disease type I and von willebrand's syndrome with heavy period controlled with birth control, who on 15-AUG-2007 was vaccinated IM with the first dose of Gardasil (lot # 658488/0930U). Concomitant therapy included weekly infusions of electrolytes (unspecified) and birth control (unspecified). Subsequently the patient experienced neurological problems and gaucher's disease progressed to type III (possibly terminal stage). Unknown medical attention was sought. The patient had not been recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**236182**	**Age:**	23	**Sex:**	M
Vaccination date:	5/18/1989	**Onset date:**	5/21/1989	**Days later:**	3
Report date:	4/15/2005			**Entry date:**	4/16/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MEN	UNKNOWN MFR	0
MMR	MERCK & CO. INC.	3
SMALL	WYETH LABORATORI	0
TD	UNKNOWN MFR	0

SYMPTOMS: COMA ECZEMA VACCINATUM FEVER IMMUNE SYSTEM DIS LARYNGISMUS NEUROPATHY PAIN RASH VESIC BULL SYNCOPE ULCER SKIN

The military inoculated me with the smallpox vaccine during basic training, in that I had a reaction to, and become infected with Eczema vaccinatum while serving on active duty on/or about May 18, 1989. The initial reaction occurred three days later - I had swelling of the throat and passed out or became unconscious. I had fever and was not conscious for about 3 days after the initial reaction. I broke out with about 75 to 100 sores over my neck, shoulders, face, and scalp area. I was in ICU isolation for

VAERS ID:	**304202**	**Age:**	23	**Sex:**	F
Vaccination date:	2/1/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/1/2008			**Entry date:**	2/4/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Cervical conisation Cervix carcinoma Colposcopy Smear cervix abnormal

Information has been received from a nurse concerning a 23 year old female patient who in February 2007, was vaccinated IM with a dose of Gardasil (lot# 656049/0187U). Subsequently the patient was diagnosed with cervical cancer and was hospitalized. The cold knife cone biopsy was performed on 03-May-2007 and "margins were clear". The cervix was still intact. In June 2007 the patient was recovered. The reporting investigator considered cervical cancer to be disabling. Upon internal review

cervical cancer considered to be an other important medical event. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**218147**	**Age:**	28	**Sex:**	M
Vaccination date:	11/16/2000	**Onset date:**	11/18/2000	**Days later:**	2
Report date:	3/24/2004			**Entry date:**	3/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	0
LYME	SMITHKLINE BEECH	0

SYMPTOMS: ALOPECIA AMNESIA ARTHRALGIA ARTHRITIS ASTHENIA CONFUS DEAF DEPRESSION DIZZINESS HEADACHE LAB TEST ABNORM LIBIDO DEC MYALGIA NERVOUSNESS PARESTHESIA SOMNOLENCE TENOSYNOVITIS TWITCH WEIGHT INC

Memory Loss, Facial Twitching around eye lid, Headaches,Extreme Fatigue,Unexplained Hair Loss,Numbness below waist, Decreased hearing in both ears, Carpal tunnel, Joint pain, muscle achiness,lightheadedness, irritability, depression, sleeping too much, disorientation,confusion, dizziness, loss of sex drive, unexplained weight gain, Low body tempature. Some symptoms come and go and some are permanent. Being treated for arthritis, muscle relaxers to sleep, xanax and lexapro for depression and anxiety.

VAERS ID:	**260969**	**Age:**	31	**Sex:**	M
Vaccination date:	5/19/2005	**Onset date:**	8/1/2005	**Days later:**	74
Report date:	7/31/2006			**Entry date:**	8/2/2006
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	3
TYP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Acidosis Blood glucose increased Diabetes mellitus Fatigue Laboratory test abnormal Polydipsia Polyuria Weight decreased

Diagnosed with Type 1 diabetes in Sept 2004, classic symptoms of polyuria, polydipsia, acidosis, fatigue and weight loss. Brief hospitalization for IVF's and insulin initiation. Family history of diabetes. 8/3/06-medical records included with VAERS report. Chief Complaint on visit of 6/20-06: " I was told you were doing research on people who got diabetes after getting the vaccines." HX Present illness: Patient interested in filing a VAERS report regarding the onset of his Type 1 diabetes following receip

VAERS ID:	**285719**	**Age:**	34	**Sex:**	F
Vaccination date:	4/26/2007	**Onset date:**	4/26/2007	**Days later:**	0
Report date:	7/24/2007			**Entry date:**	7/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE BIOLOGICALS	1
TTOX	UNKNOWN MANUFACTURER	

SYMPTOMS: Cyanosis Hypoaesthesia Muscle spasms Muscle spasms Muscular weakness Myalgia

This case was reported by a healthcare professional and described the occurence of muscle weakness in a 34-year-old female subject who was vaccinated with Engerix B for prophylaxis. Concurrent medical conditions included allergy to Percocet, allergy to Ultracet and migraine. Previous vaccination included Engerix B given on 26 March 2007 without any adverse events. Concurrent vaccinations included Tetanus vaccine, Allegra, Zomig, Rhinocort, Effexor XR and Topamax. On 26 April 2007 the subject received a 2nd dose of Engerix B at 1.0 ml in the right arm. During the injection the subject experienced a muscle spasm and was referred to a neurologist who prescribed prednisone. After two weeks, the subject reported that her hand turned blue, she developed muscle weakness, cramping, pain and numbness. On exam, the subject did not demonstrate any weakness is grip, swelling, or discoloration. The subject reported worsening symptoms and was hospitalized twice for progressive symptoms. The healthcare professional considered the events were disabling. The hand discoloration resolved.

VAERS ID:	231792	Age:	35	Sex:	F
Vaccination date:	1/5/2001	Onset date:	2/26/2001	Days later:	52
Report date:	12/28/2004			Entry date:	12/30/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	0

SYMPTOMS: ALOPECIA ARTHRALGIA ARTHROSIS ASTHENIA HEADACHE LYMPHADENO MYALGIA PAIN PAIN NECK THINKING ABNORM VISION ABNORM WEIGHT DEC

Extreme fatigue, extreme body and joint pain, joint swelling in shoulders, neck, knees, elbows, hair and weight loss, headache, vision.

VAERS ID:	205916	Age:	39	Sex:	M
Vaccination date:	6/14/2000	Onset date:	6/24/2003	Days later:	1105
Report date:	7/7/2003			Entry date:	7/7/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: AMNESIA ARTHRALGIA ARTHROSIS ASTHENIA CONFUS DIZZINESS FLU SYND HEADACHE INSOMNIA LAB TEST ABNORM MALAISE MYALGIA PAIN PAIN NECK PARALYSIS FACIAL PARESTHESIA RASH VISION ABNORM

Symptoms/signs: Joint Pain/Swelling, Flu-like symptoms, Fatigue and Malaise, 3 Skin Rashes, Headaches - Migraines, Eye/Sight problems, Tingling - Face, Numbness - Face, Dizziness, Confusion / Disorientation, Short-term Memory Deficit, Pain in left Clavicle and Shoulder - recurrent, Neck Pain with Fatigue with Headache, Aggravated Sleep Disturbance, Arthalgia, Myalgia, Diagnosed Lyme Disease, Bells Palsy, Possible Cardiac problem, Aggravated Major Depressive Disorder?, Aggravated Anxiety

and Panic Disorder?

VAERS ID:	**212547**	**Age:**	39	**Sex:**	M
Vaccination date:	11/7/2001	**Onset date:**	4/1/2001	**Days later:**	-220
Report date:	11/10/2003			**Entry date:**	11/19/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: GUILLAIN BARRE SYND HYPOKINESIA PARESTHESIA

Guillain-Barre syndrome with motor and sensory deficit.

VAERS ID:	**215495**	**Age:**	39	**Sex:**	M
Vaccination date:	6/22/1999	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/21/2004			**Entry date:**	1/23/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: APPLICAT SITE REACT MED ERROR PAIN

This report described the occurrence of Lyme arthritis and/or Lyme disease in a 39 year old male patient who received Lyme disease vaccine recombinant for prophylaxis. This report was received as part of litigation proceedings, and has not been verified by a physician or other health care professional. The patient received injections of LYMErix on 4/20/99, 5/20/99, and 6/22/99 according to the client. This represents an inappropriate schedule of vaccine administration, in that the patient received LYMErix v

VAERS ID:	**240854**	**Age:**	39	**Sex:**	M
Vaccination date:	1/24/2004	**Onset date:**	3/24/2004	**Days later:**	60
Report date:	6/29/2005			**Entry date:**	6/30/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 3

SYMPTOMS: ARTHRALGIA ARTHRITIS BILIRUBINEM HEMATURIA LAB TEST ABNORM PAIN PAIN NECK

Patient experienced polyarthralgias following receipt of his fourth anthrax vaccine. He was diagnosed with Reactive Arthritis. Has been treated with Remicade, NSAIDS< Prednisone, and MTX. Symptom: Joint pain, multiple joints. Comment: affects toes, ankles, hips, shoulders, elbows, knees, and neck.

VAERS ID:	**290329**	**Age:**	39	**Sex:**	M
Vaccination date:	9/10/2005	**Onset date:**	9/25/2005	**Days later:**	15
Report date:	9/5/2007			**Entry date:**	9/12/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: **Manufacturer:** **Dose:**
RAB NOVARTIS VACCINES AND DIAGNOSTICS 1

SYMPTOMS: Aldolase increased Anorexia Arthralgia Asthenia Bilirubin conjugated Blood bilirubin increased Blood culture negative Blood immunoglobulin E increased Blood test Blood testosterone decreased Bone scan Chest X-ray abnormal Clostridium difficile toxin test Computerised tomogram Computerised tomogram abnormal Culture urine negative Depression Diarrhoea Echocardiogram normal Electrocardiogram normal

Pain, inflammation, swelling, weight loss, rashes, fatigue, insomnia, weakness, depression since onset have seen several specialists (from 9/25/05 to present) (multiple treatments)

VAERS ID:	**215251**	**Age:**	40	**Sex:**	F
Vaccination date:	5/16/2000	**Onset date:**	5/16/2000	**Days later:**	0
Report date:	1/20/2004			**Entry date:**	1/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
LYME GLAXOSMITHKLINE 0

SYMPTOMS: AMBLYOPIA ARTHRALGIA ARTHRITIS ARTHROSIS ASTHENIA CHILLS FEVER HEADACHE INFECT INSOMNIA LAB TEST ABNORM MYALGIA NEUROPATHY PAIN PARESTHESIA PHARYNGITIS SOMNOLENCE TASTE PERVERS

This report described the occurrence of Lyme arthritis and/or Lyme disease in a 40 year old female pt who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings. Medical records were subsequently provided. The pt received injections of LYMErix on 5/16/00, 6/27/00, and 5/1/01 "according to the client." Vaccination dates were not confirmed by medical records. On 9/3/03, the pt's attorney alleged that the pt "suffered knees, legs, an

VAERS ID:	**215336**	**Age:**	42	**Sex:**	M
Vaccination date:	6/18/2000	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/28/2004			**Entry date:**	1/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: AGITATION AMNESIA ARTHRALGIA ARTHRITIS ASTHENIA CONFUS DEPRESSION DIZZINESS FLU SYND HEADACHE INFECT INSOMNIA MYALGIA PAIN PARESTHESIA RASH

This report described the occurrence of Lyme arthritis and/or Lyme disease in a 42 year old male pt who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings, and has not been verified by a physician or other health care professional. The pt received injections of LYMErix on 7/16/99, 8/9/99, and 6/18/00 "according to the client." On 1/12/04, the pt's attorney alleged that the pt developed "treatment resistant Lyme arthritis and/o

VAERS ID:	244367	Age:	42	Sex:	M
Vaccination date:	7/16/2002	Onset date:	10/7/2002	Days later:	83
Report date:	9/20/2005			Entry date:	9/20/2005
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPAB	GLAXOSMITHKLINE	2

SYMPTOMS: ASTHENIA ATAXIA DIZZINESS HEADACHE HIV SYND LAB TEST ABNORM NEURITIS OPTIC NEUROPATHY PARESTHESIA THINKING ABNORM ULCER SKIN

On 10/7/02, numbness on left side of body, face and torso. Optic Neuritis-left eye. Dizziness. MRI of brain on 10/11/02 indicated demyelinating disease with one lesion and several scattered white matter foci within the bilateral frontal/parietal lobes.

VAERS ID:	197137	Age:	45	Sex:	M
Vaccination date:	7/12/2000	Onset date:	9/1/2000	Days later:	51
Report date:	1/28/2003			Entry date:	2/4/2003
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRITIS HYPOKINESIA PAIN

60 Day follow up states pt has not recovered. Pt had to have right hip replaced because of sever arthritis. Very limited physically and can't do many things physically that could before. the pain from arthritis started shortly after received the vaccine and pt attributed it to Lymerix vaccine.

VAERS ID:	215337	Age:	45	Sex:	M
Vaccination date:	3/7/2000	Onset date:	0000-00-00	Days later:	
Report date:	1/20/2004			Entry date:	1/22/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRALGIA ARTHRITIS INFECT MED ERROR PAIN BACK

This report describes the occurrence of Lyme arthritis and/or Lyme disease in a 45 year old male pt who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings and has not been verified by a physician or other health care professional. The pt received injections of LYMErix on 4/2/99, 5/6/99 and 3/7/99 "according to the client." This represented an inappropriate schedule of drug administration, with LYMErix vaccinations given on a 0

VAERS ID:	**218346**	**Age:**	47	**Sex:**	F
Vaccination date:	6/3/1999	**Onset date:**	6/10/1999	**Days later:**	7
Report date:	3/26/2004			**Entry date:**	3/31/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	1

SYMPTOMS: AMNESIA ARTHRALGIA INSOMNIA

Constant joint pain, insomnia, memory loss.

VAERS ID:	**216707**	**Age:**	48	**Sex:**	M
Vaccination date:	8/30/1999	**Onset date:**	9/15/1999	**Days later:**	16
Report date:	2/21/2004			**Entry date:**	2/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	0

SYMPTOMS: ADENOMA AGITATION AMNESIA ARTHRALGIA ARTHRITIS ARTHROSIS ASTHENIA CONFUS DYSPNEA EMOTION LABIL ENDO DIS HEADACHE HYPERLIPEM JOINT DIS PHARYNGITIS PROLACTIN INC RHINITIS SEX FUNC ABNORM SINUSITIS THINKING ABNORM

Within weeks of the Lymerix vaccine I began to feel stiff and experience joint pain.I began having headaches and found it difficult to concentrate.These symptoms have persisted and increased over the years so that I find it difficult to get through my day at work , as I constantly feel fatigued. Due to joint swelling,pain and arthritis my activity levelis greatly reduced.I sleep alot.I have problems remembering things and have short attention span.I find myself feeling agitated,impulsive frustrated and moo

VAERS ID:	**215503**	**Age:**	52	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/22/2004			**Entry date:**	1/23/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: AMNESIA ARTHRALGIA ARTHRITIS ASTHENIA HEADACHE INFECT PARESTHESIA THINKING ABNORM VISION ABNORM

This report described the occurrence of Lyme arthritis and/or Lyme disease in a 52 year old male pt who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings, and has not been verified by a physician or other health care professional. According to the attorney, the pt received injections of LYMErix on unspecified dates. On 1/12/04, the pt's attorney alleged that the pt developed "treatment resistant Lyme arthritis and/or treatmen

VAERS ID:	**213709**	**Age:**	53	**Sex:**	F
Vaccination date:	4/13/1999	**Onset date:**	11/1/2000	**Days later:**	568
Report date:	10/19/2003			**Entry date:**	12/9/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 3

SYMPTOMS: AMBLYOPIA AMNESIA ARTHRALGIA ASTHENIA CONFUS GAIT ABNORM HYPERTONIA LAB TEST ABNORM MYALGIA PAIN

11/2000-Burning bottom of foot. Extreme fatigue, severe joint/muscle pain, stiffness, difficulty walking and going upstairs. Sometimes have to crawl up stairs, forgetfulness, disorientation, blurry vision, shin splints, burning sensation-hand. When on floor I have to crawl to furniture to get up.

VAERS ID:	**233251**	**Age:**	53	**Sex:**	M
Vaccination date:	4/21/1999	**Onset date:**	8/20/1999	**Days later:**	121
Report date:	2/1/2005			**Entry date:**	2/1/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 0

SYMPTOMS: ABSCESS AMNESIA ARTHRALGIA ASTHMA COUGH INC DRY EYE DYSPNEA EDEMA HYPERTENS LYMPHADENO PAIN PAIN CHEST PARESTHESIA RECTAL DIS SWEAT THINKING ABNORM TINNITUS

1)8/1999 Left elbow swelled up about the size of half an orange. Drained and injected 3X.Operated on 3/2000. 2)1/2000-2/2001 Left heel pain & numbness. Injected 2X. Comes and goes. 3)5/2001 Severe pain in left knee. Surgery performed on joint 2/28/2001. Problems with pain in the knee afer surgery for 5 months. Injected 3-4X. 4)5/2001 Pain in left hip. Sometimes it feels like it's out of joint. Pain goes away as fast as it comes, sometimes lasting 6-8 hours. Dr. prescribed muscle relaxers and anti-inflama

VAERS ID:	**300329**	**Age:**	53	**Sex:**	F
Vaccination date:	7/19/2006	**Onset date:**	11/24/2006	**Days later:**	128

Report date:	12/13/2007			**Entry date:**	12/18/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	UNKNOWN MANUFACTURER	4

SYMPTOMS: Blood culture negative Nerve injury Nuclear magnetic resonance imaging brain normal Spinal X-ray normal

Nerves to both eyes affected - right eye has a 6 nerve palsy. Left eye has a 3rd nerve palsy. Occurred 3 months after last administered vaccine. No treatment available to date.

VAERS ID:	**215331**	**Age:**	55	**Sex:**	F
Vaccination date:	7/15/1999	**Onset date:**	7/16/1999	**Days later:**	1
Report date:	9/28/2004			**Entry date:**	1/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	0

SYMPTOMS: ARTHRALGIA ARTHRITIS ASTHENIA ATAXIA GAIT ABNORM HEADACHE INFECT INSOMNIA PARESTHESIA

This report described the occurrence of Lyme arthritis and/or Lyme disease in a 55 year old female pt who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings, and has not been verified by a physician or other health care professional. The pt received an injection of LYMErix on 7/15/99 "according to the client." On 9/3/03, the pt's attorney alleged that the pt "suffered tingling of her legs, joint pain, fatigue, insomnia, diffic

VAERS ID:	**250305**	**Age:**	57	**Sex:**	F
Vaccination date:	12/14/2005	**Onset date:**	12/14/2005	**Days later:**	0
Report date:	1/9/2006			**Entry date:**	1/12/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Injection site hypersensitivity Injection site oedema Injection site pain Injection site warmth Pyrexia

Information has been received from a nurse concerning a 57 year old white female (previously reported as 72 year old female) with asthma and no history of adverse drug reactions or allergies. On Dec 14 2005, the patient was vaccinated intramuscularly with a 0.5ml dose of Pneumococcal 23v polysaccharide vaccine (lot 651318/1006P). Concomitant therapy included levothyroxine (Levoxyl), pirbuterol acetate (Maxair), fluticasone propionate + salmeterol xinafoate (Advair) and bupropion HCL (Wellbutrin). On Dec 15

VAERS ID:	**266858**	**Age:**	58	**Sex:**	F

Vaccination date:	6/19/2006	**Onset date:**	6/20/2006	**Days later:**	1
Report date:	11/15/2006			**Entry date:**	11/15/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: Arthralgia Arthropathy Myalgia Myositis Pain

RIGHT ARM PAIN AND ARTHRALGIAS THAT STARTED 1-2 DAYS AFTER THE FIRST HEPATITIS B IMMUNIZATION. PT WENT TO A RHEUMATOLOGIST ON 8/31/2006. TREATMENT HAS BEEN HYDROXYCHLOROQUINE 200MG ONE TWICE DAILY , CELEBREX 200MG TWICE DAILY AND WELLLBUTRIN SR 100MG 4 IN THE AM.

VAERS ID:	**213971**	**Age:**	59	**Sex:**	F
Vaccination date:	2/1/1999	**Onset date:**	0000-00-00	**Days later:**	
Report date:	12/13/2003			**Entry date:**	12/15/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	

SYMPTOMS: ARTHRITIS HIV SYND

Auto immune syndrome-Auto immune osteoarthritis-Vioxx and Praquenil

VAERS ID:	**269643**	**Age:**	60	**Sex:**	F
Vaccination date:	12/1/2006	**Onset date:**	12/4/2006	**Days later:**	3
Report date:	12/20/2006			**Entry date:**	12/27/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Abasia Hypoaesthesia Pyrexia

Information has been received from a physician concerning an "over 60" year old female who in approximately December 2006 was vaccinated with a dose of ZOSTAVAX. Subsequently, 3-4 days after receiving ZOSTAVAX, the patient developed numbness in her legs, lips and around her mouth, and a fever. The patient "could not walk" due to this event. The patient was referred to a neurologist to rule out Guillain Barre Syndrome. The patient was also referred to an infectious disease specialist to determine if the even

VAERS ID:	**294229**	**Age:**	61	**Sex:**	M
Vaccination date:	10/11/2007	**Onset date:**	10/11/2007	**Days later:**	0
Report date:	10/23/2007			**Entry date:**	10/24/2007

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	
PPV	MERCK & CO. INC.	0

SYMPTOMS: Injection site abscess Injection site cellulitis Injection site mass Injection site pain Pain in extremity Pyrexia

Information has been received from a certified medical assistant concerning a 61 year old male who on 11-OCT-2007 was vaccinated SC in the left arm with a dose of Pneumovax 23 (lot #656233/0200U). Concomitant therapy included influenza virus vaccine (unspecified). On 11-OCT-2007, the patient developed an "enlarging" lump with pain, fever and tenderness in the left injection site arm. On 12-OCT-2007, the patient presented to an emergency room, and subsequently, was hospitalized with cellulitis and possible abscess at the injection site of the left upper extremity. On an unspecified date, the patient was discharged. At the time of this report, the patient was recovering. A concern regarding the lot was reported. Cellulitis and possible abscess at injection site were considered to be disabling events. Additional information has been requested. The medical assistant also reported another patient who developed an adverse experience after vaccination with Pneumovax 23 (lot # 656233/0200U) (WAES #0710USA03567).

VAERS ID:	**218276**	**Age:**	66	**Sex:**	M
Vaccination date:	6/16/1999	**Onset date:**	6/15/2002	**Days later:**	1095
Report date:	3/29/2004			**Entry date:**	3/29/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	

SYMPTOMS: ANEMIA ASTHENIA DYSPNEA FIBRO LUNG KIDNEY FUNC ABNORM LEUKOPENIA PARESTHESIA

June 2002 shortness of breath, fatigue Dec 2002 lung biopsies, began 24/7 use of oxygen numbness in fingers frequently May 2003- present- development of anemia; blood infusions 7 times; need to see kidney specialist

VAERS ID:	**295173**	**Age:**	66	**Sex:**	F
Vaccination date:	10/20/2007	**Onset date:**	10/22/2007	**Days later:**	2
Report date:	10/31/2007			**Entry date:**	11/1/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Oedema peripheral

Information has been received from a healthcare worker concerning a 66 year old female with no pertinent medical history or drug reactions/allergies who on 20-OCT-2007 was vaccinated with Pneumovax 23 (lot# 655765/0061U) 0.5 mL injection. There was no concomitant medication. On 22-OCT-2007, 2 days after being vaccinated the patient experienced swelling from her shoulder to elbow which extended to her chest area. Medical attention was sought. No further information was provided. At the time of reporting it was unknown if the patient had recovered. The reporter felt that swelling from the shoulder to elbow which extended to the chest area was considered to be disabling. Additional information has been requested.

VAERS ID:	**276605**	**Age:**	66	**Sex:**	M
Vaccination date:	1/23/2007	**Onset date:**	1/23/2007	**Days later:**	0
Report date:	4/17/2007			**Entry date:**	4/17/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Acoustic stimulation tests abnormal Audiogram abnormal Autoimmune disorder Deafness neurosensory Ear, nose and throat examination Feeling hot and cold Hearing impaired Hypoacusis Injection site pain Local reaction Nuclear magnetic resonance imaging abnormal Sudden hearing loss Vasculitis

local reaction: local tender (w/o rubor/tumor/calor); hot/cold; Several days later reported awoke w/ noise in ear. Patient seen socially other day and tells me developed acute hear loss: c/o ENT ; 55% hear loss AD. In retrospect (but not documented in chart) he says hearing loss was abrupt and immediate.

VAERS ID:	**233078**	**Age:**	67	**Sex:**	F
Vaccination date:	12/1/2004	**Onset date:**	12/1/2004	**Days later:**	0
Report date:	12/29/2004			**Entry date:**	1/31/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: DEAF DIZZINESS PAIN INJECT SITE TINNITUS VESTIBUL DIS VOMIT

Took the flu vaccine on 12/1/04 at 10:00 AM; went back to work. Had a slight soreness in the left arm where vaccine was given. Same day at 3:00 PM, had a static noise in right ear. Lost hearing in this ear. Later had vomiting and dizziness.

VAERS ID:	**270840**	**Age:**	80	**Sex:**	M
Vaccination date:	9/25/2006	**Onset date:**	9/26/2006	**Days later:**	1
Report date:	1/18/2007			**Entry date:**	1/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	

SYMPTOMS: Asthenia Atelectasis Blood lactate dehydrogenase increased Discomfort Dyspnoea exertional Erythema Erythema Hypersensitivity Injection site cellulitis Injection site erythema Injection site erythema Injection site inflammation Injection site oedema Injection site pain Injection site rash Injection site warmth International normalised ratio Malaise Mean cell volume increased Muscular weakness

Information has been received from a registered nurse and a physician concerning an 80 year old male non-diabetic with myelofibrosis, depression, "am immune disease", rosacea, hypertensive cardiovascular disease, hypercholesterolemia, gastritis, gout, osteoarthritis, benign prostatic hypertrophy, allergies to cetirizine hydrochloride (ZYRTEC) ("arthralgia"), timolol maleate (TIMOPTIC) and beta blockers ("pruritus"), large right iridectomy scar, rheumatoid arthritis, herpes zoster of the right upper extremity, left carpal tunnel syndrome, tinnitus, discoid atelectasis and a history of smoking (four packs per day for 40 years; quit in 1985), alcohol use (scotch daily; quit), pneumonia 91973), cardiac catherization, laparoscopic cholecystectomy, iridectomy, surgery for basal cell carcinome, diverticulosis, appendectomy, right cataract surgery, fracture of the left ankle, previous glaucome who on 25-Sep-2006 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (lot# 651330/1048P) (0.5 ml), intramuscularly in the left deltoid area. Concomitant therapy included aspirin (ECOTRIN), alfuzosin hydrochloride (UROXATRAL) and hydroxyurea (HYDREA). Illness at time of vaccination included arteriosclerotic heart disease, osteoarthritis, edema, and hypertension. The patient subsequently developed swelling and redness, accompanied by tenderness in the left upper extremity. The patient had generalized weakness and weakness in the left arm. The patient was seen in the physician's office on 26-Sep-2006, at which time there was a 12 cm by 18cm erythematous warm macular rash in the mid left humeral area. It was suspected that the patient had a local allergic reaction to pneumococcal 23v polysaccharide injection. Because of the erythema the patient was put on amoxicillin (+) clavulanate potassium (AUGMENTIN) (875 mg twice daily for 7 days). The area was demarcated with an ink marker / demarcated with a blackening pen. The patient was called on the following day and stated that he felt much better with decreased left a

VAERS ID:	296058	Age:	81	Sex:	F
Vaccination date:	10/29/2007	Onset date:	10/29/2007	Days later:	0
Report date:	11/7/2007			Entry date:	11/8/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	Yes	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Erythema Oedema peripheral Pain in extremity

Information has been received from a certified medical assistant concerning an 81 year old female who on 29-OCT-2007 was vaccinated with a dose of Zostavax (Oka/Merck) (lot# 657767/0740U) in the right deltoid. Concomitant vaccination administered on that day included a dose of Pneumovax 23 (MSD) in the left arm. Other concomitant drug therapy included alendronate sodium (MSD), valsartan (DIOVAN), warfarin sodium (COUMADIN), enalapril maleate (VASOTEC) and atorvastatin calcium (LIPITOR). On that same day, the patient experienced pain, redness and swelling in her right arm. The patient was seen by the physician. The patient was noted to be recovering. There was no product quality complaint. Pain, redness and swelling were considered to be disabling by the reporter. Additional information has been requested.

VAERS ID:	218215	Age:	83	Sex:	F
Vaccination date:	1/1/2001	Onset date:	1/1/2001	Days later:	0
Report date:	3/17/2004			Entry date:	3/29/2004

Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: FLU | **Manufacturer:** UNKNOWN MFR | **Dose:**

SYMPTOMS: ATAXIA GAIT ABNORM GUILLAIN BARRE SYND PARALYSIS PARESTHESIA

Paralyzed with GBS. On ventilator for two months. In hospital for six months. Residual numbness and balance problems. Uses walker

VAERS ID:	**249172**	**Age:**	83	**Sex:**	F
Vaccination date:	10/14/2005	**Onset date:**	10/15/2005	**Days later:**	1
Report date:	12/9/2005			**Entry date:**	12/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV | **Manufacturer:** MERCK & CO. INC. | **Dose:** 0

SYMPTOMS: EDEMA HYPOKINESIA MALAISE PAIN RASH

Initial and follow-up information has been received from a nurse concerning an 82 year old white female patient, with unknown medical history and unknown drug reactions/allergies, who on 14-Oct-2005 was vaccinated intramuscularly in the right deltoid with 0.5 cc first dose of pneumococcal 23v polysaccharide vaccine (Lot # 650648/0967P). It was reported that the patient developed swelling of the arm on 15-Oct-2005, erythema, and unable to use the arm, which lasted about 4-5 days. The patient was given 50mg d

VAERS ID:	**249173**	**Age:**	84	**Sex:**	M
Vaccination date:	10/14/2005	**Onset date:**	10/15/2005	**Days later:**	1
Report date:	12/9/2005			**Entry date:**	12/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV | **Manufacturer:** MERCK & CO. INC. | **Dose:** 1

SYMPTOMS: EDEMA HYPERTONIA HYPOKINESIA INJECT SITE REACT PAIN PRURITUS VASODILAT

Follow up information has been received from a nurse concerning an 84 year old white male patient, with history of immunisation and no known drug reactions/allergies, who on Oct 14 2005 was vaccinated intramuscularly in the right deltoid with a second dose 0.5cc pneumococcal 23v polysaccharide vaccine (lot 650648/0967P). It was reported that the patient received a first dose of pneumococcal 23v polysaccharide vaccine (manufacturer unknown) 5 years ago with no adverse evens. On Oct 15 2005, after the injecti

VAERS ID:	**233047**	**Age:**	85	**Sex:**	M
Vaccination date:	10/20/2004	**Onset date:**	10/22/2004	**Days later:**	2
Report date:	1/28/2005			**Entry date:**	1/28/2005

Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	Yes	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: AMNESIA ASTHENIA CONVULS DEMENTIA ENCEPHALITIS FEVER HYPERLIPEM HYPOKINESIA KIDNEY FAIL NAUSEA PNEUMONIA STUPOR

0/20/04-PATIENT DROVE TO DRS OFFICE FOR CHECKUP. WAS FINE EXCEPT FOR A 100.3 FEVER...PATIENT VERY HASTILY GIVEN FLU SHOT OVER MY PROTESTATIONS...(DR ACTUALLY CLAIMED THAT THE SHOT WAS AMONG THOSE HE HAD 'SAVED' FROM MARCH OF 2004 AND MY DAD WAS 'LUCKY' TO BE GETTING A SHOT AT ALL, SINCE WE WERE ABOUT TO RUN OUT(!)....NAUSEA DEVELOPED LATE ON OCT 22, FOLLOWED BY GENERAL WEAKNESS, INCREASED FEVER AND SUDDEN DEMENTIA BY MORNING OF 0.25.2004...RUSHED TO EMERGENCY ROOM AT THAT POINT...FEVER SPIKES TO 104, SEIZUR

VAERS ID:	**269076**	**Age:**	0	**Sex:**	F
Vaccination date:	8/11/2006	**Onset date:**	8/11/2006	**Days later:**	0
Report date:	12/14/2006			**Entry date:**	12/18/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	
HIBV	MERCK & CO. INC.	
PNC	LEDERLE LABORATORIES	
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Diarrhoea Vomiting

Information has been received from a physician concerning a 9 week old female with on medical history or allergies who on 11 Aug 2006 was vaccainted with a PO first dose of Rotavirus vaccine (lot 654248/0577F). Concomitant vaccination included a dose of Hib vaccine, a dose of Pediarix and a dose of Prevnar. On 11 Aug 2006, two hours after vaccination, the patient developed diarrhea. On 13 Oct 2006 she vomited once. The diarrhea continued to some degree to the present, however the child continued to gain wei

VAERS ID:	**219140**	**Age:**	0	**Sex:**	M
Vaccination date:	3/3/2003	**Onset date:**	3/13/2003	**Days later:**	10
Report date:	4/18/2004			**Entry date:**	4/18/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE LAB TEST ABNORM LYMPHADENO

The patient was vaccinated on the left thigh secondary to extensive tattoos of the deltoid areas. The patient reported to the ED 10 days later with a CC "redness and swelling of the area 4 cm around the site". He also had inguinal lymphadenopathy. The patient was treated with 2grams of Ancef and kept overnight for observation. Thereafter he was released without/with unknown ABX therapy. The diagnosis was unclear but seemed to be cellulits vs smallpox reaction.

VAERS ID:	**224410**	**Age:**	0	**Sex:**	M
Vaccination date:	7/15/2004	**Onset date:**	7/22/2004	**Days later:**	7
Report date:	7/27/2004			**Entry date:**	7/27/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: SMALL
Manufacturer: WYETH LABORATORI
Dose:

SYMPTOMS: EYE DIS

pt developed a pustule on inner lower eyelid OS about 7 days after receiving the vaccine; pt was cultured and started on viroptic drops.

VAERS ID:	**256586**	**Age:**	0	**Sex:**	M
Vaccination date:	5/24/2006	**Onset date:**	5/24/2006	**Days later:**	0
Report date:	5/25/2006			**Entry date:**	5/25/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: Chest pain Dizziness Nausea Vomiting

Received third dose of engerix-B (AHBVB286CA) at approximately 2:30PM and it was reported that at approximately 7:30 experienced nausea and dizziness, then vomited and had some chest pain. He was at work at the time and had taken a dinner break previously to the vomiting. He remained at work until 10:30PM(his quit time) and rode his motorcycle home. He is a diabetic who has maintained low and appropiate blood sugars. He has dropped about 50lbs in the last year to help his diabetic levels. He does exerc

VAERS ID:	**303395**	**Age:**	0	**Sex:**	M
Vaccination date:	3/30/1998	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/8/2008			**Entry date:**	1/16/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE BIOLOGICALS
Dose: 0

SYMPTOMS: Developmental delay Immune system disorder Metal poisoning Nervous system disorder Psychomotor skills impaired Speech disorder

This case was reported by a lawyer and described the occurrence of toxic effect of mercury and its compounds in a male child who was vaccinated with ENGERIX-B (GlaxoSmithKline) for prophylaxis. A physician or other health care professional has not verified this report. The subject's medical history, concurrent conditions, and concurrent medications were not reported. On 30 March 1998 the subject received 1st dose of Engerix-B (10 mcg, intramuscular). During the first 15 months of life, on or after 30 March 1998 and on or before 15 July 1999, the subject also received vaccinations with RECOMBIVAX,

TriHIBit, ACEL-IMMUNE, HibTITER, and MMR II vaccine. According to the legal complaint, the subject was subjected to very high doses of mercury from thimerosal-containing vaccines during the first 15 months of life. As a result of the mercury contained in the thimerosal-containing vaccinations, the subject suffers from neurological and immunological damage with symptoms including developmental delay, loss of language, and failure to meet certain social and motor milestones. The outcome of the events was not reported.

VAERS ID:	**263408**	**Age:**	0	**Sex:**	F
Vaccination date:	9/6/2006	**Onset date:**	9/13/2006	**Days later:**	7
Report date:	9/18/2006			**Entry date:**	9/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Rash papular Skin ulcer

Seen 9/15/06 developed 9/13/06 mild papulovesicular lesions on perineum, fingers, feet, some near perineum are crusted (+) itching, no fever. Aveeno bath and ZYRTEC 1/2 teaspoon by mouth daily.

VAERS ID:	**210842**	**Age:**	0.1	**Sex:**	F
Vaccination date:	7/5/2002	**Onset date:**	9/1/2002	**Days later:**	58
Report date:	10/16/2003			**Entry date:**	10/22/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	LEDERLE LABORATO	0

SYMPTOMS: ANOREXIA DIARRHEA HYPERTONIA MENTAL RETARD SPEECH DIS

Failure to thrive at 15 1/2 months only weighs 16 lbs. Chronic diarrhea after vaccine administered. Tightening of body. Speech/ language delay. Requires physical therapy, occupational therapy and speech therapy.

VAERS ID:	**240744**	**Age:**	0.1	**Sex:**	M
Vaccination date:	5/1/2001	**Onset date:**	9/1/2002	**Days later:**	488
Report date:	6/27/2005			**Entry date:**	6/28/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	UNKNOWN MFR	
HIBV	LEDERLE LABORATO	
PNC	LEDERLE LABORATO	

SYMPTOMS: CONVULS GRAND MAL MENTAL RETARD
This case was considered medically important (OMIC). Information regarding Hib-Titer Vaccine was received from a consumer regarding a 4 year old male pt who experienced grand mal seizures and developmental delay. At 2 months of age, the pt received a dose in May 2001. The pt also received a dose of Prevnar and a dose of DTaP in May 2001. Caller reported that her son experienced a seizure at 18 months of age. The child had grand mal seizures all throughout the day, every couple of hours. Caller additionally

VAERS ID:	**241338**	**Age:**	0.1	**Sex:**	M
Vaccination date:	5/17/1997	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/13/2005			**Entry date:**	7/15/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: AUTISM
This case was reported by a consumer and described the occurrence of autism in a 8 year old male subject who was vaccinated with hepatitis B vaccine recombinant for prophylaxis. The reporter is the father of the subject. A physician or other health care professional has not verified this report. Medical history included gluten free diet. On 5/17/97, the subject received the second dose of Engerix B (lot # ENG2118A2). Approximately eight years after vaccination with Engerix B, on an unspecified date on or af

VAERS ID:	**215151**	**Age:**	0.1	**Sex:**	M
Vaccination date:	7/7/2003	**Onset date:**	7/7/2003	**Days later:**	0
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: LAB TEST ABNORM NO DRUG EFFECT
This case was reported by a physician and described a 22 day old male pt who tested positive for hepatitis B core IgG and hep B surface antigen after receiving hep B vaccine recombinant (Engerix B) for prophylaxis. The infant's mother tested positive for hep B core antibody, which was "thought to be a result of a resolved hepatitis B infection." The infant's medical history and concurrent conditions were not reported. There were no concurrent medications. On 7/7/03, the pt received the 1st dose of Engerix B

VAERS ID:	**226010**	**Age:**	0.1	**Sex:**	F
Vaccination date:	8/25/2004	**Onset date:**	8/25/2004	**Days later:**	0
Report date:	8/27/2004			**Entry date:**	8/30/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1
HIBV	AVENTIS PASTEUR,	0

SYMPTOMS: AGITATION EDEMA HEM MASS INJECT SITE SOMNOLENCE VASODILAT
Started as persistent crying and swollen right thigh 4 hours after administration, as well as drowsiness. PE: right thigh moderate swelling, warm, slight hematoma, indurated.

VAERS ID:	**291551**	**Age:**	0.1	**Sex:**	M
Vaccination date:	1/1/2007	**Onset date:**	3/20/2007	**Days later:**	78
Report date:	9/17/2007			**Entry date:**	9/20/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	
HIBV	MERCK & CO. INC.	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Diarrhoea
Information has been received from a physician concerning a 17-week-old male who in January 2007, was vaccinated PO with a second 2mL dose of Rotateq (Lot # "1116S"). Concomitant therapy that day included a dose of PEDIARIX, a dose of PREVNAR, and a dose of Hib conj vaccine. On 20-MAR-2007 the patient experienced diarrhea. Unspecified medical attention was sought. Subsequently, the patient recovered from diarrhea. Therapy with Rotateq was discontinued. No additional information was provided. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**200127**	**Age:**	0.1	**Sex:**	F
Vaccination date:	3/5/2003	**Onset date:**	3/5/2003	**Days later:**	0
Report date:	3/20/2003			**Entry date:**	3/25/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2

SYMPTOMS: FEVER URTICARIA

VAERS ID:	**210129**	**Age:**	0.1	**Sex:**	M
Vaccination date:	9/18/2003	**Onset date:**	9/19/2003	**Days later:**	1
Report date:	9/26/2003			**Entry date:**	10/8/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**

HEP	MERCK & CO. INC.	0

SYMPTOMS: DIARRHEA FEVER GASTROENTERITIS

Fever (101 deg F), diarrhea.

VAERS ID:	**269324**	**Age:**	0.1	**Sex:**	F
Vaccination date:	11/13/2006	**Onset date:**	11/23/2006	**Days later:**	10
Report date:	12/15/2006			**Entry date:**	12/19/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	
HIBV	MERCK & CO. INC.	
PNC	LEDERLE LABORATORIES	
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: CSF test abnormal Meningitis Sepsis

Information has been received from a physician concerning a 59 day old female, with no medical history and no allergies, who on 13 Nov 2006 was vaccinated with a first oral dos of rotavirus vaccine (lot 654664/0726F). Concomitant vaccines administered on the same day included a dose of Prevnar, a dose of Hib vaccine, and a dose of Pediarix. On 23 Nov 2006, 10 days later, the patient experienced septic meningitis, which was diagnosed by cerebrospinal fluid. The patient was admitted to the hospital for 4 days

VAERS ID:	**306141**	**Age:**	0.1	**Sex:**	M
Vaccination date:	12/10/2007	**Onset date:**	12/10/2007	**Days later:**	0
Report date:	2/18/2008			**Entry date:**	2/20/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	UNKNOWN MANUFACTURER	
HIBV	MERCK & CO. INC.	0
IPV	UNKNOWN MANUFACTURER	
PPV	UNKNOWN MANUFACTURER	

SYMPTOMS: Body temperature increased Crying Muscle twitching Muscle twitching

Information has been received from a physician concerning a 53 day old male with no past medical history or allergies who on 10-DEC-2007 was vaccinated with a first dose of PEDVAXHIB (OMPC). Concomitant vaccinations included doses of poliovirus vaccine, pneumococcal conj vaccine (unspecified) and DtAP (unspecified). On 10-DEC-2007, according to the patient's mother, the patient developed twitching, jerking with facial muscles and arms, low grade temperature and lots of crying. The patient was seen by the physician who told the mother to "make sure the patient does not have a seizure." By 6:00 am on 11-DEC-2007, the patient recovered from twitching, jerking with facial muscles and arms, low grade temperature and lots of crying. Additional information has been requested.

VAERS ID:	**288321**	**Age:**	0.1	**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Inappropriate schedule of drug administration

Information has been received from a physician concerning a patient who was vaccinated with the first oral dose of Rotateq at five weeks of age. No adverse event was reported. It was unknown if medical attention was sought. No product quality complaint reported. No further information is available.

VAERS ID:	**239783**	**Age:**	0.2	**Sex:**	M
Vaccination date:	6/10/2005	**Onset date:**	6/11/2005	**Days later:**	1
Report date:	6/13/2005			**Entry date:**	6/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: RASH

Generalized rash - blaunching macular. Benadryl, 1 dose.

VAERS ID:	**278572**	**Age:**	0.2	**Sex:**	M
Vaccination date:	3/12/2007	**Onset date:**	3/27/2007	**Days later:**	15
Report date:	5/14/2007			**Entry date:**	5/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
HIBV	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Blood culture negative Culture stool negative Dehydration Diarrhoea

Information has been received from a physician concerning a 10-week-old male born prematurely who on 12-MAR-2007 was vaccinated PO with the first dose of Rotateq (Lot #656188/1238F). Concomitant vaccination administered on that day included the first IM dose in the left thigh of Pediarix (Lot #AC21B084BA), the first IM dose in the right thigh of PedvaxHib (Lot #654397/1014F) and the first IM dose in the right thigh of Prevnar (130867207). There was no illness at the time of vaccination. The physician reported that on 27-MAR-2007, the patient developed diarrhea. On 02-APR-2007, the patient

presented to the physician's office with continued diarrhea. On 04-APR-2007, the developed dehydration and was hospitalized that same day. Stool cultures and blood cultures were both negative. On 08-APR-2007, the patient was discharged from the hospital. At the time of this report, the patient's diarrhea and dehydration persisted. The physician also considered the diarrhea and dehydration other important medical events since they required a GI referral. Additional information has been requested.

VAERS ID:	**272665**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/4/2007	**Onset date:**	1/4/2007	**Days later:**	0
Report date:	2/13/2007			**Entry date:**	2/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Gastrooesophageal reflux disease

Information has been received from a physician concerning a 2-month-old female who on approximately 04-JAN-2007 was vaccinated PO with the first dose of Rotateq (human-bovine). The physician reported that on approximately 04-JAN-2007, within eight hours of being vaccinated, the patient developed GERD. Unspecified medical attention was sought. No laboratory/diagnostic tests were performed. At the time of this report, the patient was noted to be recovering. Additional information has been requested.

VAERS ID:	**304414**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/28/2008	**Onset date:**	1/28/2008	**Days later:**	0
Report date:	2/5/2008			**Entry date:**	2/6/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	SANOFI PASTEUR	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	0
TDAP	UNKNOWN MANUFACTURER	

SYMPTOMS: Haematochezia Occult blood positive

Information has been received from a registered nurse concerning a 9 week old female with no pertinent medical history or drug allergies who on 28-Jan-2008 in the morning was vaccinated PO with her first 2.0 ml dose of Rotateq (lot #658386/1734U). Concomitant vaccinations administered on that same day included a dose of PREVNAR, a dose of ACTHIB and a dose of Tdap. On that same day in the afternoon, the patient experienced blood in stools. The patient sought medical attention at the physician's office. The office performed a hemoccult test to monitor the patient's stool which was positive for blood. It was also noted that the patient was not seriously ill and did not have a diagnosis. At the time of this report the patient was not recovered. There was no product quality complaint. Upon internal review, blood in stool was determined to be an other important medical event. Additional information has been requested.

VAERS ID:	**214464**	**Age:**	0.2	**Sex:**	F
Vaccination date:	12/19/2003	**Onset date:**	12/19/2003	**Days later:**	0
Report date:	12/26/2003			**Entry date:**	12/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTPHIB	UNKNOWN MFR	0
IPV	UNKNOWN MFR	0
PPV	UNKNOWN MFR	0

SYMPTOMS: EMOTION LABIL FEVER PAIN RESPIRAT DIS SWEAT THROMBOCYTOPENIA VASODILAT

Dr. stated rarely a high fever occurs that is only side effect. When I arrived for her visit I brought Motrin and asked the nurse the dosage to give, she stated Motrin not recommended, use Tylenol and the nurse would give some in the room. The nurse stated she didn't have any and she wouldn't need anything. After he gave her the shots, two in each thigh, one bled more and she was screaming. She stopped in the car and when we arrived home she fell right to sleep and slept for hours. She woke up screaming u

VAERS ID:	**215650**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/19/2004	**Onset date:**	1/19/2004	**Days later:**	0
Report date:	1/21/2004			**Entry date:**	1/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HIBV	MERCK & CO. INC.	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: AGITATION

Excessive crying office DTAP, no temperature N, no other symptoms.

VAERS ID:	**227543**	**Age:**	0.2	**Sex:**	M
Vaccination date:	9/28/2004	**Onset date:**	9/28/2004	**Days later:**	0
Report date:	10/1/2004			**Entry date:**	10/8/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: AGITATION ANOREXIA EMOTION LABIL

1 hour after receiving Pediarix, Hib & Prevnar, baby began crying and could not be consoled. Would quiet for a few minutes and then begin crying again. Eating very little, would not take breast. Still happening 48 hours after vaccines when examined by MD.

VAERS ID:	**235752**	**Age:**	0.2	**Sex:**	F
Vaccination date:	8/5/2004	**Onset date:**	8/5/2004	**Days later:**	0
Report date:	12/29/2004			**Entry date:**	4/5/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HEP	MERCK & CO. INC.	0
HIBV	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	0

SYMPTOMS: FEVER SCREAMING SYND SOMNOLENCE

From initial information received on 11Aug04 from a health care professional regarding an adverse event occurring, it was reported that a two month old female pt received her first dose of Acthib, lot X0806, Daptacel lot C1663AA, IPOL X0800, Hep B lot 0465P and Prevnar lot A57553E on 05Aug04. The route and sites of admin of the products were not provided. Reportedly at 10:30PM that same day the pt had a high pitched scream and was sleeping alot. There was no swelling at the injection sites. The next morning

VAERS ID:	**240762**	**Age:**	0.2	**Sex:**	M
Vaccination date:	6/23/2005	**Onset date:**	6/23/2005	**Days later:**	0
Report date:	6/23/2005			**Entry date:**	6/28/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
HIBV	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	
PNC	LEDERLE LABORATO	

SYMPTOMS: EDEMA INJECT SITE EDEMA PERIPH SCREAMING SYND

Persistant crying starting 4-5 hours after vaccine. Mild swelling of Right thigh.

VAERS ID:	**249095**	**Age:**	0.2	**Sex:**	M
Vaccination date:	12/1/2005	**Onset date:**	12/2/2005	**Days later:**	1
Report date:	12/6/2005			**Entry date:**	12/9/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	
HEP	GLAXOSMITHKLINE	
HIBV	MERCK & CO. INC.	

IPV	UNKNOWN MFR
PNC	LEDERLE LABORATO

SYMPTOMS: CONVULS DYSPHAGIA GI DIS HYPERTONIA
48 hrs after administration and 96 hrs after administration of 3 vax had choke up and stiffen up. ?GERD and SZ

VAERS ID:	**268803**	**Age:**	0.2	**Sex:**	F
Vaccination date:	11/18/2006	**Onset date:**	11/18/2006	**Days later:**	0
Report date:	12/6/2006			**Entry date:**	12/12/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	AVENTIS PASTEUR, INC.	0
PNC	LEDERLE LABORATORIES	0

SYMPTOMS: Crying Respiratory disorder Swelling
Crying at least for 3 hours after receiving HIB, Prevnar. Her left thigh was swollen and she stopped breathing for at least 30 seconds. Parent brought her to hospital. Dr. the pediatrician who saw her said vital signs are stable and no need to admit her.

VAERS ID:	**291230**	**Age:**	0.2	**Sex:**	M
Vaccination date:	9/19/2007	**Onset date:**	9/19/2007	**Days later:**	0
Report date:	9/20/2007			**Entry date:**	9/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
HIBV	SANOFI PASTEUR	0
PNC	WYETH PHARMACEUTICALS, INC	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: High-pitched crying Pyrexia
Prolonged high pitch crying, fever to 101.

VAERS ID:	**289766**	**Age:**	0.2	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/31/2007			**Entry date:**	9/4/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Anal fissure Dehydration Diarrhoea Faeces discoloured

Information has been received from a physician concerning a 8-week-old male who was vaccinated PO with a 2mL first dose of Rotateq (lot number unavailable). Subsequently, 4 days post vaccination, the patient experienced blue watery stool, was dehydrated, and had an anal fissure. Subsequently, the patient recovered. It was noted that he was sent to the emergency room but was uncertain of how may hours the patient stayed there. No additional information was provided. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**288442**	**Age:**	0.2	**Sex:**	M
Vaccination date:	8/13/2007	**Onset date:**	8/13/2007	**Days later:**	0
Report date:	8/17/2007			**Entry date:**	8/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Erythema Pyrexia Swelling

Fever and redness and swelling

VAERS ID:	**288317**	**Age:**	0.2	**Sex:**	M
Vaccination date:	2/27/2007	**Onset date:**	2/27/2007	**Days later:**	0
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
HIBV	SANOFI PASTEUR	0
PNC	WYETH PHARMACEUTICALS, INC	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Diarrhoea Vaccine positive rechallenge

Information has been received from a health professional concerning an 8-week-old male with no pre-existing allergies, birth defects, or medical conditions who on 27-FEB-2007 and 22-APR-2007 was vaccinated PO with the first and second doses of Rotateq (Lot # 656188/1238F and Lot # 656383/0235U, respectively). Concomitant therapy on 27-FEB-2007 and 22-APR-2007 included doses of PREVNAR (Lot # B08684C and Lot # B08670H, respectively) administered IM, doses of PEDIARIX (Lot # AC21B92AA and Lot # AC21B114CA, respectively) administered IM, and doses of ACTHIB (Lot # UF073AA and Lot # UF974AA) administered IM. On 27-FEB-2007, after the first vaccination, the patient experienced 2-3 liquid stools for 2 weeks. No blood was noted. Subsequently, the patient recovered. On 22-APR-2007, after the second vaccination, the patient experienced 2-3 liquid stools for 2 days. No blood was noted. Subsequently, the patient recovered. The mother refused the third dose of Rotateq on 03-JUL-2007. There were no events following prior vaccinations of the patient or his

siblings. Additional information has been requested.

VAERS ID:	**283033**	**Age:**	0.2	**Sex:**	M
Vaccination date:	5/4/2007	**Onset date:**	5/5/2007	**Days later:**	1
Report date:	6/14/2007			**Entry date:**	6/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	
HIBV	SANOFI PASTEUR	
IPV	SANOFI PASTEUR	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Pyrexia

Information has been received from a physician concerning an approximately 2-month-old male with reflux who on 04-MAY-2007 was vaccinated PO with a 2.0 ml dose of Rotateq. Concomitant vaccinations administered on that same day included a dose of DTaP, IPOL, a dose of ACTHIB and a dose of Prevnar. There was no other concomitant drug therapy. The physician reported that on 05-MAY-2007, the patient developed a fever. The patient was seen in the Emergency Room (ER), but was sent home after six or seven hours without being admitted. In May 2007, the patient's fever resolved. Additional information has been requested.

VAERS ID:	**304064**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/30/2008	**Onset date:**	1/30/2008	**Days later:**	0
Report date:	1/31/2008			**Entry date:**	2/1/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
PNC	WYETH PHARMACEUTICALS, INC	0

SYMPTOMS: Blood culture negative Choking Drooling Full blood count Gaze palsy Livedo reticularis

About 3 hour after vaccine, mom noted infant in car seat wakened with choking sound. P/U baby and infant eyes superiorly deviated and drooling with color change red/white (mottled) Lasted about 10-15 min. Infant went to sleep immediately after. Taken to ER. w/u negative; Normal 1 day after

VAERS ID:	**306069**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/1/2008	**Onset date:**	1/1/2008	**Days later:**	0
Report date:	2/28/2008			**Entry date:**	2/28/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Erythema multiforme

This case was reported by a physician, via sales representative and described the occurrence of erythema multiforme in a 7-week-old female subject who was vaccinated with Pediarix (GlaxoSmithKline). Previous and/or concurrent vaccination included Rotateq (Merck); oral given the same day in 2008. In 2008, the subject received 1st dose of Pediarix (.5 ml, unknown). In 2008, within 24 hours after vaccination with Pediarix, the subject experienced erythema multiforme. This case was assessed as medically serious by GSK. In 2008, the erythema multiforme was resolved. The physician considered the event was probably related to vaccination with Pediarix.

VAERS ID:	**214949**	**Age:**	0.2	**Sex:**	M
Vaccination date:	9/10/2003	**Onset date:**	12/7/2003	**Days later:**	88
Report date:	1/14/2004			**Entry date:**	1/16/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
HBHEPB	MERCK & CO. INC.	0
IPV	AVENTIS PASTEUR,	
PNC	LEDERLE LABORATO	0

SYMPTOMS: INFECT BACT INFECT VIRAL NO DRUG EFFECT SEPSIS

Follow up info received from the physician provided vaccination date, lot number, admitting diagnosis, test results, and outcome. Info regarding Prevnar was received from an infectious disease physician regarding a 5 month old male who developed a respiratory syncytial virus infection and pneumococcal bacterremia. The infant received his first dose of Prevnar on 9/10/03, at 2 months of age. The infant was hospitalized on an unspecified date with a respiratory syncytial virus infection and then developed pne

VAERS ID:	**216024**	**Age:**	0.2	**Sex:**	F
Vaccination date:	1/20/2004	**Onset date:**	1/21/2004	**Days later:**	1
Report date:	1/30/2004			**Entry date:**	2/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HIBV	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: APNEA

Apnea.

VAERS ID:	**217767**	**Age:**	0.2	**Sex:**	M
Vaccination date:	3/1/2004	**Onset date:**	3/1/2004	**Days later:**	0
Report date:	3/5/2004			**Entry date:**	3/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	
PNC	LEDERLE LABORATO	

SYMPTOMS: CYANOSIS HYPERTONIA HYPOTONIA

Child received immunizations in the afternoon. He was well that night. His mother had him seated in the infant seat. She heard him (questionable sound) stiffening and became dusky. No apnea. Dusky period probably less than 1-2 minutes. Admitted overnight for observation.

VAERS ID:	**227136**	**Age:**	0.2	**Sex:**	M
Vaccination date:	6/25/2004	**Onset date:**	6/27/2004	**Days later:**	2
Report date:	9/21/2004			**Entry date:**	9/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: HEPATITIS HYPOTHERMIA LIVER FAIL SEPSIS SHOCK

Within 72 hours of vaccine administration, hypothermia, shock like episode, recorded temperature 93 degrees F.

VAERS ID:	**266161**	**Age:**	0.2	**Sex:**	F
Vaccination date:	10/2/2006	**Onset date:**	10/8/2006	**Days later:**	6
Report date:	11/7/2006			**Entry date:**	11/7/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR, INC.	0
PNC	LEDERLE LABORATORIES	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Haematochezia Ileus Intussusception Vomiting

Pt given Rotateq vaccine PO 10/02/06. Pt diagnosed with intussusception 10/08/06 and had surgical reduction 10/09/2006.

VAERS ID:	**281103**	**Age:**	0.2	**Sex:**	M
Vaccination date:	6/1/2007	**Onset date:**	6/1/2007	**Days later:**	0
Report date:	6/4/2007			**Entry date:**	6/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	
IPV	SANOFI PASTEUR	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Blood culture negative Blood potassium increased Blood sodium decreased Chest X-ray normal Culture stool negative Culture urine negative Dehydration Diarrhoea Fluid replacement Gastroenteritis viral Monocyte count normal Neutrophil count decreased Occult blood positive Pyrexia Rotavirus test negative Urine analysis normal Vomiting White blood cell count

Fever 103, profuse diarrhea and dehydration within 24 hours of vaccine administration. No gross blood in stool, but guiac-positive stools found in hospital. Stool culture negative to date. Admitted to hospital for 48 hours for rehydration.

VAERS ID:	**276059**	**Age:**	0.2	**Sex:**	F
Vaccination date:	3/21/2007	**Onset date:**	3/21/2007	**Days later:**	0
Report date:	4/5/2007			**Entry date:**	4/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE BIOLOGICALS	0
PNC	WYETH PHARMACEUTICALS, INC	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Blood calcium increased Blood creatinine decreased Blood culture negative Blood uric acid decreased CSF culture negative CSF glucose normal CSF protein increased CSF test normal Chest X-ray normal Computerised tomogram normal Convulsion Culture urine negative Decreased appetite Electroencephalogram normal Eye rolling Full blood count normal Neutrophil count increased Platelet count increased Pyrexia Scan brain

Patient received vaccines 3-21-07 at around 11:30 AM later that day around 6:00PM she started to present shaking of upper and lower extremities: eyes were rolled up lasting approx 5 seconds.

VAERS ID:	**271489**	**Age:**	0.2	**Sex:**	M

Vaccination date:	11/15/2006	**Onset date:**	11/16/2006	**Days later:**	1
Report date:	1/30/2007			**Entry date:**	1/30/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	0
HIBV	LEDERLE LABORATORIES	0
PNC	LEDERLE LABORATORIES	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Blood culture negative CSF cell count CSF white blood cell count Chest X-ray normal Culture urine negative Irritability Lumbar puncture Pyrexia Red blood cells CSF positive

11-16-06 developed fever 103, irritability, fussiness seen in ER, admitted to Pediatrics for studies and IV antibiotics. 02/06/07-records received and reviewed for DOS 11/16-11/18/06 DC DX: fever PMH:ureteral strictures requiring surgery immediately following birth. Amoxicillin daily prophylaxis. Seen in ER with temperature of 103 degrees and after admission 102.9 (r)

VAERS ID:	**301775**	**Age:**	0.2	**Sex:**	F
Vaccination date:	12/12/2007	**Onset date:**	12/14/2007	**Days later:**	2
Report date:	1/2/2008			**Entry date:**	1/7/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	0
PNC	WYETH PHARMACEUTICALS, INC	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Abdominal X-ray Apparent life threatening event Blood glucose increased Blood lactic acid increased Blood pyruvic acid decreased Blood test normal CSF cell count normal Depressed level of consciousness Electrocardiogram normal Eosinophil count increased Lactate pyruvate ratio increased Lethargy Listless Obstruction Oxygen supplementation Pallor Platelet count increased Tachypnoea Unresponsive to stimuli Urine analysis normal

Infant was found supine in crib, having emesis around mouth, pale color and very listless upon attempt to arouse. Parents brought infant immediately to pediatrician and was evaluated immediately upon arrival. 10 minutes from home, color pale, not cyanotic, lethargic and mildly tachypneic. 9-1-1 called and face mask oxygen given. 1/8/08 Received vax record which confirms dose & lot #s as reported./ss 1/18/08 Reviewed hospital medical records which reveal patient experienced vomiting & pallor followed by unresonsive episode. Admitted 12/20-12/22/2007. No further episodes while hospitalized. D/C to home on apnea monitor. FINAL DX: ALTE.

VAERS ID:	**261798**	**Age:**	0.2	**Sex:**	F
Vaccination date:	8/9/2006	**Onset date:**	8/9/2006	**Days later:**	0
Report date:	8/17/2006			**Entry date:**	8/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	1

HIBV	AVENTIS PASTEUR, INC.	1
IPV	AVENTIS PASTEUR, INC.	
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Convulsion Postictal state

In minutes after injections infant had a 2 minute generalized tonic-clonic seizure followed by a post ictal period.

VAERS ID:	**205781**	**Age:**	0.2	**Sex:**	F
Vaccination date:	8/28/2002	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/24/2003			**Entry date:**	7/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECH	0

SYMPTOMS: ANOREXIA DIARRHEA HYPERTONIA

VAERS ID:	**213367**	**Age:**	0.2	**Sex:**	F
Vaccination date:	5/13/2003	**Onset date:**	5/13/2003	**Days later:**	0
Report date:	7/7/2003			**Entry date:**	12/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HIBV	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: ANOREXIA INSOMNIA NERVOUSNESS

From initial information received on 05/23/2003 from a physician regarding an adverse event occurring in the USA, it was reported that a two month old female patient received ActHIB, Lot # UA839AA, IPOL, Lot # W0750, TRIPEDIA, Lot # U0855AA, and PREVNAR, Lot # 492393 (manufactured by Wyeth), adminstered on 05/13/2003. The same day, the patient became extremely irritable, with poor sleep and poor nursing. These symptoms persisted over the next 72 hours. The patient reportedly recovered from this event. T

VAERS ID:	**225199**	**Age:**	0.2	**Sex:**	M
Vaccination date:	8/5/2004	**Onset date:**	8/5/2004	**Days later:**	0
Report date:	8/6/2004			**Entry date:**	8/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HEP	MERCK & CO. INC.	0
HIBV	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: CYANOSIS PALLOR PARESTHESIA SWEAT

8/4/04: face pale /cold lips, cyanotic and clammy, not sucking. Last PM at ER, diagnosed with cyanotic spells/ Reflux. 8/6/04: in our office. Child seemed fine. No redness or swelling.

VAERS ID:	**225326**	**Age:**	0.2	**Sex:**	F
Vaccination date:	8/5/2004	**Onset date:**	8/5/2004	**Days later:**	0
Report date:	8/11/2004			**Entry date:**	8/12/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	0
HEP	MERCK & CO. INC.	0
HIBV	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: FEVER SCREAMING SYND SOMNOLENCE

08/05/04-10:30PM high pitch scream, sleeping a lot. No swelling at injection site. 8/6/04 9:30AM ate ok no fever or other symptoms. 8/9/04 100.8 temp crying when child is moved, Dr. Sent to ER -4AM. Blood culture done neg. 08/10/04 per mom 102 temp off and on since 8/5/04.

VAERS ID:	**225327**	**Age:**	0.2	**Sex:**	F
Vaccination date:	8/9/2004	**Onset date:**	8/9/2004	**Days later:**	0
Report date:	8/11/2004			**Entry date:**	8/12/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HEP	MERCK & CO. INC.	1
HIBV	AVENTIS PASTEUR,	1
IPV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: FEVER SOMNOLENCE

Fever 101 night of shots 8/9/04 shot area fine. 8/10/04-still running 101 temp-sleeping a lot.

VAERS ID:	**266580**	**Age:**	0.2	**Sex:**	F
Vaccination date:	10/13/2006	**Onset date:**	10/13/2006	**Days later:**	0
Report date:	11/8/2006			**Entry date:**	11/13/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Diarrhoea

Child received immunization (sep sheet). 2 hours later, developed diarrhea which persisted till last time seen. 10/26/06 parents changed providers.

VAERS ID:	**274403**	**Age:**	0.2	**Sex:**	M
Vaccination date:	3/12/2007	**Onset date:**	3/19/2007	**Days later:**	7
Report date:	3/20/2007			**Entry date:**	3/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
HIBV	AVENTIS PASTEUR	0
PNC	LEDERLE LABORATORIES	0
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Colitis Haematochezia

Colitis, Blood in stool.

VAERS ID:	**203664**	**Age:**	0.2	**Sex:**	M
Vaccination date:	1/24/2003	**Onset date:**	1/24/2003	**Days later:**	0
Report date:	3/25/2003			**Entry date:**	5/27/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECH	0

HBHEPB	MERCK & CO. INC.	0
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: SCREAMING SYND

Infant given Imm approx 11:00 AM (1/24/03). "Fussed" after shots were given. Mom gave Tylenol po. Baby ate and then slept for one hour (12:00-1:00). Screamed from 1-7. Fell asleep at 8:00 PM, slept all night. Gave appropriate dosing Tylenol. Baby fine after next day. No fever, no redness at site, no swelling at site, "crying only problem" per mom. Mom did no follow up.

VAERS ID:	**254735**	**Age:**	0.2	**Sex:**	M
Vaccination date:	11/1/2004	**Onset date:**	11/1/2004	**Days later:**	0
Report date:	10/24/2005			**Entry date:**	4/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	0

SYMPTOMS: Irritability Pyrexia

Information regarding Prevnar (pneumococcal 7 valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a consumer regarding a 2 month old male pt who experienced fever as high as 103 degrees F and became irritable. At 2 months of age, the pt received the first dose on 01Nov04. Relevant medical history was not provided. Indication for Prevnar was immunization. Product was administered on 01Nov04. Dose regimen was 1 dose (IM). Concomitant medications were not reported. A mother report

VAERS ID:	**291000**	**Age:**	0.2	**Sex:**	M
Vaccination date:	2/20/2007	**Onset date:**	2/20/2007	**Days later:**	0
Report date:	9/14/2007			**Entry date:**	9/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	2
HIBV	SANOFI PASTEUR	2
IPV	SANOFI PASTEUR	2
PNC	WYETH PHARMACEUTICALS, INC	2

SYMPTOMS: Irritability Pyrexia Vomiting

After immunizations on 2/20/07 was inconsolable for about 8 hours and had fever about 12 hours. After immunizations on 5/1/07 was inconsolable for about 6-8 hours, vomited several times for about 1 hour and had fever lasting about 24 hours.

VAERS ID:	**272464**	**Age:**	0.2	**Sex:**	M
Vaccination date:	10/30/2005	**Onset date:**	10/30/2005	**Days later:**	0
Report date:	2/18/2007			**Entry date:**	2/18/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPH	UNKNOWN MANUFACTURER	
HEP	UNKNOWN MANUFACTURER	1
IPV	UNKNOWN MANUFACTURER	

SYMPTOMS: Pyrexia Screaming

Patient had high-pitched, inconsolable screaming that lasted about 5 hours. Also had low-grade fever of about 101 degrees

VAERS ID:	**211305**	**Age:**	0.3	**Sex:**	U
Vaccination date:	9/24/2003	**Onset date:**	9/25/2003	**Days later:**	1
Report date:	10/29/2003			**Entry date:**	10/30/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: ANOREXIA NERVOUSNESS SOMNOLENCE

Presented with increased sleeping, decreased oral intake. On exam: lethargic, with irritability on awakening. Admitted to hospital.

VAERS ID:	**236083**	**Age:**	0.3	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/21/2005			**Entry date:**	4/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	2

SYMPTOMS: AGITATION INSOMNIA NERVOUSNESS SCREAMING SYND

This case was reported by a consumer and described the occurrence of insomnia in a 3 month old female pt who received diphtheria and tetanus toxoids and acellular pertussis adsorbed, hep B recombinant and inactivated poliovirus vaccine combined (Pediarix). The reporter is the mother of the pt. A physician or other health care professional has not verified this report. The pt's past medical history included gastric reflux. Concurrent medications included Zantac. The pt received previous doses of vaccine whic

VAERS ID:	**262340**	**Age:**	0.3	**Sex:**	M
Vaccination date:	8/1/2006	**Onset date:**	8/3/2006	**Days later:**	2
Report date:	8/25/2006			**Entry date:**	8/30/2006

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Diarrhoea Haematochezia

Information has been received from a physician concerning a 15-week-old male with a possible milk allergy and no other pertinent medical history on 01-AUG-2006 was vaccinated with by mouth with a 2.0 ml dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human-bovine) (Lot#653754/0139F). Concomitant vaccinations administered on that same day included a dose of pneumococcal 4 6B 9V 14 18C 19F 23F conj vaccine (CRM197) (PREVNAR). There was no other concomitant therapy. The physician reported that on

VAERS ID:	**272664**	**Age:**	0.3	**Sex:**	F
Vaccination date:	1/4/2007	**Onset date:**	1/4/2007	**Days later:**	0
Report date:	2/13/2007			**Entry date:**	2/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Gastrooesophageal reflux disease

Information has been received from a physician concerning PO with the second dose of Rotateq (human-bovine). Concomitant therapy included ZANTAC and PREVACID. The physician reported that on approximately 04-JAN-2007, within five hours of being vaccinated, the patient developed GERD. Unspecified medical attention was sought. No laboratory/diagnostic tests were performed. At the time of the report, the patient was noted to be recovering. Additional information has been requested.

VAERS ID:	**205123**	**Age:**	0.3	**Sex:**	F
Vaccination date:	5/13/2003	**Onset date:**	5/13/2003	**Days later:**	0
Report date:	6/18/2003			**Entry date:**	6/18/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HIBV	AVENTIS PASTEUR,	1
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: AGITATION ANOREXIA

crying, irritable, not nursing or eating. inconsolable despite being held by mom x2days

VAERS ID:	**233856**	**Age:**	0.3	**Sex:**	F
Vaccination date:	2/2/2005	**Onset date:**	2/2/2005	**Days later:**	0

Report date:	2/8/2005			**Entry date:**	2/15/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1
HIBV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: EMOTION LABIL

Crying inconsolably for 48 hours. Examined by doctor's office, no other cause of crying determined, considered hospitalization because level of distress of infant. Crying stopped abruptly approximately 52 hours after vaccination.

VAERS ID:	**262896**	**Age:**	0.3	**Sex:**	M
Vaccination date:	7/20/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/8/2006			**Entry date:**	9/12/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Constipation

Information has been received from a physician concerning a 13-week-old male with reflux and no allergies who on 20-JUL-2006 was vaccinated by mouth with a 20. ml dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human-bovine) (Lot#653754/0139F). Concomitant vaccinations administered on that same day included a dose of pneumococcal 4 6B 9V 14 18C 19F 23F conj vaccine (CRM197) (PREVNAR). Other concomitant therapy included famotidine (PECPID). The physician reported that in July 2006, several days

VAERS ID:	**254741**	**Age:**	0.3	**Sex:**	M
Vaccination date:	6/18/2005	**Onset date:**	6/18/2005	**Days later:**	0
Report date:	8/4/2005			**Entry date:**	4/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	0

SYMPTOMS: Irritability

Information regarding Prevnar (pneumococcal 7 valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a 3 month old male pt who experienced prolonged fussiness 3 hrs after the administration of Prevnar. At 3 months of age, the pt received the first dose on 18Jun05. Relevant medical history was not provided. Indication for Prevnar was immunization. Product was administered on 18Jun05. Dose regimen was 1 dose (IM). Concomitant medications were not

VAERS ID:	274823	Age:	0.3	Sex:	M
Vaccination date:	3/19/2007	Onset date:	3/19/2007	Days later:	0
Report date:	3/26/2007			Entry date:	3/26/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE BIOLOGICALS	1
HIBV	AVENTIS PASTEUR	1
IPV	AVENTIS PASTEUR	1
PNC	LEDERLE LABORATORIES	1
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Diarrhoea Vaccine positive rechallenge Vomiting projectile

Pt had episode of forcefull vomiting,decreased PO and diarhea lasting aruond one week following first admin of Rotateq on 1/25/07. When Rotateq was given again on 3/19/07 pt also had vomiting and diarhea but this time it only lasted 3 days. Both times smtx started w/i 24 hrs of vaccine.

VAERS ID:	209939	Age:	0.3	Sex:	M
Vaccination date:	7/11/2003	Onset date:	7/15/2003	Days later:	4
Report date:	9/17/2003			Entry date:	10/2/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: MENINGITIS

Was admitted to hospital on 7/15/03 for spinal meningitis.

VAERS ID:	215759	Age:	0.3	Sex:	M
Vaccination date:	12/15/2003	Onset date:	12/15/2003	Days later:	0
Report date:	1/24/2004			Entry date:	1/30/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: CONVULS

1 seizure on Monday 12/15/03 and then one on Wednesday 12/17/03 at 10 AM. Hospitalized on 12/17/03 and was released 12/19/03.

VAERS ID:	**223609**	**Age:**	0.3	**Sex:**	M
Vaccination date:	6/28/2004	**Onset date:**	6/29/2004	**Days later:**	1
Report date:	7/1/2004			**Entry date:**	7/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: CONVULS ENCEPHALOPATHY

Seizures; encephalopathy. Nurse follow up on 07/08/04 states: "No new information."

VAERS ID:	**258408**	**Age:**	0.3	**Sex:**	F
Vaccination date:	6/12/2006	**Onset date:**	6/13/2006	**Days later:**	1
Report date:	6/14/2006			**Entry date:**	6/14/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1
HIBV	AVENTIS PASTEUR, INC.	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Pyrexia

Fever 104.5

VAERS ID:	**254596**	**Age:**	0.3	**Sex:**	M
Vaccination date:	4/18/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/25/2006			**Entry date:**	4/25/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1

HIBV	AVENTIS PASTEUR, INC.	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Cyanosis Hypotonia Leukocytosis Pallor Pyrexia Stupor
Hypotonic, hyporesponsive episode lasting for 5-10 minutes, temp of 101.

VAERS ID:	**209353**	**Age:**	0.3	**Sex:**	F
Vaccination date:	5/29/2003	**Onset date:**	5/29/2003	**Days later:**	0
Report date:	9/10/2003			**Entry date:**	9/17/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	1
HBHEPB	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: REACT UNEVAL

VAERS ID:	**222238**	**Age:**	0.3	**Sex:**	M
Vaccination date:	5/24/2004	**Onset date:**	5/24/2004	**Days later:**	0
Report date:	5/24/2004			**Entry date:**	6/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: EDEMA NERVOUSNESS VASODILAT
Irritability, inconsolable, legs red and swollen, right more than left, hot to the touch.

VAERS ID:	**229047**	**Age:**	0.3	**Sex:**	M
Vaccination date:	11/3/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/5/2004			**Entry date:**	11/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HIBV	AVENTIS PASTEUR,	1
IPV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: ABSCESS HYSN INJECT SITE MASS INJECT SITE

Localized redness and induration over site of Prevnar injection left thigh. No color, no temperature. Infant alert and comfortable. Diagnosis: sterile abscess (inflammatory reaction), no treatment.

VAERS ID:	**260858**	**Age:**	0.3	**Sex:**	M
Vaccination date:	5/6/2002	**Onset date:**	6/1/2005	**Days later:**	1122
Report date:	7/28/2006			**Entry date:**	7/31/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	
HIBV	LEDERLE LABORATORIES	1
IPV	AVENTIS PASTEUR, INC.	
PNC	LEDERLE LABORATORIES	

SYMPTOMS: Autism

This case was considered medically important (OMIC). Information regarding Hib titer vaccine Haemophilus B conjugate vaccine diphtheria crm 197 protein conjugate injection was received from a consumer regarding a 3 year old male patient who experienced autism. The patient received the second dose on 5/6/2002, The patient also received the second dose of Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection), the second dose of Ipol (poliovirus vaccine inactivated) and the s

VAERS ID:	**254834**	**Age:**	0.3	**Sex:**	F
Vaccination date:	5/15/2000	**Onset date:**	6/1/2001	**Days later:**	382
Report date:	4/28/2006			**Entry date:**	5/1/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	LEDERLE LABORATORIES	1
IPV	AVENTIS PASTEUR, INC.	1
TD	WYETH LABORATORIES, INC	1
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Autism Medication error Speech disorder

Seriousness criteria other medically significant (OMIC). Initial report received from another manufacturer, report number HQWYE555005MAY, on 4/17/2006. A 16 month old female patient, with a family history of a sister with autism post immunization, had received on 5/18/2000, an intramuscular, second dose injection of IPOL, lot number unknown, an intramuscular, second dose injection of Hib Titer vaccine, lot number unknown and intramuscular, second dose injection of Diphtheria and tetanus toxoids absorbed, pu

VAERS ID:	**254769**	**Age:**	0.3	**Sex:**	M
Vaccination date:	6/21/2005	**Onset date:**	6/21/2005	**Days later:**	0
Report date:	8/4/2005			**Entry date:**	4/26/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	LEDERLE LABORATORIES	
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Injection site reaction

Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a 3 month old male patient who experienced extreme flushing in the limb where the vaccine was administered. At 3 months of age, the patient received the second dose on 6/21/2005 Relevant medical history was not provided. Indication for Prevnar was immunization. Product was administered on 6/21/2005. Dose regimen was 1 dose intramuscular. Concomi

VAERS ID:	**254766**	**Age:**	0.3	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/10/2005			**Entry date:**	4/26/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	UNKNOWN MANUFACTURER	
PNC	LEDERLE LABORATORIES	

SYMPTOMS: Condition aggravated Eczema Injection site rash Rash

Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a 3 month old male patient who developed a rash on the back of his head, a rash all over his body and mild eczema at site of injection. At 3 months of age the patient received the first dose on an unspecified date. The patient has a past history of eczema. Indication for Prevnar was immunization. Product was administered on an unspecified date.

VAERS ID:	**277015**	**Age:**	0.3	**Sex:**	F
Vaccination date:	4/16/2007	**Onset date:**	4/17/2007	**Days later:**	1
Report date:	4/19/2007			**Entry date:**	4/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	1

HIBV	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Injection site induration Injection site swelling

On rt thigh red swollen induration 2 cm by 3 cm

VAERS ID:	**271978**	**Age:**	0.3	**Sex:**	M
Vaccination date:	1/16/2007	**Onset date:**	1/29/2007	**Days later:**	13
Report date:	2/8/2007			**Entry date:**	2/8/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	
HIBV	MERCK & CO. INC.	
PNC	WYETH PHARMACEUTICALS, INC	
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Abdominal pain Enema administration Feeding disorder Haematochezia Intussusception Irritability Lethargy Mucous stools

Information has been received from a health professional concerning a 19 week old male, with no medical history and no allergies, who was vaccinated with a first and second 2 ml oral dose of Rotateq vaccine (human-bovine) (lot#"08475 or possibility 08475") on 14-NOV-2006 and 16-JAN-2007, respectively. Concomitant vaccinations administered on 16-JAN-2007 included a dose Pediarix vaccine, a dose of Hib conj vaccine, a dose of Prevnar. Concomitant medication included Axid. On 29-JAN-2007 the patient came into the office cranky and would not take a bottle. The patient was transferred to the hospital on the same day and was admitted for intussusception. At the time of the report the reporter did not have any details about the patient's hospital course or any treatments. No product quality complaint was involved. No other information was provided. Additional information has been requested.

VAERS ID:	**271212**	**Age:**	0.3	**Sex:**	M
Vaccination date:	11/17/2006	**Onset date:**	11/17/2006	**Days later:**	0
Report date:	1/16/2007			**Entry date:**	1/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	
IPV	UNKNOWN MANUFACTURER	
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Unevaluable event

Information has been received from a physician concerning a 14-week-old male who on 17-Nov-2006 was vaccinated PO with the first 2.0 ml dose of Rotateq vaccine (human-bovine). Concomitant vaccinations administered on that same day included a dose of poliovirus vaccine inactivated (unspecified) and a dose of hepatitis B virus vaccine rHBsAg (yeast). Unspecified medical attention was sought and no adverse reaction was noted. Additional information has been requested.

VAERS ID:	**235783**	**Age:**	0.3	**Sex:**	F
Vaccination date:	8/9/2004	**Onset date:**	8/9/2004	**Days later:**	0
Report date:	12/30/2004			**Entry date:**	4/5/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HEP	MERCK & CO. INC.	1
HIBV	AVENTIS PASTEUR,	1
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: FEVER

From initial information received on 11Aug04 from the vaccine provider regarding an adverse event occurring it was reported that a four month old female pt received an Acthib vaccination, lot numberX0870, a Daptacel vaccine, lot C1663AA, an Ipol vaccination, lot number X0800, a hep b vaccination, lot number 0465P, and a Prevnar vaccination, lot A515532, on 09Aug04. The same night, the pt developed a fever of 101 degree Fahrenheit. It was reported that the shot area was fine. On 10Aug04, the pt was still run

VAERS ID:	**254750**	**Age:**	0.3	**Sex:**	M
Vaccination date:	12/13/2004	**Onset date:**	12/13/2004	**Days later:**	0
Report date:	10/28/2005			**Entry date:**	4/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Irritability Pyrexia Similar reaction on previous exposure to drug

Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a consumer regarding a 4 month old male patient who experienced fever as high as 103 degs F and became irritable. At 4 months of age, the patient received the second dose on 12/13/2004. The patient previously experienced pyrexia and agitation while taking Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection). Indication for Prevnar was immunisati

VAERS ID:	**306341**	**Age:**	0.4	**Sex:**	M
Vaccination date:	12/11/2007	**Onset date:**	12/11/2007	**Days later:**	0
Report date:	2/18/2008			**Entry date:**	2/20/2008
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	UNKNOWN MANUFACTURER	
HIBV	MERCK & CO. INC.	
IPV	UNKNOWN MANUFACTURER	
PNC	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Diarrhoea Irritability Pyrexia Vomiting

Information has been received from a licensed practical nurse (LPN) concerning an 18 weeks old male infant with a history of formula interolance and reflux (treated with LEVSIN) drops and ZANTAC)), who on 11-DEC-2007 was vaccinated IM in the left thigh with the first dose, 0.5 ml, of PedvaxHIB (lot #656522/0437U). Previous vaccination in the series on 18-OCT-2007 was indicated to be from another manufacturer. Concomitant therapy included DTaP-IPV and Prevnar. On 11-DEC-2007, 3 hours after vaccination, the child developed a fever of 102.9 F. On 12-DEC-2007 the child developed 5 separate bouts of diarrhea. On 13-DEC-2007 the child had watery stools, vomited twice and was cranky and irritable when examined in the physician's office. At the time of this report, the child was recovering from the events. The physician did not feel the events were related to PedvaxHIB, other than on a temporal basis. Additional information has been requested.

VAERS ID:	**205498**	**Age:**	0.4	**Sex:**	F
Vaccination date:	5/14/2003	**Onset date:**	5/14/2003	**Days later:**	0
Report date:	5/16/2003			**Entry date:**	6/26/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	0
HBHEPB	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: AGITATION DYSPNEA FEVER

Fever 101.0 for 36 hours. Tx with Tylenol 0.4ml (80mg/0.8ml). Crying. "Difficulty breathing" per mother.

VAERS ID:	**230598**	**Age:**	0.4	**Sex:**	F
Vaccination date:	12/6/2004	**Onset date:**	12/7/2004	**Days later:**	1
Report date:	12/9/2004			**Entry date:**	12/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HBHEPB	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: EDEMA INJECT SITE FEVER INJECT SITE REACT

Temp 102 (highest) onset next day with mini swelling at site of injection Dtap, no other sites involved.

VAERS ID:	**266635**	**Age:**	0.4	**Sex:**	F
Vaccination date:	9/29/2006	**Onset date:**	9/29/2006	**Days later:**	0
Report date:	10/6/2006			**Entry date:**	11/13/2006

Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	1
HIBV	AVENTIS PASTEUR, INC.	1
IPV	AVENTIS PASTEUR, INC.	1
PNC	LEDERLE LABORATORIES	1

SYMPTOMS: Capillary disorder Eye movement disorder Hypokinesia Hypotonia Listless Livedo reticularis Pyrexia Respiratory distress Vomiting projectile

Awakened from a nap happy. Proceeded to vomit bile twice. Then began having respiratory difficulty with grunting; poor perfusion, pale and mottled. Eyes rolling back then closing and opening and closing to sleep repeatedly. When eyes open not engaged or tracking. Limp, listless, barely responsive for 45 minutes. Resolve spontaneously. Temp max 100.5. Pulse weak. Poor capillary refill.

VAERS ID:	**305462**	**Age:**	0.4	**Sex:**	M
Vaccination date:	2/12/2008	**Onset date:**	2/15/2008	**Days later:**	3
Report date:	2/18/2008			**Entry date:**	2/22/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	1
HIBV	SANOFI PASTEUR	1
IPV	SANOFI PASTEUR	1
PNC	WYETH PHARMACEUTICALS, INC	1
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Crying Diarrhoea

Inconsolable intermittent crying for 6-8 hrs 3 days after Rotateq with diarrhea.

VAERS ID:	**288350**	**Age:**	0.4	**Sex:**	F
Vaccination date:	7/11/2007	**Onset date:**	7/22/2007	**Days later:**	11
Report date:	8/13/2007			**Entry date:**	8/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	1
HIBV	SANOFI PASTEUR	1
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Abdominal X-ray Abnormal faeces Appendicectomy Barium enema Full blood count Haematochezia Intussusception Intussusception Occult blood positive Oral intake reduced Small intestinal intussusception reduction Surgery Vomiting White blood cell count increased

Intussusception 7/22/07 requiring surgical reduction

VAERS ID:	**304368**	**Age:**	0.4	**Sex:**	M
Vaccination date:	1/30/2008	**Onset date:**	1/31/2008	**Days later:**	1
Report date:	2/1/2008			**Entry date:**	2/5/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	1
HIBV	SANOFI PASTEUR	1
PNC	WYETH PHARMACEUTICALS, INC	1
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Blood culture negative CSF culture negative Computerised tomogram normal Convulsion Culture urine negative Electroencephalogram normal Pyrexia Scan brain

Seizure around 4 AM 1-31-08. Fever. Imm. given 1-30-08.

VAERS ID:	**249225**	**Age:**	0.4	**Sex:**	F
Vaccination date:	12/8/2005	**Onset date:**	12/9/2005	**Days later:**	1
Report date:	12/13/2005			**Entry date:**	12/13/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0
HIBV	MERCK & CO. INC.	0
PNC	LEDERLE LABORATO	1

SYMPTOMS: CRY ABNORMAL DIARRHEA HYSN INJECT SITE

12/13/2005 Mom here for WIC check pick-up and stated baby cried high pitched X 3 days for 3 hrs. at a time after shots given on 12/8/05. Left thigh was reddened (as per mom). Observed a quartered sized area of hardness on L thigh. This is where Pediarix was given. No fever, seizures, according to mom. Mom states child appears to be "getting better as of today". Has had one bout of diarrhea this A.M. Spoke with State Dept. of Health, who stated the VAERS form should be filled out. Previously, this chil

VAERS ID:	**215899**	**Age:**	0.4	**Sex:**	F
Vaccination date:	1/23/2004	**Onset date:**	1/23/2004	**Days later:**	0
Report date:	3/3/2004			**Entry date:**	2/3/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
IPV	AVENTIS PASTEUR,	
PNC	LEDERLE LABORATO	1

SYMPTOMS: CELLULITIS FEVER HYSN INJECT SITE INJECT SITE REACT PAIN INJECT SITE VASODILAT

This case was considered medically important (OMIC). Information regarding Prevnar was received from a physician regarding a 5 month old female who developed a fever and cellulitis around the injection site. At 5 months of age, the pt received the second dose on 1/23/04. The infant was reported as healthy. Indication for Prevnar was immunization. Product was administered on 1/23/04. Dose regimen was 0.5ml (IM). Concomitant medications were not reported. The infant received a dose of diphtheria, tetanus and

VAERS ID:	248199	Age:	0.4	Sex:	M
Vaccination date:	3/11/2003	Onset date:	0000-00-00	Days later:	
Report date:	11/22/2005			Entry date:	11/28/2005
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PNC	LEDERLE LABORATO	1

SYMPTOMS: ATAXIA HYPERACUSIS HYPERESTHESIA PARESTHESIA PERSON DIS

This case was considered medically important (OMIC). Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a consumer, the father of a male patient who received a second dose on Mar 11 2003 at 4 months of age. Within the first couple months of life (dates unspecified), the patient experienced high guard posture, sensitivity to touch and sound, was tactically defensive and had poor balance. The patients concurrent illness included foo

VAERS ID:	282826	Age:	0.4	Sex:	M
Vaccination date:	6/20/2007	Onset date:	6/20/2007	Days later:	0
Report date:	6/25/2007			Entry date:	6/25/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	SANOFI PASTEUR	1
HIBV	SANOFI PASTEUR	1
IPV	SANOFI PASTEUR	1
PNC	WYETH PHARMACEUTICALS, INC	1

SYMPTOMS: Blood culture negative Blood test normal Computerised tomogram normal Congenital hydrocephalus Convulsion Culture urine negative Depressed level of consciousness Electroencephalogram normal Eye movement disorder Hypokinesia Hypotonia Irritability Macrocephaly Neurological examination Nuclear magnetic resonance imaging normal Nystagmus Postictal state Posture abnormal Pyrexia Tremor

Pt. started with seizures ~ 5 hrs after DTaP, IPV, Prevnar and Hib (second round). Initially afebrile, developed fever ~ 1 hr. after seizures started. Was postictal, admitted to the hospital for observation and evaluation. CT scan negative, bloodwork (incl. LFTs, Lactate, Ammonia, Pyruvate) negative. Had two more seizures overnight, loaded with Fosphenytoin, discharged on phenobarbital after Neurology consultation. EEG and MRI in hospital negative. Patient had been followed by Neurology for macrocephaly and gross motor delay, also some hypotonia. In process of further evaluation through

geneticist.

VAERS ID:	**305639**	**Age:**	0.4	**Sex:**	F
Vaccination date:	1/1/2008	**Onset date:**	1/15/2008	**Days later:**	14
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	1

SYMPTOMS: Convulsion Electroencephalogram normal Laboratory test normal Nuclear magnetic resonance imaging normal

Information has been received from a physician concerning a 20 week old female with no known allergies or pertinent medical history who on approximately 01-JAN-2008 was vaccinated with a second dose of Rotateq. On 15-JAN-2008 the patient had a seizure. The patient was hospitalized. MRI of the brain was negative, EEG was negative and unspecified blood work was negative. There was no product quality complaint involved. No further information was provided. Additional information has been requested.

VAERS ID:	**217091**	**Age:**	0.4	**Sex:**	M
Vaccination date:	1/22/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/25/2004			**Entry date:**	3/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	AVENTIS PASTEUR,	0
PNC	LEDERLE LABORATO	0

SYMPTOMS: AGITATION FEVER SOMNOLENCE

High fever of 103 for 1 1/2 days very irritable, lethargic for 4 days.

VAERS ID:	**197396**	**Age:**	0.5	**Sex:**	M
Vaccination date:	6/1/2001	**Onset date:**	6/1/2001	**Days later:**	0
Report date:	2/6/2003			**Entry date:**	2/7/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	0
HIBV	UNKNOWN MFR	

IPV	AVENTIS PASTEUR,
PNC	LEDERLE LABORATO

SYMPTOMS: AUTISM GI DIS TWITCH

A nurse reported the occurrence of autistic symptoms in a 6 month old male who was vaccinated with Infanrix for prophylaxis. The subject had no relevant medical history. On an unspecified date in June 2001, the subject received his first injection of Infanrix (505A2). He received another injection of Infanrix (505A2) on an unspecified date in September 2001. In June 2001, he also received injections of haemophilus influenzae type B conjugate vaccine (manuf unk), IPOL, and Prevnar. Later in June 2001, an uns

VAERS ID:	**201466**	**Age:**	0.5	**Sex:**	M
Vaccination date:	6/1/2001	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/29/2003			**Entry date:**	4/15/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	0
HIBV	UNKNOWN MFR	
IPV	AVENTIS PASTEUR,	
PNC	LEDERLE LABORATO	

SYMPTOMS: AUTISM GI DIS TWITCH

From correspondence received from manufacturer, received date 2/26/03, it was reported: A nurse reported the occurrence of autistic symptoms in a 6 month old male who was vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine absorbed (Infanrix) for prophylaxis. The subject had no relevant medical history. On an unspecified date in June 2001, the subject received his first injection of Infanrix (lot DTPA505A2). He received another injection of Infanrix (lot DTPA505A2) on an unspecifi

VAERS ID:	**293961**	**Age:**	0.5	**Sex:**	F
Vaccination date:	5/5/2007	**Onset date:**	10/9/2007	**Days later:**	157
Report date:	10/19/2007			**Entry date:**	10/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	2

SYMPTOMS: Appendicectomy Aspartate aminotransferase increased Blood urea increased Enema administration Haematocrit decreased Haemoglobin decreased Intestinal resection Intussusception Laparotomy Lymphocyte count decreased Neutrophil percentage increased Platelet count increased Surgery Ultrasound abdomen abnormal Vitello-intestinal duct remnant Vomiting

Information has been received from a physician concerning a 1 year old patient, who on an unspecified date, was vaccinated with a dose of Rotateq. Subsequently, the patient was hospitalized for the intussusception (unknown dates and length of hospitalization). The treatment the patient received in the hospital was unspecified. The physician did not associate the intussusception with Rotateq. The patient sought medical attention, "by exam". No other symptoms or treatment were reported. The patient was recovering. There was no product quality complaint. Additional information has been requested.

VAERS ID:	207899	Age:	0.5	Sex:	F
Vaccination date:	8/4/2003	Onset date:	8/4/2003	Days later:	0
Report date:	8/8/2003			Entry date:	8/15/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	1

SYMPTOMS: SCREAMING SYND

3 hours non stop crying.

VAERS ID:	242698	Age:	0.5	Sex:	M
Vaccination date:	8/8/2005	Onset date:	8/9/2005	Days later:	1
Report date:	8/10/2005			Entry date:	8/10/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	1
HBHEPB	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: REACT UNEVAL

NONE

VAERS ID:	253732	Age:	0.5	Sex:	F
Vaccination date:	3/16/2006	Onset date:	3/17/2006	Days later:	1
Report date:	3/30/2006			Entry date:	4/5/2006
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR, INC.	3
IPV	AVENTIS PASTEUR, INC.	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Injection site hypersensitivity Injection site induration Injection site warmth Tenderness

Mom called office 3/28/2006 stated child's left arm with red bump, warm, tender to touch.

VAERS ID:	**252593**	**Age:**	0.5	**Sex:**	F
Vaccination date:	7/28/2005	**Onset date:**	7/28/2005	**Days later:**	0
Report date:	3/7/2006			**Entry date:**	3/10/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
PNC	LEDERLE LABORATORIES	0

SYMPTOMS: Rash maculo-papular

Information has been received from a health professional concerning a 25 week old female, with no medical history and no allergies, who on 28Jul05, at 10:30AM, was vaccinated with an IM first dose in the leg of hepatitis B virus vaccine rHBsAg (yeast) (Lot 648359/0473P). Concomitant vaccine administered on the same day and time included a first dose in the leg of pneumococcal 4 6b 9v 14 18c 19f 23f conj vaccine (crm197) (Prevnar) (lot A94431A). There was no illness at the time of vaccination and no adver

VAERS ID:	**199823**	**Age:**	0.5	**Sex:**	F
Vaccination date:	9/11/2001	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/17/2003			**Entry date:**	3/19/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	2

SYMPTOMS: PNEUMONIA SEPSIS

A physician reported that a 2 year old female received her third dose of Prevnar on 9/11/01. Subsequently, she was diagnosed with pneumonia and empyema. A blood culture was positive for Streptococcus pneumoniae serotype 19. She recovered. These events were considered medically important. No further info was available at the date of this report. Additional information was received on 4/2/03 from a physician, which provided patient's date of birth and seriousness criteria. Information has been received from a

VAERS ID:	**219669**	**Age:**	0.5	**Sex:**	F
Vaccination date:	9/11/2001	**Onset date:**	2/7/2003	**Days later:**	514
Report date:	8/20/2003			**Entry date:**	4/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2

PNC	LEDERLE LABORATO	2

SYMPTOMS: COUGH INC FEVER HYPERVENTIL INFECT BACT LAB TEST ABNORM NO DRUG EFFECT PNEUMONIA

A medical student reported that a 6 month old female received her third dose of Prevnar (lot # 474730) on 9/11/01. On 2/7/03, at 23 months of age, the child was seen by the physician for temperature and cough. She was seen again on 2/12/03, with rapid respirations and was sent to the hospital. Lab tests were performed and a bacterial blood culture obtained on 2/11/03 yielded strep pneumonia, serotype 19. The child was diagnosed with pneumonia and empyema. The reporter indicated that the patient came down wi

VAERS ID:	**286188**	**Age:**	0.5	**Sex:**	M
Vaccination date:	3/24/2007	**Onset date:**	7/22/2007	**Days later:**	120
Report date:	7/27/2007			**Entry date:**	7/30/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	2

SYMPTOMS: Abdominal pain Crying Enema administration Intussusception Poor quality sleep Ultrasound abdomen abnormal Urinary system X-ray

Information has been received from a registered nurse concerning a 10-month-old male who on 13-NOV-2006, 12-JAN-2007, and 24-MAR-2007 was vaccinated with the first, second, and third doses of Rotateq. On 22-JUL-2007 the patient experienced intussusception and was hospitalized. The intussusception was corrected with a barium enema and the child was released from the hospital. The patient recovered. No other information was available. Intussusception was considered to be immediately life-threatening and an other important medical event by the reporter. Additional information has been requested.

VAERS ID:	**277124**	**Age:**	0.5	**Sex:**	F
Vaccination date:	4/13/2007	**Onset date:**	4/14/2007	**Days later:**	1
Report date:	4/20/2007			**Entry date:**	4/20/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	2
PNC	WYETH PHARMACEUTICALS, INC	2
ROTHB5	MERCK & CO. INC.	2

SYMPTOMS: Abdominal distension Blood calcium normal Blood calcium normal Blood chloride normal Blood creatinine normal Blood glucose normal Blood potassium normal Blood sodium normal Blood urea increased Body temperature increased Dehydration Diarrhoea Gastroenteritis Laboratory test abnormal Pyrexia Tympanic membrane hyperaemia Ultrasound kidney normal Urine analysis abnormal Vomiting Weight decreased

Rotavirus administered on 4/13/07 seen in ER for vomiting, diarrhea T 103.5 > 4/14/07 Admitted Diarrhea and Dehydration 4/16/07 weight decreased 17oz. follow up visit, weight up 5 1/2 oz. 4/19/07 PLAN: follow weight 1 week

VAERS ID:	**196868**	**Age:**	0.5	**Sex:**	F
Vaccination date:	12/30/2002	**Onset date:**	12/31/2002	**Days later:**	1
Report date:	1/20/2003			**Entry date:**	1/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: AGITATION DIARRHEA FEVER LACRIMATION DIS STUPOR

On 12/31/02, had watery eyes, non-responsive to stimuli and staring off in space. At 09:36, had a fever which shot up to 103.7F by 10:15, with a high-pitched cry. Also, had diarrhea for 11 days straight.

VAERS ID:	**227587**	**Age:**	0.5	**Sex:**	F
Vaccination date:	10/4/2004	**Onset date:**	10/4/2004	**Days later:**	0
Report date:	10/5/2004			**Entry date:**	10/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1
HIBV	MERCK & CO. INC.	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: EDEMA FEVER INFECT VASODILAT

Temp 104 degrees. Left thigh slightly warm and layer (swollen) then right thigh treated. Pharynx infected. (Rapid strep/ throat cultrue done).

VAERS ID:	**235210**	**Age:**	0.5	**Sex:**	F
Vaccination date:	3/18/2004	**Onset date:**	1/27/2005	**Days later:**	315
Report date:	3/17/2005			**Entry date:**	3/21/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2

SYMPTOMS: IMMUNOGLOBUL DEC INFECT BACT NO DRUG EFFECT

From initial information received on 3/9/05 from a licensed practical nurse regarding an adverse event occurring in the USA, it was reported that a six month old female received her third dose of DAPTACEL, lot number C1625AA, administered on 3/18/04. The route and site of administration were not reported. 315 days later, at 15 months of age, the patient was diagnosed with no IgG and pertussis. Previous Daptacel vaccination dates reported included 11/5/03 and 12/20/03 with no reactions reported. The patient

VAERS ID:	**250988**	**Age:**	0.5	**Sex:**	F
Vaccination date:	1/24/2006	**Onset date:**	1/26/2006	**Days later:**	2
Report date:	1/27/2006			**Entry date:**	1/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	2
HBHEPB	MERCK & CO. INC.	0

SYMPTOMS: Injection site hypersensitivity Injection site induration Injection site oedema

swollen red left thigh induration about 7 cm by 6cm in diameter.

VAERS ID:	**301185**	**Age:**	0.5	**Sex:**	F
Vaccination date:	12/26/2007	**Onset date:**	12/27/2007	**Days later:**	1
Report date:	12/28/2007			**Entry date:**	12/28/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	2
HBHEPB	MERCK & CO. INC.	0
ROTHB5	MERCK & CO. INC.	2

SYMPTOMS: Injection site erythema Injection site swelling

4 cm by 4 cm swollen red area on left thigh

VAERS ID:	**197027**	**Age:**	0.5	**Sex:**	M
Vaccination date:	1/22/2003	**Onset date:**	1/23/2003	**Days later:**	1
Report date:	1/24/2003			**Entry date:**	1/31/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2
HBHEPB	MERCK & CO. INC.	2
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

On 1/23/03, pt accompanied by mom and dad, walked in and parents were concerned about his leg that was swollen on upper left thigh with redness and warm to touch. He was given an appt. with MD. Pt had no fever but was started on Keflex.

VAERS ID:	**209415**	**Age:**	0.5	**Sex:**	M
Vaccination date:	8/27/2003	**Onset date:**	8/28/2003	**Days later:**	1
Report date:	9/5/2003			**Entry date:**	9/18/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1
HIBV	AVENTIS PASTEUR,	1
PNC	LEDERLE LABORATO	1

SYMPTOMS: FEVER URTICARIA

About 24 hours after vaccine. Temperature 101 degrees, hives, scattered all over body. Returned to clinic 08/28, 08/29 with temperature to 104 degrees per mom, hives continued. Told to follow up if fever and rash present.

VAERS ID:	**227143**	**Age:**	0.5	**Sex:**	M
Vaccination date:	9/17/2004	**Onset date:**	9/18/2004	**Days later:**	1
Report date:	9/22/2004			**Entry date:**	9/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2
FLU	AVENTIS PASTEUR,	0
HEP	GLAXOSMITHKLINE	1
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: PREV REACT TREMOR

Shaking of arms, starting x 15 sec. No fever at the time. Pt has had similar events in the past not temporally related to vaccines.

VAERS ID:	**254749**	**Age:**	0.5	**Sex:**	M
Vaccination date:	2/10/2005	**Onset date:**	2/10/2005	**Days later:**	0
Report date:	10/28/2005			**Entry date:**	4/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Irritability Pyrexia Similar reaction on previous exposure to drug

Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a consumer regarding a 6 month old male patient who experienced fever as high a 103 degrees F and became irritable. At 6 months of age, the patient received the third dose on 2/10/2005. The patient previously experienced pyrexia and agitation while taking Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection). Indication for Prevnar was immunisati

VAERS ID:	254405	Age:	0.5	Sex:	M
Vaccination date:	4/7/2006	Onset date:	4/8/2006	Days later:	1
Report date:	4/13/2006			Entry date:	4/21/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAPHE	GLAXOSMITHKLINE	2
HIBV	AVENTIS PASTEUR, INC.	2
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Pyrexia

High fever 103 with in 24 hours of receiving vaccine and continued for 3 days. When pt received shots he was on antibiotics for otitis media.

VAERS ID:	252424	Age:	0.6	Sex:	F
Vaccination date:	1/30/2006	Onset date:	2/17/2006	Days later:	18
Report date:	3/7/2006			Entry date:	3/7/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	2
HIBV	UNKNOWN MANUFACTURER	

SYMPTOMS: Benign intracranial hypertension Strabismus

This case was reported by a physician and described the occurrence of pseudotumor cerebri in a 7 month old female subject who was vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix) plus a separate injection of Haemophilus influenzae type B conjugate vaccine (Hib vaccine, unknown). On 15 September 2005 the subject received diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B recombinant and inactivated poliovirus vaccine combined (Pediar

VAERS ID:	214511	Age:	0.6	Sex:	M
Vaccination date:	12/18/2003	Onset date:	12/18/2003	Days later:	0
Report date:	12/24/2003			Entry date:	12/30/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: CYANOSIS EDEMA VASODILAT

After administration of DTAP (to right thigh) and HIB & Prevnar (to left thigh)-both legs immediately turned red, warm and swelled. About 10 minutes later, the feet began to turn blue and feel cool. Child screaming whole time. Child sent to local ER. One dose of Benadryl given.

VAERS ID:	**240921**	**Age:**	0.6	**Sex:**	F
Vaccination date:	6/30/2005	**Onset date:**	6/30/2005	**Days later:**	0
Report date:	7/1/2005			**Entry date:**	7/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0

SYMPTOMS: CONVULS FEVER

High fever/seizures. Transported to hospital.

VAERS ID:	**252613**	**Age:**	0.7	**Sex:**	M
Vaccination date:	12/16/2005	**Onset date:**	12/17/2005	**Days later:**	1
Report date:	3/7/2006			**Entry date:**	3/1/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	

SYMPTOMS: Rash Rash morbilliform

Information has been received from a physician concerning a 7 month old male with no allergies or medical history who on 16-Dec-2005 was vaccinated SC with a 0.5ml dose of hepatitis B virus vaccine rHBsAg (yeast). There was no concomitant medication. On 17-Dec-2005, about 24 hours post vaccination, the patient developed thousands of morbilliform papular eruptions of his entire body. No other symptoms were noted. No lab diagnostics were performed and at the time of the report the patient was recovering. Unsp

VAERS ID:	**262975**	**Age:**	0.7	**Sex:**	M
Vaccination date:	8/14/2006	**Onset date:**	8/15/2006	**Days later:**	1
Report date:	9/7/2006			**Entry date:**	9/12/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Muscle disorder

The day after vaccination of Prevnar and Hepatitis, child showed evidence of decrease muscle tone. He was unable to sit upright. Referred to medical center.

VAERS ID:	**294627**	**Age:**	0.7	**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/26/2007			**Entry date:**	10/29/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Inappropriate schedule of drug administration Intussusception

Information has been received from a physician concerning an 8 month old patient who was vaccinated with a complete series of Rotateq. Subsequently, a complete series of the patient experienced intussusception, sought unspecified medical attention and recovered. No product quality complaint was reported. No further information was available. Upon internal review intussuception was considered an other important medical event. Additional information has been requested.

VAERS ID:	**219494**	**Age:**	0.7	**Sex:**	F
Vaccination date:	2/5/2004	**Onset date:**	3/28/2004	**Days later:**	52
Report date:	4/21/2004			**Entry date:**	4/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	2
HEP	GLAXOSMITHKLINE	1
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: INFECT BACT LAB TEST ABNORM NO DRUG EFFECT OTITIS MED PNEUMONIA SEPSIS

Vaccine failure. Pneumococcal bacteremia, pneumonia, otitis media on 3/28/04 after 3 Prevnar vaccinations in sickle cell patient.

VAERS ID:	**225407**	**Age:**	0.7	**Sex:**	F

Vaccination date:	8/11/2004	**Onset date:**	8/11/2004	**Days later:**	0
Report date:	8/11/2004			**Entry date:**	8/13/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	

SYMPTOMS: ALLERG REACT RASH VOMIT

Child's sister called and reported to the undersigned that her sister might have had an allergic reaction to the Prevnar vaccine. She also stated that pt had a cup of chicken soup (Nissin noodle soup called Better than soup), and observed rash around neck and mouth also vomited x2. Mom advised to take child to ER. According to sister, pt is playful.

VAERS ID:	**250685**	**Age:**	0.7	**Sex:**	M
Vaccination date:	12/9/1996	**Onset date:**	10/9/1998	**Days later:**	669
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

SYMPTOMS: Mental retardation severity unspecified

This case was reported by a nurse and described the occurrence of pervasive developmental disorder in a 2 year old male subject who was vaccinated with hepatitis B vaccine recombinant Engerix B for prophylaxis. This report was initially received via manufacturer research. On 3/29/1996, the subject received the first dose of hepatitis B vaccine unknown manufacturer. On 5/10/1996, the subject received the second dose of hepatitis B vaccine recombinant Engerix B (lot ENG2004A2). Approximately nine months after

VAERS ID:	**245632**	**Age:**	0.7	**Sex:**	M
Vaccination date:	10/6/2005	**Onset date:**	10/7/2005	**Days later:**	1
Report date:	10/11/2005			**Entry date:**	10/19/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: ALLERG REACT FEVER RASH VOMIT

1 day after vaccination child developed red bumps on chest, back, feet and forehead. Fever x 24 hours, vomiting, no diarrhea. 10/10 father called pediatrician stated probably had something to do with clothes, soap and maybe carpet.

VAERS ID:	**197512**	**Age:**	0.8	**Sex:**	M
Vaccination date:	10/22/2002	**Onset date:**	10/29/2002	**Days later:**	7

Report date:	2/4/2003			**Entry date:**	2/11/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HEP	SMITHKLINE BEECH	0

SYMPTOMS: COUGH INC DEHYDRAT DIABETES MELL FEVER HYPOGLYCEM INFECT THIRST URIN FREQUENCY

Per 60 day follow up: Pt has not recovered. Ongoing treatment for insulin dependent diabetes.

VAERS ID:	**236860**	**Age:**	0.8	**Sex:**	M
Vaccination date:	1/25/2005	**Onset date:**	1/30/2005	**Days later:**	5
Report date:	5/2/2005			**Entry date:**	5/2/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	1
HEP	UNKNOWN MFR	1

SYMPTOMS: URTICARIA

Hives, for a week. Finally the doctors office had to give a steroid shot. For the week he was given Benadryl and steroid treatment orally. The shot was the last resort.

VAERS ID:	**223682**	**Age:**	0.8	**Sex:**	F
Vaccination date:	6/10/2004	**Onset date:**	6/11/2004	**Days later:**	1
Report date:	7/6/2004			**Entry date:**	7/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	2

SYMPTOMS: AGITATION ANOREXIA BRONCHITIS DEHYDRAT FEBRILE SEIZURE FEVER HYPOKINESIA INFECT VIRAL LUNG DIS OTITIS MED RHINITIS SOMNOLENCE SYNCOPE VOMIT

Developed a runny nose within 24 hours of receiving the vaccine. Was extremely cranky for several days later. Within 10 days of receiving the vaccine, nasal congestion cleared and a fever of 103 developed. She was given alternating doses of Tylenol and Motrin to control the fever but it never dipped below 103. She was taken to her Dr. on 6/23/2004 and diagnosed with borderline otitis media. No chest infection was present.I was given a prescription for Omnicef 125MG/5 ML Susp ABB and she received her first d

VAERS ID:	225325	Age:	0.8	Sex:	F
Vaccination date:	8/9/2004	Onset date:	8/10/2004	Days later:	1
Report date:	8/11/2004			Entry date:	8/12/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: AGITATION CELLULITIS MASS INJECT SITE RASH TREMOR

8/10/2004-was seen in our office fussy, more than normal, shaking head, no fever, local reaction, ? Cellulitis. Started Duricef. Left thigh. +induration and erythema Left thigh. Episodes of shaking head for a few seconds.

VAERS ID:	222192	Age:	0.9	Sex:	F
Vaccination date:	5/20/2004	Onset date:	5/20/2004	Days later:	0
Report date:	5/28/2004			Entry date:	6/1/2004
Administered by:	PUB	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: NODULE SKIN RASH RASH VESIC BULL VASODILAT

Development of 2 little red dots on face Thursday night. Friday-rash around mouth- Blister on lips. Friday night went to ER. Amoxil 1 tsp prescribed by ER physician.

VAERS ID:	235196	Age:	0.9	Sex:	F
Vaccination date:	8/9/2004	Onset date:	8/10/2004	Days later:	1
Report date:	12/29/2004			Entry date:	3/21/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HIBV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: AGITATION CELLULITIS HYSN INJECT SITE MASS INJECT SITE TREMOR

From initial information received on 08/11/04 from a health care professional regarding an adverse event occurring in the USA, it was reported that a 10 month old female patient received her third dose of ACTHIB, Lot number UE313AA (French lot number X0718) administered in the left thigh; her third dose of Daptacel, lot number C1663AA, administered in the left thigh and her third doses of Prevnar, lot number A57553E, administered in the right thigh on 08/09/04. The next morning, on 08/10/04, the patient wa

VAERS ID:	**230562**	**Age:**	0.9	**Sex:**	M
Vaccination date:	11/29/2004	**Onset date:**	11/30/2004	**Days later:**	1
Report date:	12/6/2004			**Entry date:**	12/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	1

SYMPTOMS: CONVULS FEVER

Approximately 3 AM on morning following vaccine administration, pt experienced generalized tonic-clonic seizure of duration approximately 45 minutes. Transported to ED via EMS. Received Ativan x 2 dose and phenobarbital and admitted to pediatric ICU. Fever noted on presentation to ED.

VAERS ID:	**268058**	**Age:**	0.9	**Sex:**	F
Vaccination date:	11/15/2006	**Onset date:**	11/22/2006	**Days later:**	7
Report date:	11/29/2006			**Entry date:**	11/30/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Laboratory test abnormal Leukocytosis Oedema peripheral Pericardial effusion Pyrexia Spherocytic anaemia Systemic lupus erythematosus Vasculitis

Developed Low grade fever 7 days post vaccination. Developed swollen hands and feet (right sided hands first then developed into bilateral swelling of both hands and feet). She was crawling and cruising furniture which ceased 10 days post injection. She was admitted and diagnosed with vasculitis of an unknown origin. She is pending a bone marrow biopsy to R/O Leukemia, but it is not probable. Final result on duration, tx, outcome still pending.

VAERS ID:	**196066**	**Age:**	1	**Sex:**	F
Vaccination date:	12/16/2002	**Onset date:**	12/16/2002	**Days later:**	0
Report date:	1/10/2003			**Entry date:**	1/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION ANOREXIA FEVER RASH

Fever X 6 days, started on 12/16/02 evening, was irritable, rash on chest and back. After the fever broke, she had decreased appetite and irritable. Pt "not the same" since the vaccine.

VAERS ID:	**207555**	**Age:**	1	**Sex:**	M
Vaccination date:	12/11/2000	**Onset date:**	5/1/2001	**Days later:**	141
Report date:	7/31/2003			**Entry date:**	8/7/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: AUTISM PERSON DIS SPEECH DIS

Information has been received from an occupational health registered nurse via the mother of a 3 year old male who in November 2000, when the patient was 11 months old, was vaccinated with MMR (second generation). In approximately June 2001, when the patient was approximately 18 months old, the mother reported she feels he now displays pre-autistic tendencies. The mother felt that pre-autistic tendencies was related to therapy with MMR (second generation). Unspecified medical attention was sought. Follow up

VAERS ID:	**236293**	**Age:**	1	**Sex:**	F
Vaccination date:	1/25/2005	**Onset date:**	2/1/2005	**Days later:**	7
Report date:	3/10/2005			**Entry date:**	4/19/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH RASH MAC PAP

Slightly raised rash noted by mother approximately 1 week after vaccine administered. Temp of 101 began on 02/01/20005 with rash on 02/03/05. noted spread to behind ears, forehead, chest and abdomen. Not vesicular in appearance. Mother contacted PMD probably post varivax vaccine.

VAERS ID:	**248786**	**Age:**	1	**Sex:**	F
Vaccination date:	9/21/2005	**Onset date:**	9/22/2005	**Days later:**	1
Report date:	12/1/2005			**Entry date:**	12/5/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HBHEPB	MERCK & CO. INC.	
IPV	UNKNOWN MFR	
PNC	LEDERLE LABORATO	

SYMPTOMS: EDEMA HYSN INJECT SITE

Information has been received from a registered nurse concerning a 12 month old healthy female with no allergies who on Sept 21 2005 was vaccinated IM in the left thigh with 0.5ml dose of hepatitis B virus vaccine (+) Hib conj vaccine (lot 652010/0452R). Concomitant vaccinations on that same day included a dose in the right leg of Pneumococcal 4 6B 9V 14 18C 19F 23F conj vaccine (CRM197) (PREVNAR) and a dose in the right leg of poliovirus vaccine inactivated (unspecified). The RN reported that on Sept 22 20

VAERS ID:	**261614**	**Age:**	1	**Sex:**	F
Vaccination date:	7/24/2006	**Onset date:**	8/3/2006	**Days later:**	10
Report date:	8/15/2006			**Entry date:**	8/15/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HBHEPB	MERCK & CO. INC.	2
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Brain oedema Cerebral haemorrhage Chills Cyanosis Encephalitis Eyelid ptosis Hypertonia Lethargy Otitis media Paralysis Pyrexia Rhinorrhoea Vomiting

Patient was well until 7/31 when she developed low grade temps. She spiked to 103.5 on 8/1 and was seen on 8/2 complaining of emesis on 7/31 and rhinorrhea x 2-3 days. She was diagnosed with a right OM and was started on amoxicillin. She appeared better late on 8/2 and seemed fine on 8/3 in the morning. She had a temp of 101 when the mother left for work around 9 AM. By 12 PM the patient was noted to be somewhat lethargic. She began to develop some cyanosis of her hands and feet as well as what were p

VAERS ID:	**258068**	**Age:**	1	**Sex:**	M
Vaccination date:	2/1/2006	**Onset date:**	2/1/2006	**Days later:**	0
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: Cyanosis Diarrhoea Pyrexia Vomiting

Information has been received from a physician concerning his 12 month old grandson with no pertinent medical history and no drug reactions/allergies who on approximately 01-FEB-2006 was vaccinated with a dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. On approximately 01-FEB-2006, since vaccination, the patient has had diarrhea on and off. On 07-FEB-2006, the patient experienced a blue coloring to his legs, arms, and lips with no dyspnea noted. this happened

VAERS ID:	**257060**	**Age:**	1	**Sex:**	F
Vaccination date:	5/7/1999	**Onset date:**	1/2/2006	**Days later:**	2432
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Rash vesicular Skin ulcer Viral infection
Information has been received from a RN concerning a 7 yr old white female with no known medical history or allergies who on 07May99 was vaccinated in the left thigh with a 0.5mL first dose of varicella virus vaccine live (lot629254/1849H). It was noted that on 03Jan06 the mother called the physician stating that on 02Jan06 the pt came down with a rash. On 03Jan06 she was seen by the physician in the office. The pt complained of multiple varicella lesions on the chest, back, head, mouth and vaginal area. Th

VAERS ID:	**281013**	**Age:**	1	**Sex:**	F
Vaccination date:	7/24/2006	**Onset date:**	7/27/2006	**Days later:**	3
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Erythema Rash vesicular
Information has been received from a registered nurse concerning her 12-month-old daughter with no pertinent medical history and no drug reaction/allergies who on 24-JUL-2006 was vaccinated with a dose of Varivax. There was no concomitant medication. On 27-JUL-2006 the patient developed 10 raised lesions, red with a white center. Unspecified medical attention was sought. The outcome was reported as not recovered. No other information was available. There were no lab diagnostic studies performed. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**280974**	**Age:**	1	**Sex:**	M
Vaccination date:	7/11/2001	**Onset date:**	7/7/2006	**Days later:**	1822
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Skin lesion
Information has been received from a registered nurse in a doctor's office concerning a 6 year old white male with no allergies or medical history who on 11-JUL-2001 was vaccinated in the left arm with a first 0.5 mL dose of Varivax (lot # 638243/0557L). There was no concomitant medication and there was no illness at the time of vaccination. On 07-JUL-2006 the patient experienced 20 to 30 lesions. The patient sought unspecified medical attention. No diagnostic laboratory tests were performed. As of 10-JUL-2006 the patient's 20 to 30 lesions persisted. It was noted that the patient had no adverse events following prior vaccination. Follow-up information was received from the registered nurse who reported that on 07-JUL-2006 the patient had approximately 30 lesions on his face, neck, ears, chest, trunk and buttocks. Symptomatic care was provided. No further information is expected.

VAERS ID:	**280663**	**Age:**	1	**Sex:**	M
Vaccination date:	10/1/1999	**Onset date:**	5/17/2006	**Days later:**	2420
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Varicella

Information has been received from a consumer concerning her son a 7 year old male with asthma and no known allergies who in October 1999, was vaccinated SC with a 0.5 mL dose of Varivax. Concomitant therapy included montelukast sodium. On 17-MAY-2006 the patient developed mild case of chickenpox. Unspecified medical attention was sought. No laboratory tests were performed. At the time of the report the patient was improving. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**199491**	**Age:**	1	**Sex:**	F
Vaccination date:	10/15/2002	**Onset date:**	10/24/2002	**Days later:**	9
Report date:	2/16/2003			**Entry date:**	3/14/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	UNKNOWN MFR	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: NO DRUG EFFECT URTICARIA

Vax'd on 10/15/02. Also started whole milk for first time on 10/16. On 10/22 PT got a few chicken pox. On the 24th at 3 a.m. she broke out into severe hives. The hives did not affect her breathing. There was no wheezing or fever. She just had horrible locking hives (welts) from head to toe. One was the size of a baseball on her belly. We had to call hospital and gave her 4 ml of Benadryl every 6 hrs. The hives lasted 4 days. They did not go away until PT's mom stopped giving her whole milk. She was on Iscin

VAERS ID:	**205173**	**Age:**	1	**Sex:**	M
Vaccination date:	6/6/2003	**Onset date:**	6/14/2003	**Days later:**	8
Report date:	6/19/2003			**Entry date:**	6/19/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	UNKNOWN MFR	0

SYMPTOMS: AGITATION DYSPHAGIA FEVER PHARYNGITIS RASH MAC PAP

Developed high fever, crankiness, sore throat (had trouble swallowing/drooling a lot), just wanted to be held all the time. This started 8 days after receiving MMR vaccination. Took him to the doctor and was actually diagnosed as having the Coxsackie Virus - - too coincidental. I truly believe that all this was a reaction to the MMR Vaccination. Also, on the 11th day he came down with a rash of tiny red bumps that started around his face and neck and traveled down through out torso area, similar to a me

VAERS ID:	**205968**	**Age:**	1	**Sex:**	M
Vaccination date:	5/27/2003	**Onset date:**	6/4/2003	**Days later:**	8
Report date:	6/27/2003			**Entry date:**	7/9/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: HYSN INJECT SITE RASH MAC PAP ULCER SKIN

8 days after vaccination developed redness at site and 6 maculo-papular lesions, slightly pruritic.

VAERS ID:	**208945**	**Age:**	1	**Sex:**	F
Vaccination date:	8/29/2003	**Onset date:**	9/2/2003	**Days later:**	4
Report date:	9/3/2003			**Entry date:**	9/9/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER URTICARIA

Fever 102-103, urticaria rash.

VAERS ID:	**220045**	**Age:**	1	**Sex:**	F
Vaccination date:	4/15/2004	**Onset date:**	4/24/2004	**Days later:**	9
Report date:	4/28/2004			**Entry date:**	5/7/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT VIRAL RASH VESIC BULL

Varicella vaccine administered 4/15/04. Patient developed generalized vesicular rash and fever-103.9 4/25/04 Seen in ER. Dx-Viral Syndrome RIT Varicella Vaccine.

VAERS ID:	**227035**	**Age:**	1	**Sex:**	F
Vaccination date:	9/3/2004	**Onset date:**	9/12/2004	**Days later:**	9
Report date:	9/20/2004			**Entry date:**	9/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CONVULS

Febrile convulsion, very brief around 2 min. Seen at ER.

VAERS ID:	236130	Age:	1	Sex:	F
Vaccination date:	3/22/2005	Onset date:	3/22/2005	Days later:	0
Report date:	4/8/2005			Entry date:	4/14/2005
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HIBV	MERCK & CO. INC.	2
PNC	LEDERLE LABORATO	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER OTITIS MED PRURITUS RASH MAC PAP

Pt had fever 104.3 at 9:30PM, had Tylenol at 10AM, 2PM, 8PM. Went to Dr 9:50PM. Bilateral otitis. 4/6/05 red raised pimple like bumps noted, 4/8/05 3 red bumps, child scratching.

VAERS ID:	238048	Age:	1	Sex:	M
Vaccination date:	10/6/1997	Onset date:	4/12/2004	Days later:	2380
Report date:	5/16/2005			Entry date:	5/24/2005
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH VESIC BULL

Information has been received from a RN concerning a 7 year old white male pt who on 10/06/1997 was vaccinated with a first dose of varicella virus vaccine, live. On 04/12/04, the pt developed 5-6 papules on his back, which changed and scabbed and then a few more followed. The ppt had a doctor visit and was given symptomatic tx by the MD. Laboratory tests were not performed. Subsequently, the pt recovered. Additional information is not expected.

VAERS ID:	238449	Age:	1	Sex:	M
Vaccination date:	11/2/1998	Onset date:	7/24/2004	Days later:	2091
Report date:	5/16/2005			Entry date:	5/27/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: INFECT VIRAL RASH RASH MAC PAP ULCER SKIN

Information has been received from a registered nurse concerning a 6 year old white male with no allergies or medical history who on 11/2/98 at 11:00 AM was vaccinated SC in the left thigh with a first dose of varicella virus vaccine live (lot # 627333/1244H). There was no illness at the time of vaccination. On 7/25/04, the patient presented with a case of chicken pox. The patient had maculopapular lesions and some crusted lesions on the torso, face, upper extremities, and some in the mouth. He was treated

VAERS ID:	**238719**	**Age:**	1	**Sex:**	M
Vaccination date:	9/30/1996	**Onset date:**	10/20/2004	**Days later:**	2942
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: RASH MAC PAP

Information has been received from a registered nurse concerning a 9 year old white male student with asthma and no known allergies who on 9/30/96 was vaccinated SC with a first dose of varicella virus vaccine live (lot # 616866/1508B). There was no illness at the time of vaccination. On 10/2/04, when in the office for vaccination, the patient presented with a rash with papules on his trunk in various stages. Unspecified over the counter treatment was used for comfort. Subsequently, the patient recovered fr

VAERS ID:	**257258**	**Age:**	1	**Sex:**	F
Vaccination date:	6/15/1995	**Onset date:**	1/25/2006	**Days later:**	3877
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: Skin ulcer

Information has been received from a RN concerning an 11 yr old white female who on 15Jun95 was vaccinated with a second dose of varicella virus vaccine live (lot number and route unk). There was no concomitant medication. On 25Jan06 the pt developed 2-5 lesions on her arms, trunk and forehead. Unspecified medical attention was sought and treatment was given for symptoms. Subsequently, the pt recovered. Follow up information received on 16Feb06 indicated that no additional information is available.

VAERS ID:	**257163**	**Age:**	1	**Sex:**	F
Vaccination date:	10/27/1997	**Onset date:**	1/9/2006	**Days later:**	2996
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	SMITHKLINE BEECHAM	2
HIBV	MERCK & CO. INC.	2
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Skin ulcer

Skin Lesion Information has been received from a health professional concerning a 9 year old white female with down's syndrome who on 27-OCT-1997 was vaccinated with a first subcutaneous dose of varicella virus vaccine live (Oka/Merck) (Lot #623556/0709E). Concomitant vaccine administered on the same day included a third intramuscular dose of Hib conj vaccine (OMPC) (MSD) (Lot #624924/1204E) and a third intramuscular dose of hepatitis B vaccine, recomb (Engerix-B) (Lot #2390A2). There was no illness at the

VAERS ID:	257065	Age:	1	Sex:	F
Vaccination date:	12/13/2005	Onset date:	1/3/2006	Days later:	21
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Rash

Information has been received from a health professional concerning a 1 year old female with possible allergies and gastroesophageal reflux disease and no drug reactions who on 13-DEC-2005 was vaccinated SC in the left thigh with a 0.5ml dose of varicella virus vaccine live (Oka/Merck) (lot#646815/0630R). Concomitant therapy included vitamins (unspecified). On 03-JAN-2006 the patient developed a rash. The rash was on her face, neck and left thigh (the site of vaccination). Unspecified medical attention was

VAERS ID:	256071	Age:	1	Sex:	M
Vaccination date:	2/24/2004	Onset date:	5/4/2005	Days later:	435
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Erythema Pruritus Rash

Information has been received from a health professional concerning a 26 month old male, with no known medical history or allergies, who on 2/24/2004 was vaccianted with a first subcutaneous dose of varicella virus vaccine live (lot 647261/1134N). There was no illness at the time of vaccination. It was reported that the patient was seen on 5/5/2005 for a rash that started 1 day ago, on 5/4/2005. The rash was described as red and spreading, located on his neck and chest. There were no complications. The pati

VAERS ID:	256072	Age:	1	Sex:	M
Vaccination date:	5/30/2001	Onset date:	5/4/2005	Days later:	1435
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Erythema Rash Viral infection

Information has been received from a health professional concerning a 4 year old male, with no known medical history of allergies, who on 5/30/2001 was vaccinated with a dose of varicella virus vaccine live. There was no illness at the time of vaccination. It was reported that the patient was seen on 5/5/2005 for a rash that began 1 day ago, on 5/4/2005. The rash was described as red and spreading, located on his neck and chest. There were no complications. The patient was treated with Avena Aveeno bath and

VAERS ID:	**255841**	**Age:**	1	**Sex:**	F
Vaccination date:	12/10/1999	**Onset date:**	4/11/2005	**Days later:**	1949
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Blister

Information has been received from a registered nurse concerning a 6 year old female with no known medical history or allergies who on 12/10/1999 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. Concomitant vaccination that day included an IM first dose of hepatitis B vaccine, recomb Engerix B in the left arm. There was no illness at the time of vaccination. On 4/11/2005 the patient developed a few vesicles and blisters on abdomen, back and groin. Unspecified medical atte

VAERS ID:	**255680**	**Age:**	1	**Sex:**	M
Vaccination date:	2/2/2002	**Onset date:**	4/4/2005	**Days later:**	1157
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Blister Pruritus Rash maculo-papular

Information has been received from a RN concerning a 4 yr old white male, with no pre-existing allergies, birth defects, medical conditions, and no illnesses at the time of the vaccination, who on 02Feb02 was vaccinated, by another healthcare provider, with a first dose of varicella virus vaccine live (route and lot number unk). There was no concomitant medication. On 04Apr05, at 19:00, the pt experienced blistery like rash on neck, anterior, chest, red raised rash and was itchy (it was previously reported

VAERS ID:	**251783**	**Age:**	1	**Sex:**	F
Vaccination date:	2/21/2006	**Onset date:**	2/21/2006	**Days later:**	0
Report date:	2/23/2006			**Entry date:**	2/23/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATORIES	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Confusional state Convulsion Pyrexia Vomiting

Vaccines were given at approximately 11:30 AM. Mother states child had fever and seizure at home at 11:00 PM that same night. Tylenol was given by parent 1 time. Child was taken and seen at ED.

VAERS ID:	**299412**	**Age:**	1	**Sex:**	M
Vaccination date:	3/10/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/12/2007			**Entry date:**	12/12/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Convulsion

Patient had 1st seizure after administration.

VAERS ID:	**297004**	**Age:**	1	**Sex:**	F
Vaccination date:	11/7/2007	**Onset date:**	11/9/2007	**Days later:**	2
Report date:	11/15/2007			**Entry date:**	11/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Full blood count Livedo reticularis Oxygen saturation Rash generalised

2 d. after administration of Varivax and Prevnar child came in with molted skin and rash from head to toe - Afeb. fever ox normal CBC WNC

VAERS ID:	**291630**	**Age:**	1	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	

Report date:	9/20/2007			**Entry date:**	9/28/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Blister Cellulitis Erythema Reaction to preservatives

Seen in office 8/27/07 for 12 month WCV received Varivax and Prevnar in right thigh, Hep A in left thigh. Seen again 9/6/07 for a few day history of blister and redness on right diagnosis with reaction to Varivax with mild cellulitis treated with Augmentin.

VAERS ID:	**290636**	**Age:**	1	**Sex:**	F
Vaccination date:	8/24/2007	**Onset date:**	8/25/2007	**Days later:**	1
Report date:	9/10/2007			**Entry date:**	9/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	SANOFI PASTEUR	3
PNC	WYETH PHARMACEUTICALS, INC	3

SYMPTOMS: Pyrexia Rash macular Roseola

Fever over 101 for 3 days - fever broke and a fine macular rash on trunk seen. Dx as Roseola by doctor - parents felt the reaction was from immunization given on 8/24/07 Prevnar and Hib.

VAERS ID:	**281863**	**Age:**	1	**Sex:**	F
Vaccination date:	5/19/2005	**Onset date:**	5/24/2006	**Days later:**	370
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash papular Upper respiratory tract infection Varicella

Information has been received from a registered nurse concerning a 24-month-old female with no history of drug reactions or allergies no pre-existing medical conditions who on 19-MAY-2005 was vaccinated subcutaneously in the left deltoid with a 0.5 ml dose of Varivax (Lot # 649270/0987P). Concomitant therapy included brompheniramine maleate/pseudoephedrine DM (DIMETAPP); it was also indicated that there were no concomitant medications at the time of vaccination. There was no illness at the time of vaccination. On 24-MAY-2006, the patient experienced an upper respiratory infection; on 04-JUN-2006 (also reported as 03-JUN-2006) she experienced varicella rash with a total of 15 to 20 pink, papulo-vesicular lesions on both forearms and two on her face. There were no additional symptoms. Unspecified medical attention was sought. No laboratory or diagnostic studies

were performed. The outcome was reported as recovered. No additional information to report. There was no product quality complaint involved. There were no adverse events following prior vaccinations. No additional information is expected.

VAERS ID:	**281864**	**Age:**	1	**Sex:**	F
Vaccination date:	12/19/2006	**Onset date:**	12/31/2006	**Days later:**	12
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Irritability Varicella

Information has been received from a registered nurse concerning a 12-month-old female with restrictive airway disease, and no history of drug reactions or allergies, who on 19-DEC-2006 was vaccinated with one 0.5 ml subcutaneous dose of Varivax (Lot # 654025/0802F) in the left thigh. Concomitant medication included a first Vaqta Lot # 656495/1029F) in the left thigh and a third Prevnar (Lot # B08646K). There was no illness at the time of vaccination. On 31-DEC-2006, she became "cranky," and, on 02-JAN-2007 the patient experienced a varicella rash with approximately 15 lesions in different stages on her trunk. There were no laboratory or diagnostic studies performed. Outcome was reported as recovered. No additional information to report. There was no product quality complaint. There were no adverse events following prior vaccinations. No additional information is expected.

VAERS ID:	**281313**	**Age:**	1	**Sex:**	M
Vaccination date:	10/26/1996	**Onset date:**	9/5/2006	**Days later:**	3601
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash generalised Rash pruritic

Information has been received from a registered nurse concerning a 10-year-old male with a milk allergy and a history of reactive airways disease who on 26-OCT-1996 was vaccinated SC in the left arm with a first 0.5mL dose of Varivax (Lot # 617695/0776D). There was no illness at the time of vaccination. Concomitant therapy that day included a first dose of MMR (Lot # 618613/0469D) administered SC> There were no other concomitant medication. On 05-SEP-2006 the patient presented to the physician's office with an itchy rash all over his body (face, back, and groin area). He was treated with BENADRYL and CALAMINE LOTION. The patient's itchy rash persisted. There were no lab diagnostic studies performed. There was no product quality complaint. Follow up information received from a registered nurse indicated that on 05-SEP-2006 the patient developed 100-200 lesions on his face, back, chest, and groin. He was given symptomatic treatment. The outcome was recovered. No additional information is expected.

VAERS ID:	280994	Age:	1	Sex:	F
Vaccination date:	9/16/2005	Onset date:	7/14/2006	Days later:	301
Report date:	5/16/2007			Entry date:	5/24/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	SANOFI PASTEUR	0
PNC	WYETH PHARMACEUTICALS, INC	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Blister Otitis media Rash papular Upper respiratory tract infection Varicella

Information has been received from a registered nurse concerning a 22 month old female with a peanut allergy who on 16-SEP-2005, was vaccinated SC with a first dose of Varivax (Oka/Merck) (lot# 649270/0987P). Concomitant vaccination included a first dose of FLUZONE (lot# U1743JA) IM and a fourth dose of PREVNAR (lot# A56H7F) IM. There was no illness at the time of vaccination. On approximately 14-JUL-2006 the patient developed bilateral otitis media and an upper respiratory tract infection which were treated with AUGMENTIN ES-600 bid for 10 days, with improvement. On 18-JUL-2006 the patient developed a breakthrough rash described as vesicles filled with clear fluid on her left arm, left leg, and face. On 20-JUL-2006 the patient was seen in the office and the physician noted 10 pink papules, 2 vesicles, and no fever. The patient was seen in the office and the physician noted 10 pink papules, 2 vesicles, and no fever. The patient was diagnosed with a possible mild varicella. Supportive care was provided. Subsequently, the patient recovered. There was no product quality complaint involved. Additional information is not expected.

VAERS ID:	280951	Age:	1	Sex:	M
Vaccination date:	6/7/1999	Onset date:	4/22/2006	Days later:	2511
Report date:	5/16/2007			Entry date:	5/24/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE BIOLOGICALS	2
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash papular Rash vesicular

Information has been received from a registered nurse (R.N.) concerning a 7-year-old white male with no pre-existing allergies, birth defects or medical conditions, who on 07-JUN-1999 was vaccinated in the left arm with a first dose of Varivax (lot# 630027/0312J). Concomitant vaccination given on the same day included a third dose of ENGERIX-B (lot# 2937A2) given in the left arm. There was no illness at the time of vaccination. On 22-APR-2006 the patient experienced multiple vesicles and papules on his abdomen, back and foot. Unspecified medical attention was sought. No treatment was provided other than comfort measures. No laboratory or diagnostic tests were performed. It was noted that at the time of the report the patient had recovered. Additional information is not expected.

VAERS ID:	279723	Age:	1	Sex:	F
Vaccination date:	6/29/2001	Onset date:	3/17/2006	Days later:	1722
Report date:	5/16/2007			Entry date:	5/24/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

PPV	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Rash generalised Varicella

Information has been received from a registered nurse (RN) concerning a 5 year old white female with no allergies and a history of ear tubes, who on 29 Jun 2001 was vaccinated subcutaneously in the left thigh with a first 0.5 ml dose of Variavax (lot # 637973/1884K). Concomitant vaccinations included a dose of Pneumovax. There was no illness at the time of vaccination. On 19 Mar 2006 the patient presented to the office with a spot like rash all over her body with complaints of itching. It was reported that the events began on 17 Mar 2006. It was diagnosed as a chickenpox breakout by the physician. No treatment was provided and no laboratory or diagnostic tests were performed. It was reported that the patient recovered. No product quality complaint was involved. Additional information is not expected.

VAERS ID:	**279358**	**Age:**	1	**Sex:**	M
Vaccination date:	4/12/2007	**Onset date:**	4/19/2007	**Days later:**	7
Report date:	5/11/2007			**Entry date:**	5/21/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Cellulitis Erythema Swelling

Rec'd Varivax and Prevnar 4/2/07 in R thigh woke up week later with red, swelling. Seen in office 4/12/07 and diagnosed with cellulitis 20 immunizations.

VAERS ID:	**277461**	**Age:**	1	**Sex:**	M
Vaccination date:	4/16/2007	**Onset date:**	4/26/2007	**Days later:**	10
Report date:	4/26/2007			**Entry date:**	4/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash generalised

Full body rash

VAERS ID:	**277063**	**Age:**	1	**Sex:**	F
Vaccination date:	7/5/2006	**Onset date:**	7/5/2006	**Days later:**	0
Report date:	12/28/2006			**Entry date:**	4/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	3

SYMPTOMS: Drug administered at inappropriate site Incorrect route of drug administration Injection site erythema Injection site pruritus Injection site swelling Type IV hypersensitivity reaction

Follow-up information was received that provide additional information on recovery status and emergency room or doctor visit. Information regarding Prevnar was received from a nurse regarding an 11-month-old female patient who received the fourth dose of Prevnar that appeared to be inadvertently administered in tradermally in right forearm but believed to have been administered deeper on 05-Jul-2006. On the same day the child became itchy at the injection site and developed a possible local delayed hypersensitivity reaction or possible reaction to aluminum in the adjuvant characterized by a red lump on the injection site. On 12-Jul-2006, the child became cranky. Relevant medical history was not provided. Indication for Prevnar was immunization. Product was administered on 05-Jul-2006. Dose regimen was 1 dose 1 time per day (intradermal). Concomitant medications were not reported. On 05-Jul-2006, the patient received a dose of Prevnar that appeared to be inadvertently administered intradermally in the right forearm (drug administered at inappropriate site) but believed to have been administered deeper (incorrect route of drug administration). The reporter noted that no indruation was immediately observed and could "not even tell the child received a vaccine." Later, on the same day, the child was itchy at the injection site (injection site pruritus). The nurse suggested Tylenol (acetaminophen), Motrin (ibuprofen), Benadryl (diphenhydramine) and hydrocortisone treatment. At 5:00 pm, the child developed a small red bump on the injection site (injection site erythema) (injection site swelling) that grew to 2.5 by 3.0 cm. The reporter noted that these events were the result of a possible local delayed hypersensitivity reaction (type IV hypersensitivity reaction) or possible reaction to aluminum in the Prevnar adjuvant (hypersensitivity). On 12-Jul-2006, the injection site swelling decreased to a size "smaller that a marble" and the child was described as cranky (irritability). The reporter noted that the events requir

VAERS ID:	**276550**	**Age:**	1	**Sex:**	M
Vaccination date:	3/26/2007	**Onset date:**	3/27/2007	**Days later:**	1
Report date:	4/9/2007			**Entry date:**	4/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	3
HEPA	MERCK & CO. INC.	0
HIBV	MERCK & CO. INC.	3
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Eye swelling Ocular hyperaemia

Vaccines given 3-26 (am). 3-27 (am) awakens with redness and swelling around eyes. No discharge, sclero white. comes to office-benadryl given (3-28) (3-29) returns to office-swelling increased along with redness-given prednisone script (never filled) continues with benadryl 3-31 (looks normal)

VAERS ID:	**272751**	**Age:**	1	**Sex:**	M
Vaccination date:	1/22/2007	**Onset date:**	2/2/2007	**Days later:**	11
Report date:	2/13/2007			**Entry date:**	2/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
PNC	LEDERLE LABORATORIES	3
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Cellulitis Urticaria

On 2/2/07 noticed "welts" on left thigh came to office 2/5/07 and diagnosed with left cellulitis.

VAERS ID:	**272463**	**Age:**	1	**Sex:**	M
Vaccination date:	8/10/2006	**Onset date:**	8/10/2006	**Days later:**	0
Report date:	2/18/2007			**Entry date:**	2/18/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
HIBV	AVENTIS PASTEUR	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: Blood immunoglobulin E Radioallergosorbent test negative Skin test negative Urticaria Vaccination complication

hives on face and hairline

VAERS ID:	**303994**	**Age:**	1	**Sex:**	F
Vaccination date:	1/21/2008	**Onset date:**	1/30/2008	**Days later:**	9
Report date:	1/31/2008			**Entry date:**	1/31/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Injection site cellulitis Injection site erythema Injection site pruritus

On 1/21/08 patient recieved Varivax and Prevnar vaccines. Woke up morning of 1/30/08 with right thigh redness, and itching. Seen at our office and diagnosed with ? vaccine releated cellullitis. Treated with Augmentin.

VAERS ID:	**304003**	**Age:**	1	**Sex:**	M
Vaccination date:	1/17/2008	**Onset date:**	1/20/2008	**Days later:**	3
Report date:	1/31/2008			**Entry date:**	1/31/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
PNC	WYETH PHARMACEUTICALS, INC	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Injection site cellulitis Injection site haematoma Injection site induration

PAtient recieved Varivax, Prevnar and Hepatitis A on 1/17/08. On 1/20/08 mom noticed hard lumps under skin where injections were give. Brought in to office on 1/29/08and diagnosed wirh cellulits/localized (hematoma). Treated with omnicef.

VAERS ID:	**304944**	**Age:**	1	**Sex:**	F
Vaccination date:	1/29/2008	**Onset date:**	1/30/2008	**Days later:**	1
Report date:	2/14/2008			**Entry date:**	2/14/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Cellulitis Injection site mass

Recieved Prevnar #4, Hep A #1, and Varivax on 1/29/08. Had lump on arm for 1 week. Seen in our office on 2/7/08 and diagnosed with right arm cellulitis s/p varivax vaccine. Treated with augmentin.

VAERS ID:	**209865**	**Age:**	1	**Sex:**	M
Vaccination date:	9/5/2003	**Onset date:**	9/20/2003	**Days later:**	15
Report date:	9/23/2003			**Entry date:**	10/1/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CONVULS FEVER PHARYNGITIS RASH MAC PAP

24 hours of high fever 09/20/03 and 09/21/03. Led to febrile convulsion. Seen 9/23/03, fever gone; scarletina form rash with tonsillitis.

VAERS ID:	**213234**	**Age:**	1	**Sex:**	M
Vaccination date:	11/11/2003	**Onset date:**	11/21/2003	**Days later:**	10
Report date:	11/24/2003			**Entry date:**	12/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
IPV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	3

SYMPTOMS: INTUSS PAIN ABDO

On 11/21/03, pt developed abdominal pain. He was seen in the office and sent to the ER where an ultrasound showed intussusception. The condition was treated in the presence of a pediatric surgeon. The pt was observed overnight and discharged on 11/22/03. Since then, he has been well.

VAERS ID:	**237224**	**Age:**	1	**Sex:**	F
Vaccination date:	4/18/2005	**Onset date:**	4/27/2005	**Days later:**	9
Report date:	5/3/2005			**Entry date:**	5/10/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CONVULS FEVER HYPOXIA OTITIS MED STUPOR

Temp 104. Developed tonic-clonic convulsions with post ictal. Treated with Tylenol, Oxygen.

VAERS ID:	**244402**	**Age:**	1	**Sex:**	M
Vaccination date:	7/26/2005	**Onset date:**	7/26/2005	**Days later:**	0
Report date:	9/19/2005			**Entry date:**	9/21/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: ANOREXIA FEBRILE SEIZURE FEVER

Information has been received from a health professional concerning a 12 month old male who on 7/26/05 was vaccinated SC with a 0.5ml dose of MMR (lot # 649515/0937P). Concomitant therapy included pneumococcal 4 6B 9V 14 18C 19F 23F conjugate vaccine. On 7/26/05, the day of vaccination, the patient complained of a fever. On 7/27/05, the patient suffered from a fever and loss of appetite. On 7/28/05, in the doctor's office, the patient had a fever of 102.7 degrees F, loss of appetite, and suffered a febrile

VAERS ID:	**283350**	**Age:**	1	**Sex:**	F
Vaccination date:	3/25/2006	**Onset date:**	4/10/2006	**Days later:**	16
Report date:	5/30/2007			**Entry date:**	6/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Contusion Idiopathic thrombocytopenic purpura Immunoglobulins Platelet count decreased Red cell distribution width increased

Information has been received from a physician concerning a 12-month-old female with no pre-existing allergies, birth defects, or medical conditions who on 25-MAR-2006 (also reported as 10-APR-2006) was vaccinated SC in the right leg with a first dose of MMR II (Lot # 649515/0937P). Concomitant therapy that day included a first dose of Varivax (Lot # 652518/1021R) administered SC in the left leg. On 11-APR-2006, the day after vaccination, the patient presented to the physician's office with bruising. A CBC showed low platelets. She was noted to have developed idiopathic thrombocytopenic purpura (ITP) and was hospitalized. The patient was given IGG intravenously. After administration of IGG, her platelets went from 5000 to 68000 to 130000. The patient was discharged on 14-APR-2006, and was noted to be followed by a hematologist weekly. The outcome was recovered on 14-APR-2006. There was no product quality complaint. Follow up information received from a physician indicated that on 10-APR-2006, the patient was noted to have multiple bruises on her extremities and back. Blood work was done and the platelet count was extremely low (5000). The patient was admitted to the hospital and received IV IGG under a hematologist's care. The platelet count improved. The patient was discharged to home after 2 days. Weekly platelet counts will be obtained. The reporter indicated that the event was considered to be an other important medical event. Additional information is expected.

VAERS ID:	**303198**	**Age:**	1	**Sex:**	F
Vaccination date:	1/14/2008	**Onset date:**	1/15/2008	**Days later:**	1
Report date:	1/22/2008			**Entry date:**	1/22/2008
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	0
MMR	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Abscess Eosinophil count increased Injection site cellulitis Injection site induration Injection site swelling Leukocytosis Lymphocyte count decreased Monocyte count increased Neutrophil count increased Neutrophil percentage increased Pyrexia White blood cell count increased

Cellulitus at site left upper arm; Prevnar flu given 1/4/08; Admitted 1-15-08 -> 1-18-08 1/23/08-records received for DOS 1/15/08-ED report presented with C/O fever since night before. Temp 103.8. Left upper arm with tender induration 2cm in diameter on lateral aspect, no fluctutation. Right upper arm lateral aspect with needle mark and mild swelling, no redness no tenderness. Impression Arm abscess. 3/27/08-DC Summary received for DOS 1/15-1/18/08 DC DX: left arm cellulitis. leukocytosis. Fever.

VAERS ID:	**203507**	**Age:**	1	**Sex:**	F
Vaccination date:	5/5/2003	**Onset date:**	5/19/2003	**Days later:**	14
Report date:	5/21/2003			**Entry date:**	5/21/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION RASH SCREAMING SYND

Became very irritable, crying a lot, stumbling often 14 days after receiving the MMR and chicken pox shots. 15 days after much the same behavior and developed a red speckled rash covering her back and chest. Dr. told us to give her 2, .8 doses of Tylenol.

VAERS ID:	**215232**	**Age:**	1	**Sex:**	M
Vaccination date:	1/8/2004	**Onset date:**	1/16/2004	**Days later:**	8
Report date:	1/17/2004			**Entry date:**	1/17/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	GLAXOSMITHKLINE	0

SYMPTOMS: FEVER LYMPHADENO RASH VOICE ALTERAT

-Rash (Day after shot) -Hoarseness, cough (1-2 days after) -Fever (101.6 F; 10 days after) -Swollen Glands (7-10 days after)

VAERS ID:	**217244**	**Age:**	1	**Sex:**	M
Vaccination date:	5/11/2002	**Onset date:**	3/2/2004	**Days later:**	661
Report date:	3/3/2004			**Entry date:**	3/3/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: NO DRUG EFFECT RASH VESIC BULL

HAD MORE THAN 20 LESIONS OF VARICELLA AFTER VACCINE

VAERS ID:	**217442**	**Age:**	1	**Sex:**	M
Vaccination date:	2/25/2004	**Onset date:**	3/2/2004	**Days later:**	6
Report date:	3/2/2004			**Entry date:**	3/9/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HEP	GLAXOSMITHKLINE	2
HIBV	MERCK & CO. INC.	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: PRURITUS RASH

Mother of child reported rash covering child's body accompanied by itching.

VAERS ID:	**220159**	**Age:**	1	**Sex:**	M
Vaccination date:	4/22/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/3/2004			**Entry date:**	5/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER RASH VESIC BULL

Varicella Vaccine administered 04/22/04. Pt developed generalized vesicular rash starting 8 days post vaccine. Also intermitt fever to 102. Please note 2nd episode same lot # varicella.

VAERS ID:	**224065**	**Age:**	1	**Sex:**	M
Vaccination date:	3/26/2004	**Onset date:**	7/15/2004	**Days later:**	111
Report date:	7/15/2004			**Entry date:**	7/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL
Vaccine failure, pt Dx with chicken pox.

VAERS ID:	**225182**	**Age:**	1	**Sex:**	F
Vaccination date:	7/14/2004	**Onset date:**	7/11/2004	**Days later:**	-3
Report date:	7/30/2004			**Entry date:**	8/9/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HBHEPB	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH VESIC BULL
2-3 day h/o of rash on trunk and face. On exam + vesicular lesions scattered on trunk and few on face, no signs of infection.

VAERS ID:	**238783**	**Age:**	1	**Sex:**	M
Vaccination date:	7/2/1996	**Onset date:**	1/24/2005	**Days later:**	3128
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT
Information has been received from a woman in a physicians office concerning a 9 year old male who on 07/02/ 1996 was vaccinated with a dose of varicella virus vaccine live. It was reported that on 01/24/2005, the pt developed a rash on he face and back.. It was noted that the pt was exposed to chicken pox the week before developing the rash. on 01/25/05 th pt was seen in the office and a diagnosis of varicella was made. supportive care was ordered . At the time of this report, the outcome was unknown. A

VAERS ID:	**239247**	**Age:**	1	**Sex:**	M
Vaccination date:	6/10/2002	**Onset date:**	9/3/2004	**Days later:**	816
Report date:	5/16/2005			**Entry date:**	6/7/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH VESIC BULL

Information has been received from a registered nurse concerning a 39 month old male with no pertinent medical history and no known drug allergies who on 10Jun02 was vaccinated IM with a first dose of varicella virus vaccine live (lot 640492/0202M). There was no illness at the time of vaccination. There was no concomitant medication. On 03Sep04 the pt developed a rash which later became full blown vesicles. He was seen in the office on 07Sep04 with a small number, about 2 dozen, of vesicles on his arms and

VAERS ID:	253682	Age:	1	Sex:	F
Vaccination date:	3/22/2006	Onset date:	3/27/2006	Days later:	5
Report date:	4/4/2006			Entry date:	4/4/2006
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0

SYMPTOMS: Irritability Oral intake reduced Pyrexia Rash Vomiting

22MAR06 had MMR shot. 27MAR-31MAR06 Daycare noted she was fussy and only took a 20 minute nap the whole day & woke up crying. Also, she is refusing to eat at school and home. 01APR06, she threw up at home. 02APR06 mother (me) noticed a few "red dots" on her face. 03APR06, her father noticed rash over her face increased (many red dots) and her temperature was 100.5. 04APR06, the rash is now on her stomach. I gave her ibuprofen (1.25) for her fever and Benadryl (1 ml) for her rash. Her fever was 99.0 when

VAERS ID:	250378	Age:	1	Sex:	F
Vaccination date:	9/26/2005	Onset date:	9/28/2005	Days later:	2
Report date:	12/21/2005			Entry date:	1/13/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAPHE	GLAXOSMITHKLINE	0
HIBV	UNKNOWN MANUFACTURER	
PNC	LEDERLE LABORATORIES	

SYMPTOMS: Dyskinesia

This case was reported by a consumer and described the occurrence of jerking of head of patient who was vaccinated with Pediarix for prophylaxis. The reporter is the subject's father. A physician or other health care professional has not verified this report. Previous and/or concurrent vaccination included haemophilus influenzae type b vaccine and pneumococcal vaccine given on 26 September 2005. On 26 September 2005 patient received 1st dose of Pediarix to the left thigh. Concurrently on the same day,

VAERS ID:	298666	Age:	1	Sex:	F
Vaccination date:	11/29/2007	Onset date:	12/2/2007	Days later:	3
Report date:	12/4/2007			Entry date:	12/4/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPA	GLAXOSMITHKLINE BIOLOGICALS	
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Erythema Oedema peripheral Tenderness

1 1/2 inch by 1 1/2 inch red swollen and tender area left arm.

VAERS ID:	**279372**	**Age:**	1	**Sex:**	M
Vaccination date:	5/9/2007	**Onset date:**	5/10/2007	**Days later:**	1
Report date:	5/18/2007			**Entry date:**	5/22/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PNC	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Erythema

4-5 cm diameter red, firm non tender area Rt lat arm - started 5/10 and continues to get larger

VAERS ID:	**303257**	**Age:**	1	**Sex:**	M
Vaccination date:	1/10/2008	**Onset date:**	1/19/2008	**Days later:**	9
Report date:	1/21/2008			**Entry date:**	1/22/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	SANOFI PASTEUR	1
HEPA	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Injection site erythema Injection site induration Irritability

Cranky x2 days. Red area of induration L upper outer thigh.

VAERS ID:	**204780**	**Age:**	1	**Sex:**	M
Vaccination date:	3/6/2003	**Onset date:**	3/16/2003	**Days later:**	10
Report date:	6/4/2003			**Entry date:**	6/11/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: ANOREXIA FEVER RASH MAC PAP

10 days after varicella vaccines, developed rash on extremities. Macular papular in nature. Extremities lasted 2 weeks and slowly low grade fever required CBC and electrolytes as not feeding resolved in 3 weeks.

VAERS ID:	**206148**	**Age:**	1	**Sex:**	M
Vaccination date:	6/20/2003	**Onset date:**	6/24/2003	**Days later:**	4
Report date:	6/30/2003			**Entry date:**	7/14/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT RASH

6/24/03 Developed "chicken pox like" spots with 101 degrees (Ax) fever. 6/26/03 Generalized rash, worse on 6/29. Beginning to subside 6/30. Afebrile 6/30. Seen by MD 6/30. 7/3 Much improved.

VAERS ID:	**208992**	**Age:**	1	**Sex:**	F
Vaccination date:	8/23/2003	**Onset date:**	8/31/2003	**Days later:**	8
Report date:	9/8/2003			**Entry date:**	9/9/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER HYSN INJECT SITE

Localized rash at injection site starting on 08/31/2003. 10mm x 5mm. Temperature 102 degrees on 08/31/2003. Afebrile since.

VAERS ID:	**261925**	**Age:**	1	**Sex:**	F
Vaccination date:	7/12/2002	**Onset date:**	8/10/2006	**Days later:**	1490
Report date:	8/17/2006			**Entry date:**	8/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Rash vesicular

Pt seen 8/17/06 per parent has had rash and fever x 1 wk. Temp 96.5 F, vesicular rash at different stages of crusting lower back and buttocks per MD eval. Tx acyclovir 200 mg susp 1 tsp 3x a day. Loratadine 5mg syrup 1 tsp daily PRN.

VAERS ID:	**256619**	**Age:**	1.1	**Sex:**	M
Vaccination date:	8/23/2005	**Onset date:**	9/1/2005	**Days later:**	9
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Pruritus Rash pruritic

Information has been received from a physician concerning a 13-month-old male who on 23-AUG-2005 was vaccinated subcutaneously with a 0.5ml dose of varicella virus vaccine live (Oka/Merck) (lot # 651042/0214R). On 01-SEP-2005 the patient presented to the physician's office with a generalized itchy rash. The physician noted that the patient did not have a fever or malaise. At the time of this report the patient had not recovered. No further information available. No product quality complaint was involved. Ad

VAERS ID:	**253369**	**Age:**	1.1	**Sex:**	M
Vaccination date:	12/15/1995	**Onset date:**	3/17/2006	**Days later:**	3745
Report date:	3/24/2006			**Entry date:**	3/28/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Fatigue Rash maculo-papular Rash pruritic

Information has been received from a health professional concerning an 11 year old male, with no medical history and no allergies, who on 15-Dec-1995 was vaccinated with a dose of varicella virus vaccine live (Lot #610248/0446B). There was no concomitant medication. On 17-Mar-2006 the patient developed fatigue and an itchy red raised rash. The patient was examined in a physician's office on 20-Mar-2006. The patient was started with amoxicillin and calamine lotion, and a throat culture was collected. At the

VAERS ID:	**208604**	**Age:**	1.1	**Sex:**	M
Vaccination date:	8/13/2003	**Onset date:**	8/23/2003	**Days later:**	10
Report date:	8/25/2003			**Entry date:**	9/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEBRILE SEIZURE FEVER LAB TEST ABNORM

Patient had fever 1 week after vaccines. Patient then developed febrile seizure. Patient worked up for possible sepsis, sepsis exam normal except for elevated white count, blood, urine and CSF cultures were negative.

VAERS ID:	**233587**	**Age:**	1.1	**Sex:**	M
Vaccination date:	1/24/2005	**Onset date:**	1/31/2005	**Days later:**	7
Report date:	2/9/2005			**Entry date:**	2/9/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: FEVER HYSN INJECT SITE MASS INJECT SITE RASH MAC PAP

Fever of 103, localized redness and induration at injection site, generalized papular rash over face, trunk, extremities, palms of hands and soles of feet.

VAERS ID:	**237688**	**Age:**	1.1	**Sex:**	F
Vaccination date:	5/10/1996	**Onset date:**	3/17/2004	**Days later:**	2868
Report date:	5/16/2005			**Entry date:**	5/20/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT VIRAL RASH MAC PAP ULCER SKIN

Information has been received from a health professional concerning an 8 year old white female with allergies to Amoxil and Cefzil and no other pertinent medical history who on 5/10/096 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot # 608585/0390B). Concomitant medication included a first dose of SC in the right arm of MMR (lot # 613240/1414B). There was no illness at the time of vaccination. On approximately 3/16/04 the patient developed chicken pox. It was reporte

VAERS ID:	**237847**	**Age:**	1.1	**Sex:**	M
Vaccination date:	2/12/1997	**Onset date:**	4/5/2004	**Days later:**	2609
Report date:	5/16/2005			**Entry date:**	5/23/2005

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH MAC PAP RASH PUST

Information has been received from a health professional concerning an 8 year old male with no known medical history or allergies who on 2/12/97 was vaccinated in the left arm with a first dose of varicella virus vaccine live (lot # 620614/1106D). There was no concomitant medication or illness at the time of vaccination. On 4/5/04 the patient developed macules and pustules on his face, chest, and extremities. Twenty lesions were noted and some were scabbed. Unspecified medical attention was sought and he wa

VAERS ID:	**238202**	**Age:**	1.1	**Sex:**	F
Vaccination date:	4/19/1996	**Onset date:**	5/29/2004	**Days later:**	2962
Report date:	5/16/2005			**Entry date:**	5/26/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH ULCER SKIN

Information has been received from a registered nurse practitioner concerning a 9 year old female with no medical history and no allergies who on 4/19/96 was vaccinated SC in the arm with a first dose of varicella virus vaccine live (lot # 616862/1504B). Concomitant vaccine therapy given SC in the arm included a first dose of MMR live (lot # 613405/1415B). There was no illness at the time of vaccination. On 5/29/04 the patient presented to the physician's office with about 500 plus lesions and a pruritic ra

VAERS ID:	**238222**	**Age:**	1.1	**Sex:**	F
Vaccination date:	6/28/1999	**Onset date:**	5/25/2004	**Days later:**	1793
Report date:	5/16/2005			**Entry date:**	5/26/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL RASH ULCER SKIN

Information has been received from a health professional concerning a 5 year old female with no allergies or medical conditions who on 6/28/99 was vaccinated SQ with a first dose of varicella virus vaccine live (lot # 630675/0424J). There was no concomitant medication. There was no illness at the time of vaccination. On 5/25/04, the patient experienced 10-15 lesions on the torso described as classic various stages. No diagnostic studies were done. Symptomatic treatment was provided. It was reported that the

VAERS ID:	**238255**	**Age:**	1.1	**Sex:**	M
Vaccination date:	1/28/2003	**Onset date:**	6/7/2004	**Days later:**	496
Report date:	5/16/2005			**Entry date:**	5/26/2005

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: FEVER INFECT VIRAL MALAISE NO DRUG EFFECT RASH RASH VESIC BULL RHINITIS VASODILAT

Information has been received form a RN concerning a 29 month old male pt with no allergies and no past medical Hx who on 01/28/2003 was vaccinated with a 1st dose of varicella virus vaccine, live. Illness at the time of vaccination included fever. There were no adverse events following prior vaccinations of the pt or the pt's siblings. On 06/07/04 at 1:56PM, the pt developed fever, rash, and wheezing. On 06/07/04, the pt presented to the physician's office with malaise, a fever of 101 F, a runny nose, and

VAERS ID:	**238354**	**Age:**	1.1	**Sex:**	F
Vaccination date:	12/12/2002	**Onset date:**	6/18/2004	**Days later:**	554
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL OTITIS MED RASH ULCER SKIN

Information has been received from a nurse practitioner concerning a 30 month old female with no medical history who on 12/12/02 was vaccinated SC in the left arm with the first dose of varicella virus vaccine live (lot # 641155/0793M). Concomitant vaccinations on that same day included the first dose SC in the right arm MMR (lot # 642182/0774M). There was no illness at the time of vaccination. The NP reported that on 6/18/04, the patient developed approximately 11 raised pink lesions on her back, face, and

VAERS ID:	**241275**	**Age:**	1.1	**Sex:**	F
Vaccination date:	3/10/2005	**Onset date:**	3/15/2005	**Days later:**	5
Report date:	7/5/2005			**Entry date:**	7/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	0

SYMPTOMS: URTICARIA

This case was reported by a consumer and described the occurrence of hives in a 12 month old female pt who received Pediarix. The reporter is the mother of the pt. A physician or other health care professional has not verified this report. On 3/10/05, the pt received the 1st dose of Pediarix. Approximately 5 days , post/vax, on 3/15/05, the pt experienced hives. The pt was seen at a physician's office and was treated with prednisone. The hives resolved on 3/16/05. The immunization series with Pediarix was d

VAERS ID:	**256786**	**Age:**	1.1	**Sex:**	F
Vaccination date:	6/27/2000	**Onset date:**	10/10/2005	**Days later:**	1931

Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Drug ineffective Infection

Info has been received from an RN concerning a 6 year old female with no known drug allergies who on 6/27/00 was vaccinated with a dose of varicella virus vaccine live. There was no illness at the time of vaccination. The RN reported that on 10/10/05, developed itchy white bumps on different areas of her body X 2-3 days. The pt was noted to be afebrile. The pt subsequently, developed 14 isolated papules on her neck, chest and right underarm. A diagnosis of mild breakthrough was made. Unspecified medical att

VAERS ID:	**256543**	**Age:**	1.1	**Sex:**	F
Vaccination date:	6/8/1999	**Onset date:**	8/19/2005	**Days later:**	2264
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC. 0

SYMPTOMS: Drug ineffective Infection Infection transmission via personal contact Pyrexia

Info has been received from an RN concerning a 7 year old white female with seasonal allergies and no pre-existing allergies, birth defects or medical conditions. and no known drug allergies who on 6/8/99 at 14:00 was vaccinated SC in the left arm with a 0.5ml, 1st dose of varicella virus vaccine live. There was no illness at the time of vaccination. There was no concomitant medications. On 8/19/05, at 09:00, also reported as 8/20/05, the pt presented to the physician's office with a 102 fever, a papular ve

VAERS ID:	**253958**	**Age:**	1.1	**Sex:**	M
Vaccination date:	3/20/2006	**Onset date:**	3/22/2006	**Days later:**	2
Report date:	3/24/2006			**Entry date:**	4/11/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HIBV MERCK & CO. INC. 2

SYMPTOMS: Cellulitis Injection site reaction

Cellulitis at imm site. Treated with Keflex.

VAERS ID:	**288667**	**Age:**	1.1	**Sex:**	F
Vaccination date:	3/9/2007	**Onset date:**	3/17/2007	**Days later:**	8
Report date:	5/16/2007			**Entry date:**	8/22/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMRV	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	2

SYMPTOMS: Body temperature increased Convulsion Injection site bruising Rash

Client returned to clinic 5/11/07; Mom mentioned on 3/17/07 child - T. 101/seizure/rash/bruse at injection site. Child was tx at ER. CT scan, Rx Motrin, D/C.

VAERS ID:	**281311**	**Age:**	1.1	**Sex:**	F
Vaccination date:	8/8/1997	**Onset date:**	6/23/2006	**Days later:**	3241
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Diet refusal Fatigue Pyrexia Varicella

Information has been received from a physician concerning his 10 year old granddaughter who has no known allergies or pertinent medical history, who on 08-AUG-1997 was vaccinated with a dose of Varivax. There was no concomitant medication. ON 23-AUG-2006 the patient developed a breakthrough case of chickenpox. The rash was described by the patient's mother to be at least 20 pox, which progressed from papular to vesicular mostly on the torso (groin are) and scalp. The patient complained of itching, developed a low grade fever, was tired, and "did not eat". The patient presented to the physician's office and was prescribed ATARAX which was not needed, topical hydrocortisone cream and 4 teaspoons qid for 5 days of acyclovir suspension. The patient was also advised to use AVEENO bath. On 06-SEP-2006 the patient recovered. It was also reported that both the patient's father and grandfather are physicians. There was no product quality complaint involved. The patient's sister (WAES # 0609USA00973) had a similar experience after vaccination with Varivax. Additional information from the nurse indicated that no further information is available.

VAERS ID:	**281235**	**Age:**	1.1	**Sex:**	M
Vaccination date:	6/29/2001	**Onset date:**	8/7/2006	**Days later:**	1865
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Skin lesion

Information has been received from a registered nurse concerning a 6 year old male child with no known allergies or past medical history who on 29-JUN-2001 was vaccinated SC with a first dose of Varivax (lot# 638652/0233L). Concomitant vaccination included a first dose of MMR (lot # 638702/0253L) given SC. On 08-AUG-2006 (also reported as 07-AUG-2006), the patient presented with 35-40 itchy, "insect bite like lesions" on his chest, back and legs. No other symptoms were noted.

The patient was treated with BENADRYL. Subsequently, the patient recovered. There was no product quality complaint involved. Additional information is not expected.

VAERS ID:	**280329**	**Age:**	1.1	**Sex:**	M
Vaccination date:	9/24/1999	**Onset date:**	4/13/2006	**Days later:**	2393
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Cough Varicella

Information has been received from a registered nurse concerning a 7 year old male with no known medical history or allergies who on 24-SEP-1999 was vaccinated with a SC dose of Varivax (lot # "1074J"). There was no concomitant medication. There was no illness at the time of vaccination. On 13-APR-2006 the patient developed varicella with a rash on his body and a cough. Unspecified medical attention was sought and he was diagnosed on 14-APR-2006. No laboratory diagnostic tests were performed. He was treated with Benadryl and Sarna lotion. The patient's outcome was recovered. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**303948**	**Age:**	1.1	**Sex:**	M
Vaccination date:	1/21/2008	**Onset date:**	1/22/2008	**Days later:**	1
Report date:	1/24/2008			**Entry date:**	1/30/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Blood electrolytes normal CSF test normal Computerised tomogram normal Depressed level of consciousness Echocardiogram normal Electroencephalogram normal Herpes simplex serology Influenza serology negative Laboratory test Lethargy Liver function test normal Nuclear magnetic resonance imaging normal Sinus bradycardia Virus serology test

~24 hours after vaccine administered, the patient became acutely obtunded/lethargic after eating breakfast. No preceding illness, no fever, no trauma, no ingestion. Nml behavior before Sx onset. Lasted ~12 hours. No response to Narcan.

VAERS ID:	**229032**	**Age:**	1.1	**Sex:**	M
Vaccination date:	7/24/1996	**Onset date:**	11/2/2004	**Days later:**	3023
Report date:	11/3/2004			**Entry date:**	11/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	UNKNOWN MFR	

SYMPTOMS: FEVER INFECT NO DRUG EFFECT RASH VESIC BULL

Lesions compatible with C-pox all over body, blisters open and scabs. Itching. Temp 99.6 Treatment Atarax

VAERS ID:	238693	Age:	1.1	Sex:	F
Vaccination date:	3/25/1999	Onset date:	10/13/2004	Days later:	2029
Report date:	5/16/2005			Entry date:	6/1/2005
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: ACNE FEVER INFECT VIRAL NO DRUG EFFECT SKIN DRY

Information has been received from a consumer concerning her 6 yr old daughter who, on 25Mar99 was vaccinated with a dose of varicella virus vaccine live. On 13Oct04 the pt developed about 3 to 4 dozen pimple like spots, some crusty, around neck, over torso, arms, legs and face. The consumer also reported a fever of 100-102F. The pt was seen by a healthcare professional (HCP) that same day and the child was diagnosed with chicken pox. At the time of this report there was no further information and the pt's

VAERS ID:	251592	Age:	1.1	Sex:	F
Vaccination date:	6/9/2005	Onset date:	6/9/2005	Days later:	0
Report date:	2/16/2006			Entry date:	2/17/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PNC	LEDERLE LABORATORIES	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Cyanosis Erythema Hypoxia Lethargy Pallor Vomiting

This case was considered medically important (OMIC). Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) unspec) was received from an allergist regarding a 13 month old female patient who received a dose of Prevnar along with a dose of Varivax (varicella virus vaccine, live) on 6/9/2005. On the same day, the child vomited, developed rash on both sides of face and erythema, and became lethargic, cyanotic and pale. Medical history healthy child. Indication for P

VAERS ID:	301132	Age:	1.1	Sex:	F
Vaccination date:	12/17/2007	Onset date:	12/24/2007	Days later:	7
Report date:	12/27/2007			Entry date:	12/27/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	SANOFI PASTEUR	1
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Injection site erythema Injection site swelling

A circular erythamatous, swollen area about 1 inch x 1 inch in size on left lateral thigh.

VAERS ID:	**262717**	**Age:**	1.1	**Sex:**	M
Vaccination date:	8/16/2006	**Onset date:**	8/21/2006	**Days later:**	5
Report date:	9/1/2006			**Entry date:**	9/7/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Rash

Fever, rash day five. Tx: Tylenol, Motrin.

VAERS ID:	**258473**	**Age:**	1.1	**Sex:**	M
Vaccination date:	4/27/2006	**Onset date:**	6/10/2006	**Days later:**	44
Report date:	6/13/2006			**Entry date:**	6/16/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HIBV	MERCK & CO. INC.	2
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Pyrexia Rash maculo-papular

Rash started 6/10/06, with low-grade fever 100.7 (+) maculopapular lesions over face, hip area, thighs, scalp some with crusted over areas per MDA. (+) pruritus. Rx: Benadryl 12.5/5ml 2ml po q 8 hrs, Tylenol 160/5ml 4 tsp po q 6 hrs for fever.

VAERS ID:	**283552**	**Age:**	1.1	**Sex:**	M
Vaccination date:	6/8/2007	**Onset date:**	6/11/2007	**Days later:**	3
Report date:	6/26/2007			**Entry date:**	7/2/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
HIBV	MERCK & CO. INC.	2
MMRV	MERCK & CO. INC.	0
PNC	WYETH PHARMACEUTICALS, INC	3

SYMPTOMS: Body temperature increased

Rectal 103.8 fever for 14 hours. Pedialyte and Tylenol and Tipin bath.

VAERS ID:	213554	Age:	1.2	Sex:	U
Vaccination date:	8/7/2003	Onset date:	9/2/2003	Days later:	26
Report date:	12/1/2003			Entry date:	12/5/2003
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HBHEPB	MERCK & CO. INC.	

SYMPTOMS: EDEMA INJECT SITE MASS INJECT SITE

Information has been received from a RN concerning a 14 month old pt who on 8/7/03 was vaccinated with a dos eof Comvax (643889/0855M). The Comvax was given for the third dose of hep B vaccine recombinant and the fourth dose of Haemophilus B conjugate vaccine. On approximately 9/2/03, a month after vaccination, the pt still had swelling and induration at site of injection on the leg. The pt will be seen in the physician's office on 9/3/03. Unspecified medical attention was sought. There was no product quali

VAERS ID:	259847	Age:	1.2	Sex:	F
Vaccination date:	7/13/2006	Onset date:	7/13/2006	Days later:	0
Report date:	7/21/2006			Entry date:	7/21/2006
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAPH	AVENTIS PASTEUR, INC.	2
MMR	UNKNOWN MANUFACTURER	0
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Injection site erythema Injection site infection Injection site swelling

Mother states child has had episodic fevers since vaccine administration. Unable to recall elevations left leg had gotten swollen at site of injection, has became red and mother states there appears to be an infection beginning. Referred to MD for evaluation.

VAERS ID:	223683	Age:	1.2	Sex:	M
Vaccination date:	12/10/2002	Onset date:	6/7/2004	Days later:	545
Report date:	7/6/2004			Entry date:	7/6/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION ANOREXIA FEVER HERPES ZOSTER RASH

On June 7, 2004 my son developed a small cluster of tiny red bumps on his right buttock. After a few days the bumps developed tiny white pustules and spread in a line around his buttock toward his right hip. On 6/10/2004 I took him to his pediatrician and had him examined and was informed he had shingles. I was asked if he came into contact with anyone who had shingles or chickenpox and told his doctor that he did not. I was prescribed Bactroban Cream and Zovirax to be topically applied. He had a low grade

VAERS ID:	**289017**	**Age:**	1.2	**Sex:**	F
Vaccination date:	8/13/2007	**Onset date:**	8/14/2007	**Days later:**	1
Report date:	8/17/2007			**Entry date:**	8/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: Croup infectious Febrile convulsion Full blood count Pyrexia White blood cell count normal

Patient with previous history of febrile seizures, got MMR as his on 8/13/07. Developed fever on 8/17/07 and had seizure exam 8/14/07 and examine 8/16/07. Patient found to have viral tracheoso (acute croup) after serous febrile seizure disease.

VAERS ID:	**304428**	**Age:**	1.2	**Sex:**	F
Vaccination date:	1/8/2008	**Onset date:**	1/9/2008	**Days later:**	1
Report date:	1/17/2008			**Entry date:**	2/6/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash maculo-papular

Generalized mocular-papular rash appeared on trunk. Mild congestion, low grade fever for 1 week. Treatment: Calamine lotion, Tylenol, Benadryl.

VAERS ID:	**220514**	**Age:**	1.2	**Sex:**	F
Vaccination date:	3/21/2003	**Onset date:**	3/25/2003	**Days later:**	4

Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: CONVULS DIARRHEA FEVER VOMIT

Information has been received from a physician concerning a 14 month normal, healthy female with no significant medical history including no immunosuppression and no recent exposure to chickenpox, shingles, or other viruses who on 03/21/03, previously report as 06/21/03, was vaccinated in the left arm with a first dose of varicella virus vaccine live (Lot # 643593/0868M). The physician indicated that she was not aware of the child experiencing any post-vaccination rash, fever, or injection site pain follow

VAERS ID:	**200567**	**Age:**	1.2	**Sex:**	F
Vaccination date:	3/21/2003	**Onset date:**	3/26/2003	**Days later:**	5
Report date:	3/28/2003			**Entry date:**	4/1/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CONVULS

Five tonic-clinic seizures lasting 2-3 mins.

VAERS ID:	**215827**	**Age:**	1.2	**Sex:**	M
Vaccination date:	1/7/2004	**Onset date:**	1/16/2004	**Days later:**	9
Report date:	1/19/2004			**Entry date:**	2/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: NODULE SKIN RASH

Erythematous indurated rash (nodular) over L thigh, no leg, R lower extremity L.

VAERS ID:	**267376**	**Age:**	1.2	**Sex:**	M
Vaccination date:	11/9/2006	**Onset date:**	11/20/2006	**Days later:**	11
Report date:	11/20/2006			**Entry date:**	11/20/2006

Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMRV	MERCK & CO. INC.	0
PPV	MERCK & CO. INC.	3

SYMPTOMS: Rash Viral infection

Child received Proquad 11/09/06. Child came in with varicella rash on 11/20/06.

VAERS ID:	**237332**	**Age:**	1.3	**Sex:**	F
Vaccination date:	11/7/1997	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2005			**Entry date:**	5/13/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	LEDERLE LABORATO	3

SYMPTOMS: AUTISM PERSON DIS SPEECH DIS

This case was considered medically important (OMIC). Information regarding Hib Titer vaccine (haemophilus b conjugate vaccine (diphtheria crm197 protein conjugate) injection) was received from a healthcare professional regarding a female pt (currently 8 years old) who experienced autism at the age of 3. The pt received the fourth dose on 07Nov97. Relevant medical history was not provided. Indication for Hib Titer vaccine was immunization. Product was administered on 07Nov97. Dose regimen was 1 dose (IM). Ad

VAERS ID:	**301936**	**Age:**	1.3	**Sex:**	M
Vaccination date:	11/2/2007	**Onset date:**	11/11/2007	**Days later:**	9
Report date:	1/7/2008			**Entry date:**	1/8/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: Blood creatinine normal Computerised tomogram normal Gait disturbance Laboratory test Neutropenia Neutrophil count decreased Nuclear magnetic resonance imaging normal Pyrexia Red blood cell sedimentation rate normal Tenosynovitis Torticollis Viral infection Viral infection

Information has been received from a physician and medical records concerning a 15 month old white male with no pre-existing medical conditions or allergies who on 02-Nov-2007 was vaccinated SC with his first dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (lot #656879/0709U). There was no illness at the time of vaccination. There was no concomitant medication. On 11-Nov-2007 the patient experienced limping and torticollis of sudden onset for 2 days and was afebrile. On approximately 11-Nov-2007 prior to admission, the patient also had a viral illness. On 12-Nov-2007 the patient was found to be neutropenic characterized by fever (febrile) and was admitted to the hospital for further work-up for 2

days. On approximately 12-Nov-2007 lab diagnostic studies included: ANC of 200, ESR = 20, serum creatinine = 0.5, and white blood cell counts of 33.9 and 31.2 respectively. Other labs on that same day included MRI brain/spine = negative, CAT scan for the abdomen/head = negative and a lab/diagnostic of the soft tissue of the neck = negative. The patient was treated with "IVF" and ibuprofen PRN pain/temperature. The final diagnosis was viral syndrome associated with neutropenia and torticollis tenosynovitis. The patient's condition was noted to be stable. The patient was scheduled for follow-up with a primary medical doctor in 2 days and a hematologic oncologist in 1 week at the time of this report. Additional information has been requested. All available medical records will be provided upon request.

VAERS ID:	**199087**	**Age:**	1.3	**Sex:**	M
Vaccination date:	2/13/2003	**Onset date:**	2/21/2003	**Days later:**	8
Report date:	2/26/2003			**Entry date:**	3/10/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: CONVULS FEVER VOMIT

On 02/21/2003 1pm, developed fever 102 degrees F. Given Motrin and Tylenol by mother on 02/22/2003 1am. Had vomiting and fever 103 degrees F with convulsions. Went to ER. Fever was 102 degrees F with Tylenol 94 degrees and Motrin 96 degrees.

VAERS ID:	**205494**	**Age:**	1.3	**Sex:**	M
Vaccination date:	3/21/2003	**Onset date:**	3/30/2003	**Days later:**	9
Report date:	4/5/2003			**Entry date:**	6/26/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPH	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1
PNC	LEDERLE LABORATO	3

SYMPTOMS: AGITATION FEVER

3/30/03 4 PM Temp 102.5 rectal, very cranky, crying. No rash, no otitis.

VAERS ID:	**218882**	**Age:**	1.3	**Sex:**	F
Vaccination date:	3/17/2004	**Onset date:**	3/24/2004	**Days later:**	7
Report date:	4/3/2004			**Entry date:**	4/12/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0

SYMPTOMS: DIARRHEA FEVER INFECT PHARYNGITIS RASH

Vaccine administered 3/17/04. On 3/25/04 patient had fever (104 degrees). On 3/26/04- patient had rash. On 3/24/04 patient had sore throat and ear infection. On 3/25/04 patient had diarrhea.

VAERS ID:	**269069**	**Age:**	1.3	**Sex:**	F
Vaccination date:	11/29/2006	**Onset date:**	12/7/2006	**Days later:**	8
Report date:	12/11/2006			**Entry date:**	12/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR, INC.	0
HIBV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATORIES	3

SYMPTOMS: Convulsion Pyrexia

Fever-seizure

VAERS ID:	**269068**	**Age:**	1.3	**Sex:**	M
Vaccination date:	11/28/2006	**Onset date:**	12/7/2006	**Days later:**	9
Report date:	12/11/2006			**Entry date:**	12/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR, INC.	0
HIBV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATORIES	3

SYMPTOMS: Choking Convulsion Febrile convulsion Pyrexia Upper respiratory tract infection

Temp 100F- possible seizure/ choking while sitting in car seat foaming at mouth-mouth clenched shut. 12/20/06 Received medical records from PCP which included ER records which reveal patient seen in ER for febrile seizure following a week long hx of cough & congestion. Temp 102.7 in ER. PCP record on 11/28 day of vax reveals patient was well. Final DX: benign febrile seizure & URI per ER physician. PCP note stated probable MMR febrile reaction.

VAERS ID:	**257371**	**Age:**	1.3	**Sex:**	F
Vaccination date:	2/16/2005	**Onset date:**	2/2/2006	**Days later:**	351
Report date:	5/12/2006			**Entry date:**	5/17/2006

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Eczema Skin ulcer

Information has been receive from a registered nurse concerning a 26 month old white female with no known allergies or history who on 16-FEB-2005 was vaccinated in the left arm with a first dose of varicella virus vaccine live (lot# 648757/0594P). There was no illness at the time of vaccination. On 02-FEB-2006 the patient developed 5 lesions on trunk with patches of eczema. Unspecified medical attention was sought. The patient was treated with diphenhydramine hydrochloride (BENADRYL) and topical skin care.

VAERS ID:	**255703**	**Age:**	1.3	**Sex:**	F
Vaccination date:	9/23/2004	**Onset date:**	3/30/2005	**Days later:**	188
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Infection Pruritus

Info has been received from a health professional concerning a 21 month old Hispanic and white female, with no medical history and no allergies, who on 9/23/04, was vaccinated with a 1st SC dose in the right arm of varicella virus vaccine live. Concomitant vaccine, administered on the same day, included a 1st SC dose in the left arm of MMRII. It was noted that there was no illness at the time of vaccination and no adverse events following prior vaccination. On 3/30/05, the pt experienced a rash on her trunk

VAERS ID:	**283444**	**Age:**	1.3	**Sex:**	M
Vaccination date:	5/1/2002	**Onset date:**	5/1/2002	**Days later:**	0
Report date:	5/30/2007			**Entry date:**	6/4/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: Convulsion Febrile convulsion Pyrexia

Information has been received from a physician concerning a 15 month old male with no known history or allergies who in approximately May 2002, was vaccinated SC with a dose of MMR II. There were no concomitant vaccinations or other concomitant therapy. Shortly after administration, the patient developed a high temperature and approximately 7-10 days later had a seizure. Additional information from the physician indicated that the patient experienced a febrile seizure post vaccination. The patient recovered shortly after the event. Unspecified medical attention was sought. There was no product quality complaint involved. Upon internal review the febrile seizure was determined to be an other important medical event. Additional information has been requested.

VAERS ID:	**281247**	**Age:**	1.3	**Sex:**	M

Vaccination date:	10/27/2004	**Onset date:**	8/5/2006	**Days later:**	647
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Blister Herpes zoster

Information has been received from a registered nurse (R.N.) concerning a 36-month-old white male (31 lb., 38 in.) with no pre-existing allergies, birth defects or medical conditions, who on 27-OCT-2004 was vaccinates subcutaneously in the arm with a first dose of Varivax (lot# 648757/0594P). Concomitant vaccination included a first dose of MMR (lot# 648144/0042P) given subcutaneously in the arm on 27-OCT-2004 and a first dose of FLUZONE (lot# U1442AA) given intramuscularly in the arm on 23-OCT-2004. There was no illness at the time of vaccination. There was no rash at the injection site or elsewhere within 42 days of the vaccination. On 05-AUG-2006 the patient developed a cluster of blisters on his left shoulder with a sharp border medially. He was seen by a physician and diagnosed with shingles. It was reported that there was no history of chickenpox or exposure to chickenpox or herpes zoster. No laboratory or diagnostic tests were performed. It was reported that the patient had no pain and was treated with acyclovir for five days. At the time of this report the patient recovered. Additional information has been requested.

VAERS ID:	**280820**	**Age:**	1.3	**Sex:**	F
Vaccination date:	5/14/2002	**Onset date:**	6/2/2006	**Days later:**	1480
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	WYETH PHARMACEUTICALS, INC	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash papular

Information has been received from a registered nurse concerning a 5 year old white female with no allergies or medical conditions who on 14-MAY-2002 was vaccinated SC in the left arm with a first dose of Varivax (lot # 638367/0198M). Concomitant vaccination on the same day included an IM fourth dose in the left arm of HIBTITER (lot # 480-695). Illness at the time of vaccination included allergic rhinitis. On 02-JUN-2006, in the p.m., the patient developed small papular lesions scattered on the abdomen. Some were crusted. The patient was seen at the doctor's office and treated with BENADRYL and AVEENO baths. No diagnostic laboratory tests were performed. The patient recovered on an unspecified date. It was noted that the patient had no adverse events following prior vaccination. Additional information is not expected.

VAERS ID:	**205165**	**Age:**	1.3	**Sex:**	M
Vaccination date:	5/14/2003	**Onset date:**	5/16/2003	**Days later:**	2
Report date:	6/12/2003			**Entry date:**	6/19/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3

HIBV	MERCK & CO. INC.	3
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: EDEMA INFECT URIN TRACT INFECT VIRAL PAIN PHARYNGITIS VASODILAT

Redness, swelling, warm and pain to L leg x 1d per mom. Seen 5/16/03. Admitted on 5/16/03 to hospital. Discharge 5/18/03. Seen f/u 5/21/03 on po antibiotics.

VAERS ID:	**233812**	**Age:**	1.3	**Sex:**	M
Vaccination date:	2/8/2005	**Onset date:**	2/8/2005	**Days later:**	0
Report date:	2/14/2005			**Entry date:**	2/14/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAPH	AVENTIS PASTEUR,	
HIBV	AVENTIS PASTEUR,	

SYMPTOMS: CONVULS FEVER INFECT VIRAL OTITIS MED

Patient was vaccinated on 2/8/04. That evening the patient developed a high fever and was brought to the emergency room. The patient had a seizure and was admitted to Pediatric ICU.

VAERS ID:	**242504**	**Age:**	1.3	**Sex:**	M
Vaccination date:	1/11/1999	**Onset date:**	3/19/1999	**Days later:**	67
Report date:	8/9/2005			**Entry date:**	8/9/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: HEM THROMBOCYTOPENIA

Thrombocytopenia. Hemorrhaging required hospital stay, IVIG treatment and blood transfusion.

VAERS ID:	**245409**	**Age:**	1.3	**Sex:**	F
Vaccination date:	9/14/2005	**Onset date:**	9/15/2005	**Days later:**	1
Report date:	10/7/2005			**Entry date:**	10/14/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HIBV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: EYES GAZE UPWARD HYPOTONIA TWITCH

Healthy child no previous illnesses. About 30 hours after vaccine was noted to have episodic upward both eye gaze movements that increased in frequency. No tonic/clonic movements of extremities. Had 1 episode where head became limp. Seen in ER and hospitalized. Video EEG negative, seen by Neurology diagnosed motor tic. 3 weeks post episode, eye movements almost all resolved.

VAERS ID:	**251460**	**Age:**	1.3	**Sex:**	F
Vaccination date:	1/25/2006	**Onset date:**	1/31/2006	**Days later:**	6
Report date:	2/9/2006			**Entry date:**	2/13/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HIBV	AVENTIS PASTEUR, INC.	
MMR	MERCK & CO. INC.	

SYMPTOMS: Condition aggravated Convulsion Influenza Pyrexia

Patient had high fever 6 days after vaccine and had a seizure. Child had a previous seizure 1 month before shot.

VAERS ID:	**204196**	**Age:**	1.3	**Sex:**	M
Vaccination date:	12/27/2002	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/29/2003			**Entry date:**	6/4/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HBHEPB	MERCK & CO. INC.	
PNC	LEDERLE LABORATO	3

SYMPTOMS: INFECT BACT NO DRUG EFFECT

A physician reported that a 16 month old male received his fourth dose of Prevnar vaccine on 12/27/02. He subsequently developed streptococci pneumoniae and was hospitalized. The child previously received three doses of Prevnar. No further information was available at the date of this report.

VAERS ID:	**204354**	**Age:**	1.3	**Sex:**	M
Vaccination date:	9/1/1999	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/30/2003			**Entry date:**	6/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	

SYMPTOMS: FEVER RASH

Information has been received from a physician concerning a now four year old male with no known medical history who at the age of 15 months was vaccinated with MMR II (631643/0919J). There were no concomitant medications. In approximately September 1999, the pt developed a rash and a fever (body temp measurement of 102 deg F). The pt sought unspecified medical attention. Additional info has been requested.

VAERS ID:	**204487**	**Age:**	1.3	**Sex:**	F
Vaccination date:	3/11/2003	**Onset date:**	3/12/2003	**Days later:**	1
Report date:	5/30/2003			**Entry date:**	6/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HBHEPB	MERCK & CO. INC.	
MMR	MERCK & CO. INC.	

SYMPTOMS: CONVULS

Information has been received from a registered nurse concerning a 16 month old female with no relevant medical history, who on 3/11/03 was vaccinated with MMR (second generation) (lot # 644420/1010M). Additional suspect therapy included vaccination on the same day with a dose of HIB conjugate-Hepatitis B vaccine (lot #644950/1129M). On 3/12/03 the day after vaccination with MMR (second generation) and HIB conjugate-hepatitis B vaccine the patient had a seizure at home. Unspecified medical attention was sou

VAERS ID:	**211343**	**Age:**	1.3	**Sex:**	F
Vaccination date:	5/2/2002	**Onset date:**	10/27/2003	**Days later:**	543
Report date:	10/30/2003			**Entry date:**	10/30/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HBHEPB	MERCK & CO. INC.	2
PNC	LEDERLE LABORATO	3

SYMPTOMS: COUGH INC DYSPNEA EFFUS PLEURAL FEVER HYPERVENTIL LAB TEST ABNORM NO DRUG EFFECT PNEUMONIA SWEAT UREMIA VOMIT

Developed invasive pneumococcal disease (pneumonia with empyema and hemolytic uremic syndrome) beginning 10/27/2003. Still hospitalized in pediatric intensive care unit at the time this form completed

VAERS ID:	**217999**	**Age:**	1.3	**Sex:**	M
Vaccination date:	4/3/2002	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/17/2004			**Entry date:**	3/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	3

SYMPTOMS: ELECTROLYTE DEPLET MENTAL RETARD OVERDOSE PERSON DIS SPEECH DIS

This case was considered medically important (OMIC). Information regarding Prevnar was received from a mother regarding her 3 year old son who experienced developmental delay, described as speech, social and behavioral delay, zinc deficiency, a build up of lead, mercury and various other toxic metals. The pt received the fourth dose on 4/3/02. The mother reported that her son experienced "developmental difficulties, and a build up of lead, mercury, and various other toxic metals, and a zinc deficiency." The

VAERS ID:	**228412**	**Age:**	1.3	**Sex:**	M
Vaccination date:	10/20/2004	**Onset date:**	10/20/2004	**Days later:**	0
Report date:	10/28/2004			**Entry date:**	10/28/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	UNKNOWN MFR	3
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL RASH

ABOUT AN HOUR AFTER MY SON RECIEVED HIB, MMR, AND HIS VARICELLA SHOTS I NOTICED THAT HIS CHIN HAD A RASH ON IT. THE NEXT DAY IT WORSENED AND SPREAD ALONG HIS JAW LINE AND ONTO HIS CHEEKS. HE RECIEVED THESE SHOTS ON 10-20-2004. EIGHT DAYS LATER THIS "VIRAL RASH" HIS PEDIATRICIAN CALLED IT IS NOW ALL OVER HIS BODY.

VAERS ID:	**237330**	**Age:**	1.3	**Sex:**	F
Vaccination date:	5/4/2001	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2005			**Entry date:**	5/13/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	UNKNOWN MFR	2
HIBV	LEDERLE LABORATO	3
MMR	MERCK & CO. INC.	

SYMPTOMS: AUTISM SPEECH DIS

This case was considered medically important (OMIC). Information regarding Hib Titer Vaccine (haemophilus b conjugate vaccine (diphtheria crm 197 protein conjugate) injection) was received from a healthcare professional concerning a 5 year old female pt. The pt received the fourth dose on 04May01. The pt also received the third dose of Hep B vaccine (manf unk) and the first dose of MMR on 04May01. The pt experienced autism at the age of 4. Relevant medical history was not provided. The indication for Hib Ti

VAERS ID:	**245737**	**Age:**	1.3	**Sex:**	M

Vaccination date:	11/10/2004	**Onset date:**	8/1/2005	**Days later:**	264
Report date:	10/19/2005			**Entry date:**	10/20/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	3

SYMPTOMS: MENTAL RETARD

This case was considered medically important (OMIC). Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a consumer regarding a 2 year old male patient who developed developmental problems. At 15 months of age, the patient received the fourth dose on Nov 10 2004. Relevant medical history was not provided. Indication for Prevnar was immunisation. Product was administered on Nov 10 2004. Dose regimen was 1 dose intramuscular. Concomi

VAERS ID:	**259678**	**Age:**	1.3	**Sex:**	F
Vaccination date:	7/6/2006	**Onset date:**	7/7/2006	**Days later:**	1
Report date:	7/14/2006			**Entry date:**	7/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
HIBV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Swelling Urticaria

Patient developed fever, hives ~ 24 hours after vaccines. Treated with Benadryl, improved. Approximately 1 week later, again developed fever increase 103 with swelling right thigh (urticaria).

VAERS ID:	**257019**	**Age:**	1.3	**Sex:**	M
Vaccination date:	9/24/2002	**Onset date:**	9/24/2002	**Days later:**	0
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Viral infection

Information has been received from a health professional concerning a 4 year old white male, with non-remarkable medical history and no allergies, who on 24-SEP-2002 was vaccinated once with a 0.5 ml intramuscular dose of varicella virus vaccine live (640556/0258M. There was no concomitant medication. On 16-DEC-2005 the patient experienced breakthrough varicella covering his trunk and body. Unspecified medical attention was sought. No product quality complaint was involved. No other information was pro

VAERS ID:	256086	Age:	1.3	Sex:	M
Vaccination date:	9/13/2004	Onset date:	9/13/2004	Days later:	0
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash pruritic

Information has been received from a health professional concerning a 23 month old male, with no known medical history and allergies, who on 9/13/2004 was vaccinated with an intramuscular first dose in the right arm of varicella virus vaccine live (lot 0099F). It was reported that on 5/18/2005, at approximately 2:00pm, the patient developed an itchy rash that his mom just noticed today. There were no laboratory or diagnostic tests performed. Additional information is not expected.

VAERS ID:	284299	Age:	1.3	Sex:	F
Vaccination date:	6/18/2007	Onset date:	6/20/2007	Days later:	2
Report date:	7/11/2007			Entry date:	7/11/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0

SYMPTOMS: Blepharospasm Blindness Blood test Chest X-ray Conjunctivitis Convulsion Deafness Dermatitis Electroencephalogram Eye irritation Gaze palsy Hypoxic encephalopathy Microcephaly Muscle twitching Nystagmus Pyrexia Strabismus Urine analysis Vomiting

MMR vaccine was administered on June 18, around 10:30 a.m. On Wed., July 20, patient began having seizures that were visible by eye twitches. She developed a fever that ran between 100.4 to 102 on Friday, June 22, 2007. After repeated phone calls from Wed (6/20)to Saturday (6/23), and one visit to the pediatrician (on 6/21), who said it was not a seizure, I took her to Emergency Room at which time the ER physician said immediately they were certainly seizures. Patient was admitted to Hospital from June 23 until discahrge on July 7, 2007. She was given 5 different meds before the seizures stopped and were no longer occurring. (There was some minor eye irritation on June 19, but we are not sure if that was the same twitching that began on June 20.)

VAERS ID:	283696	Age:	1.3	Sex:	M
Vaccination date:	8/11/2005	Onset date:	1/1/2006	Days later:	143
Report date:	5/30/2007			Entry date:	6/4/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	1

SYMPTOMS: Convulsion Convulsion Electroencephalogram Febrile convulsion Inappropriate schedule of drug administration

Information has been received from a physician concerning a 15 month old male with no known history who on 16-FEB-2005 was vaccinated with a first of MMR II. On 11-AUG-2005 he was vaccinated IM with a second dose of MMR II (lot # 649241/0032R). It was reported that the child experienced 2 convulsions (1 febrile and 1 non febrile) several months after receiving his second dose of vaccine. The child experienced a febrile seizure on 01-JAN-2006 (previously reported as 01-FEB-2006). On 30-MAY-2006 the patient experienced a non febrile seizure. The child was seen by a neurologist and seems to be fine, but the physician feels his present status is uncertain. An EEG was done on an unknown date and results were not reported. The neurologist report was not available. Upon internal review, convulsions were considered to be other important medical events. Additional information has been requested.

VAERS ID:	**306343**	**Age:**	1.3	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/18/2008			**Entry date:**	2/20/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	MERCK & CO. INC.	

SYMPTOMS: Gait disturbance Injection site reaction Local reaction

Information has been received from a physician, via a company representative, concerning a 15 month old male child, who on an unspecified date was vaccinated with a dose of PEDVAXHIB (OMPC) (lot # not reported). Subsequently the child developed a "very bad localized reaction" (details not provided) at the injection site. The physician indicated that the child couldn't walk due to the symptoms. At the time of this report, the outcome of the events was unknown. Additional information has been requested.

VAERS ID:	**208615**	**Age:**	1.3	**Sex:**	M
Vaccination date:	8/27/2003	**Onset date:**	8/27/2003	**Days later:**	0
Report date:	8/29/2003			**Entry date:**	9/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HBHEPB	MERCK & CO. INC.	2

SYMPTOMS: FEVER HYSN INJECT SITE

DTaP given 8/27/03. Fever 101 degrees for 2 days starting several hours after administration. Positive erythema left deltoid at site of administration.

VAERS ID:	**209310**	**Age:**	1.3	**Sex:**	F
Vaccination date:	8/14/2003	**Onset date:**	8/20/2003	**Days later:**	6
Report date:	8/29/2003			**Entry date:**	9/16/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HIBV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATO	3

SYMPTOMS: ANOREXIA DIARRHEA FEVER RASH TWITCH

One week after MMR, my daughter presented with fever (101-102 degrees), diarrhea and lack of appetite that lasted for 5 days. She also had a mild rash on trunk that lasted a day and a twitching of her right eye.

VAERS ID:	219713	Age:	1.3	Sex:	F
Vaccination date:	9/30/2003	Onset date:	10/12/2003	Days later:	12
Report date:	11/18/2003			Entry date:	4/29/2004
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HIBV	LEDERLE LABORATO	
PNC	LEDERLE LABORATO	3

SYMPTOMS: FEVER

Follow up information received provided additional pt and event details and recovery status. Information regarding Prevnar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a 16 month old female pt who experienced a fever. At 15 months of age, the pt received the fourth dose on 09/30/03. The pt also received a dose of Hib-Titer vaccine (haemophilus b conjugate vaccine (diphtheria crm197 protein conjugate) injection) on 09

VAERS ID:	259579	Age:	1.3	Sex:	M
Vaccination date:	7/11/2006	Onset date:	7/12/2006	Days later:	1
Report date:	7/15/2006			Entry date:	7/15/2006
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR, INC.	3
HBHEPB	MERCK & CO. INC.	2
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Irritability Pyrexia Tenderness

Tenderness at injection site and fever (100.6F), child irritable.

VAERS ID:	256599	Age:	1.3	Sex:	M
Vaccination date:	5/3/2006	Onset date:	5/6/2006	Days later:	3
Report date:	5/25/2006			Entry date:	5/25/2006

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPH	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: Conjunctivitis Otitis media Pyrexia Rash

Fever to 103 with Facial rash 3 days after vaccine given. Progressed to evasive conjunctivitis and otitis media.

VAERS ID:	**298358**	**Age:**	1.3	**Sex:**	M
Vaccination date:	11/24/2007	**Onset date:**	11/25/2007	**Days later:**	1
Report date:	11/26/2007			**Entry date:**	11/30/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
FLU	SANOFI PASTEUR	2
HBHEPB	MERCK & CO. INC.	2
PNC	WYETH PHARMACEUTICALS, INC	3

SYMPTOMS: Culture urine Erythema Pyrexia Tenderness Urine analysis

Fever (highest 103) red and tender on both upper arms. Treated with Tylenol, Benadryl.

VAERS ID:	**305564**	**Age:**	1.3	**Sex:**	M
Vaccination date:	1/24/2008	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/4/2008			**Entry date:**	2/25/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Rash Rash vesicular

02/08/08-Called 547 PM - rash - fever secondary to Varivax (vesicular rash).

VAERS ID:	197886	Age:	1.4	Sex:	F
Vaccination date:	1/21/2003	Onset date:	1/29/2003	Days later:	8
Report date:	2/6/2003			Entry date:	2/19/2003
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HEP	MERCK & CO. INC.	2
HIBV	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	1
PNC	LEDERLE LABORATO	3

SYMPTOMS: CONVULS

Immunizations 1/21/03: DTP #4, Hib #2, Prevnar #4, OPV #3, MMR #1, HBV #3. 1/29/03 Seizure with babysitter. Second witnessed 1/29 at ER. By 1/31/03 returned to clinic.

VAERS ID:	205166	Age:	1.4	Sex:	M
Vaccination date:	6/2/2003	Onset date:	6/4/2003	Days later:	2
Report date:	6/12/2003			Entry date:	6/19/2003
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	3
HBHEPB	MERCK & CO. INC.	2
PNC	LEDERLE LABORATO	2

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

Red, swollen left thigh, hot to touch for one day. Placed on PO Keflex 6/4/03. Seen 6/6/03 - cellulitis improving on PO Keflex.

VAERS ID:	214331	Age:	1.4	Sex:	F
Vaccination date:	12/12/2003	Onset date:	12/12/2003	Days later:	0
Report date:	12/15/2003			Entry date:	12/23/2003
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: URTICARIA

09:25: Toddler developed hives starting around injection site, progressing to shoulder and back. To ER, hives developed on legs. No breathing difficulties in clinic or ER. Given Benadryl and steroid shot states mom. Recommended Benadryl Elixir for 2 days if needed follow up with ER physician. Telephone call 12/15/03, no further hives.

VAERS ID:	**227691**	**Age:**	1.4	**Sex:**	F
Vaccination date:	7/27/2004	**Onset date:**	8/3/2004	**Days later:**	7
Report date:	10/5/2004			**Entry date:**	10/13/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPH	AVENTIS PASTEUR,	3
HEP	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	0

SYMPTOMS: FEVER VASODILAT

I have asked the parents to take the original of this form for Doctor to complete 7, 12, 11. By history, the child had a temperature of 105 and redness all over the body No treatment was necessary.

VAERS ID:	**281846**	**Age:**	1.4	**Sex:**	M
Vaccination date:	10/3/1995	**Onset date:**	11/27/2006	**Days later:**	4073
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Skin lesion

Information has been received from a registered nurse concerning a 12 year old male with no medical history or allergies who on 03-OCT-1995 was vaccinated with a first dose in the right arm of Varivax (lot # 608655/0417B). Concomitant therapy vaccination that day included a first dose in the left arm of MMR II (lot # 615839/0885B). There was no illness at the time of vaccination. On 27-NOV-2006 the patient developed a fever of 104 and lesions on face, trunk, and buttocks with a total of 75. Medical attention was sought. No laboratory diagnostic tests were performed. Treatment was symptomatic. Subsequently, the patient recovered. The patient did not experience any adverse events following prior vaccination. There was no product quality complaint involved. Additional information is not expected.

VAERS ID:	**200055**	**Age:**	1.4	**Sex:**	M
Vaccination date:	3/13/2003	**Onset date:**	3/13/2003	**Days later:**	0
Report date:	3/14/2003			**Entry date:**	3/24/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: ALLERG REACT ANAPHYL COUGH INC DYSPHAGIA EDEMA FACE RHINITIS ULCER SKIN URTICARIA VOMIT

After vaccines administered, developed sneezing, coughing, choking, vomiting. In ER, noted to have diffuse urticarial lesions and facial edema. Received Benadryl IV and 2 doses of Secadin. Admitted for observation. Recovered completely.

VAERS ID:	**233731**	**Age:**	1.4	**Sex:**	F
Vaccination date:	1/28/2005	**Onset date:**	2/6/2005	**Days later:**	9
Report date:	2/11/2005			**Entry date:**	2/11/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS FEVER NECK RIGID

Patient vaccinated on 1/28/05 On 2/6/04 developed L thigh cellulitis and high fever with stiff neck. Patient discharged 2/9/05 and readmitted 2/9/05 with rule out ventricular abscess

VAERS ID:	**271441**	**Age:**	1.4	**Sex:**	F
Vaccination date:	1/17/2007	**Onset date:**	1/27/2007	**Days later:**	10
Report date:	1/29/2007			**Entry date:**	1/29/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	3
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Blood creatinine decreased Blood culture negative Blood glucose increased Blood sodium decreased Chest X-ray normal Convulsion Cyanosis Febrile convulsion Full blood count Influenza serology negative Laboratory test normal Opisthotonus Pyrexia Rash Rash papular Tonic clonic movements Virus serology test

10 days after MMRV vaccine administered - fever, rash on trunk and febrile seizure. EMS took child to hospital - labwork and overnight stay for observation

VAERS ID:	**209971**	**Age:**	1.4	**Sex:**	F
Vaccination date:	9/30/2003	**Onset date:**	10/2/2003	**Days later:**	2

Report date:	10/2/2003			**Entry date:**	10/3/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTPHIB	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

Pt came in today 10/2/03 for PPD reading and showed left upper thigh was red, warm and swollen about 4 inches diameter, started last night.

VAERS ID:	**280759**	**Age:**	1.4	**Sex:**	M
Vaccination date:	3/25/1997	**Onset date:**	5/29/2006	**Days later:**	3352
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Varicella

Information has been received from a registered nurse concerning a 10 year old male, with no medical history and no known drug reactions/allergies reported, who on 25-MAR-1997 was vaccinated with only one dose of Varivax. There was no concomitant medication. The nurse reported a breakthrough of chickenpox in child vaccinated on 25-MAR-1997. The original vaccination was not in this office and notes did not indicate a lot #, dose, route of administration. On 29-MAY-2006 the patient contacted the doctor for rash on torso, face, extremities of less than 25 lesions. The physician diagnosed as breakthrough chickenpox. No fever noted and patient left the office not in distress, but will be followed. No product quality complaint was involved. Additional information has been requested

VAERS ID:	**257421**	**Age:**	1.5	**Sex:**	M
Vaccination date:	5/24/1996	**Onset date:**	2/28/2006	**Days later:**	3567
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Nasal congestion Pyrexia Rash Skin ulcer

Information has been received from a health professional concerning a 11 yr old male with cashew and walnut allergies and no other medical history who on 24May96 was vaccinated SC with a 0.5ml dose of varicella virus vaccine live (lot609287/0393B). There was no concomitant medication. On 28Feb06 the pt presented with 28-35 insect bite like lesions on his chest and back. The child also had a low fever and congestion. He was treated with acetaminophen (Tylenol) and household spray starch and applied to the r

VAERS ID:	257288	Age:	1.5	Sex:	M
Vaccination date:	9/14/1995	Onset date:	2/8/2006	Days later:	3800
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Headache Myalgia Rash

Information has been received from a registered nurse concerning an 11 year old male with asthma and no drug reactions/allergies, who on 14 September 1995, was vaccinated subcutaneously with a 0.5 ml dose of varicella virus vaccine live (Oka/Merck) (Lot # 609283/0428B). There was not concomitant medication. On 08 February 2006, the patient experienced a headache and muscle aches. On 09 February 2006, the patient presented to the physician's office with 30 lesions generalized to the neck, arms, head and groi

VAERS ID:	273358	Age:	1.5	Sex:	M
Vaccination date:	8/16/2003	Onset date:	8/1/2004	Days later:	351
Report date:	3/2/2007			Entry date:	3/2/2007
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE BIOLOGICALS	2

SYMPTOMS: Autism Blood heavy metal increased Blood lead increased

This case was reported by a consumer and described the occurrence of autism in a 1-year-old male subject who was vaccinated with Engerix B for prophylaxis. The reporter is the mother of the subject. A physician or other health care professional has not verified this report. On an unspecified date on or after 01 February 2003 and before 03 march 2003, the subject received the 1st dose of hepatitis B vaccine (unspecified Manufacturer). On 03 March 2003, the subject received 2nd dose of Engerix B. On 18 August 2003 the subject received 3rd dose of Engerix B. On an unspecified date in August 2004, approximately one year after vaccination with the 3rd dose of Engerix B, the subject was diagnosed with autism. The consumer reported that, on an unspecified date before 02 March 2007, at an unspecified time following the 3rd dose of Engerix B, bloodwork showed heavy metals, including lead but not mercury. The subject was seen by various doctors. At the time of initial reporting, 03 March 2007, outcome of the heavy metals and lead in the blood was not reported and the autism was ongoing. Autism was assessed as medically serious by manufacturer.

VAERS ID:	271287	Age:	1.5	Sex:	F
Vaccination date:	1/22/2007	Onset date:	1/23/2007	Days later:	1
Report date:	1/25/2007			Entry date:	1/22/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	3

SYMPTOMS: Injection site erythema Injection site induration Injection site swelling

Swollen redness and induration on right lateral thigh extending to the anterior mid thigh.

VAERS ID:	**205818**	**Age:**	1.5	**Sex:**	M
Vaccination date:	6/11/2003	**Onset date:**	6/12/2003	**Days later:**	1
Report date:	6/20/2003			**Entry date:**	7/3/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HIBV	MERCK & CO. INC.	3
PPV	LEDERLE LABORATO	3

SYMPTOMS: REACT UNEVAL

VAERS ID:	**216414**	**Age:**	1.5	**Sex:**	F
Vaccination date:	2/4/2004	**Onset date:**	2/5/2004	**Days later:**	1
Report date:	2/12/2004			**Entry date:**	2/13/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT

Rec'd 18 mo shots DTaP & IPV on 2/4/04. On 2/5 mom noticed increased redness and swelling. On 2/6 it was more red and swollen at injection site. Seen 2/6 diagnosis cellulitis of L arm presumed reaction to DTaP.

VAERS ID:	**234853**	**Age:**	1.5	**Sex:**	F
Vaccination date:	2/28/2005	**Onset date:**	2/28/2005	**Days later:**	0
Report date:	3/4/2005			**Entry date:**	3/11/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3

IPV	AVENTIS PASTEUR,	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER SOMNOLENCE TACHYCARDIA

PC: Mother called rescue squad, fever 102, lethargic, HR204, went to ER, sent home. No fever the following AM. Explained fever was probably from DTaP not MMR.

VAERS ID:	**257754**	**Age:**	1.5	**Sex:**	M
Vaccination date:	2/27/2006	**Onset date:**	2/28/2006	**Days later:**	1
Report date:	5/18/2006			**Entry date:**	5/22/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	2
HIBV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	0

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling

This case was reported by a physician and described the occurrence of injection site cellulitis in a 17 month old male subject who was vaccinated with Infanrix for prophylaxis. On 2/27/06, the subject received 3rd dose of Infanrix in the left quadriceps muscle (lot AC14B021AA). On 2/27/06, the subject also received injections of ActHib (lot VE785AA), in the left thigh and MMRII (lot 0826R), in the left arm. On 2/28/06, 1 day after vaccination with Infanrix, the subject experienced injection site cellulitis,

VAERS ID:	**256839**	**Age:**	1.5	**Sex:**	F
Vaccination date:	3/22/2005	**Onset date:**	10/17/2005	**Days later:**	209
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Skin ulcer

Information has been received from a registered nurse (RN) concerning a 24 month old Filipino female with no medical history who on 22-MAR-2005 was vaccinated subcutaneously with her first dose of varicella virus vaccine live (Oka/Merck) (649846/0767P. Concomitant vaccination given on same day included her first dose of measles-mumps-rubella vaccine given subcutaneously (MSD) (648661/0616P). There was no illness at the time of vaccination. On 17-OCT-2005 the patient developed 7-10 lesions on trunk and was s

VAERS ID:	**253731**	**Age:**	1.5	**Sex:**	M
Vaccination date:	3/27/2006	**Onset date:**	3/28/2006	**Days later:**	1
Report date:	3/31/2006			**Entry date:**	4/5/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	3
IPV	AVENTIS PASTEUR, INC.	2

SYMPTOMS: Cellulitis Injection site hypersensitivity

Rec'd DTap and Ipol in left arm in 3/27/2006 woke 3/28/2006 with some redness. Worsen by 3/29/2006 came in for office visit DX with left are cellulitis immunizations.

VAERS ID:	**292459**	**Age:**	1.5	**Sex:**	M
Vaccination date:	9/25/2007	**Onset date:**	9/26/2007	**Days later:**	1
Report date:	10/1/2007			**Entry date:**	10/8/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
HEPA	MERCK & CO. INC.	1
IPV	SANOFI PASTEUR	2

SYMPTOMS: Cellulitis Erythema Inflammation Local reaction Oedema peripheral

On 9/25/07 patient received vaccines listed below - on 9/26/07 patient returned to office c/o mild inflammation erythema - dx with localized rxn - supportive tx - on 9/27 patient returned to office with swelling spreading down left arm - dx with cellulitis due to shot rxn - tx with Duricef.

VAERS ID:	**275874**	**Age:**	1.5	**Sex:**	M
Vaccination date:	12/26/2006	**Onset date:**	1/4/2007	**Days later:**	9
Report date:	4/4/2007			**Entry date:**	4/9/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Body temperature Rash erythematous Rash papular Rash pruritic

Information has been received from a physician concerning an 15 month old Hispanic male (also reported as female) who on 26, Dec 2006 at 2:50 pm was vaccinated subcutaenously with his first dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella virus vaccine live (Oka/Merck upgrade process) (lot# 655142/0974F). concomitant therapy included tuberculin purified protein derivative (manufacturer not specified). On 04, Jan 2007, the patient experienced and itchy rash all over his face and other body parts. Treatment with diphenbydramine (BENADRYL) was prescribed. A follow -up visit was scheduled for the next week. No further information to report. there was no product quality complaint involved. follow up information was received from a doctor indicating that on 04, Jan 2007, the patient woke up with a arythematous, itchy, papular rash which was generalized and also affected the face. There was no difficulty breathing; the patient was afebrile and playful. No laboratory or diagnostic studies were performed. The outcome was reported as recovered. No additional information is expected.

VAERS ID:	**274530**	**Age:**	1.5	**Sex:**	M
Vaccination date:	3/13/2007	**Onset date:**	3/14/2007	**Days later:**	1
Report date:	3/19/2007			**Entry date:**	3/22/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	3
IPV	AVENTIS PASTEUR	2

SYMPTOMS: Body temperature increased Cellulitis Erythema

Had 18 month boosters 3/13/07. On the evening of 3/14/07, red arm, low grade temp seen office diagnosed with cellulitis. Keflex 125/5 TID x 10 C

VAERS ID:	**254106**	**Age:**	1.5	**Sex:**	F
Vaccination date:	3/23/2006	**Onset date:**	3/23/2006	**Days later:**	0
Report date:	3/24/2006			**Entry date:**	4/14/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3

SYMPTOMS: Convulsion Electroencephalogram abnormal Laboratory test abnormal Muscle twitching Pallor Sinusitis

Twitching of one side of the face pale and lasted for about 3 minutes according to the mother.

VAERS ID:	**220669**	**Age:**	1.5	**Sex:**	F
Vaccination date:	5/7/2004	**Onset date:**	5/14/2004	**Days later:**	7
Report date:	5/18/2004			**Entry date:**	5/18/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	GLAXOSMITHKLINE	

SYMPTOMS: FEVER INSOMNIA PAIN PERSON DIS

Vaccination was given on Friday - May 7th. Started having 104.5 fevers on Friday - May 14th and continued through Monday - May 17th (fever broke on this eveing @ 8:00 PM). Behavior changes started on Monday - May 10th and have continued to this date - not sleeping, possibly in pain - waking all night every night, especially noticeable since fevers started on Friday - May 14th. No other vaccinations were given on this date. I have been giving my children 1 vaccination a month.

VAERS ID:	**250981**	**Age:**	1.5	**Sex:**	F
Vaccination date:	1/25/2001	**Onset date:**	1/20/2006	**Days later:**	1821
Report date:	1/27/2006			**Entry date:**	1/30/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATORIES	

SYMPTOMS: Anorexia Asthma Drug ineffective Fatigue Heart disease congenital Hypersensitivity Meningitis Nausea Neck pain Nuchal rigidity Pneumonia Pyrexia Vomiting

Pneumococcal Meningitis.

VAERS ID:	**199776**	**Age:**	1.5	**Sex:**	F
Vaccination date:	3/4/2003	**Onset date:**	3/5/2003	**Days later:**	1
Report date:	3/10/2003			**Entry date:**	3/18/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PRURITUS

18 month old female with swelling, erythema and pruritus of right thigh, 1 day after administration of Prevnar. Seen in clinic 2 days after vaccine. No fever, no pain and no difficulty ambulating. Rx given for Benadryl. Seen the next day and pt's right thigh with less swelling and less erythema.

VAERS ID:	**227162**	**Age:**	1.5	**Sex:**	M
Vaccination date:	4/26/2004	**Onset date:**	4/27/2004	**Days later:**	1
Report date:	9/23/2004			**Entry date:**	9/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HEP	SMITHKLINE BEECH	2
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: FEVER OTITIS MED

The day after the vaccines were given the child developed a fever between 103-105F. The child continued to have fever for 8 days, but on 5/3/04 was diagnosed with otitis media.

VAERS ID:	**270937**	**Age:**	1.5	**Sex:**	M
Vaccination date:	1/8/2007	**Onset date:**	1/8/2007	**Days later:**	0
Report date:	1/12/2007			**Entry date:**	1/22/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	3
HEPA	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR	2

SYMPTOMS: Injection site erythema Injection site oedema Injection site warmth Pyrexia

Pt presented 01/10/07 with L arm red and slightly swollen. Per mom, L arm was red, swollen, hot to touch am of 1/9 child was awake night of 1/8 with fever. Swelling was receding. Amoxicillin was prescribed.

VAERS ID:	**300917**	**Age:**	1.6	**Sex:**	M
Vaccination date:	11/10/2007	**Onset date:**	11/27/2007	**Days later:**	17
Report date:	12/21/2007			**Entry date:**	12/26/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	MERCK & CO. INC.	

SYMPTOMS: Blood culture negative C-reactive protein increased Chest X-ray normal Haematocrit decreased Haemoglobin decreased Irritability Lymphocyte percentage decreased Musculoskeletal stiffness Neutrophil percentage increased Otitis media Pyrexia Rash generalised White blood cell count X-ray X-ray normal

Information has been received from the father of a 19 month old male with no medical history and no known allergies who on 10-NOV-2007 was vaccinated with a dose of PedvaxHIB (Lot# 656519/0259U). On 27-NOV-2007, 17 days post vaccination the patient experienced a stiff neck, high fever and developed rashes all over his body. The patient was admitted to the hospital for one day but the physicians did not determine what caused the sickness. On 28-NOV-2007 the patient was discharged from the hospital. At the time of this report, the patient was recovering. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**196618**	**Age:**	1.6	**Sex:**	F
Vaccination date:	8/30/2002	**Onset date:**	9/9/2003	**Days later:**	375
Report date:	1/16/2003			**Entry date:**	1/22/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HIBV	LEDERLE LABORATO	
MMR	MERCK & CO. INC.	0

SYMPTOMS: FEBRILE SEIZURE PHARYNGITIS

15 month old with history of febrile seizures was noted to have seizure lasting 30 seconds to 1 minute. Seen and examined. Throat slightly red; rapid strep - negative. Child diagnosed with febrile seizure 2 hours to MMR (questionable). Exam normal.

VAERS ID:	198743	Age:	1.6	Sex:	M
Vaccination date:	2/24/2003	Onset date:	2/24/2003	Days later:	0
Report date:	2/25/2003			Entry date:	3/4/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	
HIBV	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	3

SYMPTOMS: AGITATION ANOREXIA FEVER TREMOR

Approximately 1 hr after vaccine administered, child became fussy and whiny, had no appetite. T of 100 degrees F noted 7 hrs after vaccine. Nine hours after vaccine child began to shake "like spasms" or writhed 3 times. He was taken to the ER, evaluated and sent home. He remained listless until the ??

VAERS ID:	217944	Age:	1.6	Sex:	M
Vaccination date:	3/11/2004	Onset date:	3/11/2004	Days later:	0
Report date:	3/11/2004			Entry date:	3/19/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2
HBHEPB	MERCK & CO. INC.	0
MMR	MERCK & CO. INC.	0

SYMPTOMS: URTICARIA

Pt got vaccine in AM. Dad called around 15:00, stated pt was covered in hives, lips pink, no respiratory distress. Told to give Benadryl and go to local ER.

VAERS ID:	221705	Age:	1.6	Sex:	M
Vaccination date:	7/15/2003	Onset date:	7/17/2003	Days later:	2

Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
HEPA	GLAXOSMITHKLINE	
IPV	AVENTIS PASTEUR,	

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse and described the occurrence of injection site cellulitis in an 18 month old male pt who received DTAP (Infanrix) for prophylaxis. On 07/15/03 the pt received the 4th dose of Infanrix (Lot# DTPA596A2) in the left leg. On the same date, he also received injections of hepatitis A vaccine inactivated (Havrix) in the left leg and IPV at an unspecified site. Havrix is not recommended for immunizing individuals less than 2 years of age. On 07/17/03, two days post-immunization, th

VAERS ID:	**225149**	**Age:**	1.6	**Sex:**	M
Vaccination date:	8/6/2004	**Onset date:**	8/6/2004	**Days later:**	0
Report date:	8/6/2004			**Entry date:**	8/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: CONVULS FEVER

Brief, tonic clonic activity commenced approx 3 hrs after administration of vaccines. Seizure was preceded by a fever of at least 102.4, which began about one hour after vaccine given. The child was not post-ictal, and was in good health on re-evaluation, about one hour after the seizure.

VAERS ID:	**275891**	**Age:**	1.6	**Sex:**	M
Vaccination date:	2/5/2007	**Onset date:**	2/13/2007	**Days later:**	8
Report date:	4/4/2007			**Entry date:**	4/9/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Body temperature increased Culture urine negative Decreased appetite Fatigue Irritability Pyrexia Urine analysis normal

Information has been received from a health professional concerning a 12 and half month old Caucasian male with no medical history or allergies who on o5, Feb 2007 at 9:00 am was vaccinated subcutaneously in the right arm with a first dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (+) varicella virus vaccine live (Oka/Merck upgrade process) (lot# 656444/1529F). Concomitant therapy included vitamins (unspecified). On 13, Feb 2007 the patient experienced fever of 99 F to 104 F for two days, decreased appetite, fatigue for three days and irritability. On 15, Feb 2007 the patient experienced fever of 99 F to

101 F while in the office for an acute visit. There were no illness at time of vaccination. The patient recovered on 16, Feb 2007. Additional information has been requested.

VAERS ID:	**304942**	**Age:**	1.6	**Sex:**	M
Vaccination date:	2/8/2008	**Onset date:**	2/9/2008	**Days later:**	1
Report date:	2/14/2008			**Entry date:**	2/14/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
IPV	SANOFI PASTEUR	2

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling Local reaction

Recieved DtaP and IPV on 2/8/08. Wkoe up 2/9/08 with red, swollen left arm. Seen in our office and diagnosed with vaccine local reaction vs. cellulitis. Treated wih Augmentin.

VAERS ID:	**236922**	**Age:**	1.6	**Sex:**	F
Vaccination date:	4/19/2005	**Onset date:**	4/19/2005	**Days later:**	0
Report date:	4/27/2005			**Entry date:**	5/4/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
PNC	LEDERLE LABORATO	3

SYMPTOMS: CONVULS FEVER LEUKOCYTOSIS

High fever up to 105 around 6 PM. Generalized tonic/clonic seizure about 9:30 PM same day lasting for few minutes about 5 minutes.

VAERS ID:	**203779**	**Age:**	1.6	**Sex:**	F
Vaccination date:	5/28/2002	**Onset date:**	5/28/2002	**Days later:**	0
Report date:	5/14/2003			**Entry date:**	5/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
IPV	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE
A nurse reported the occurrence of an injection site reaction in an 18-month-old female who received diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix). The medical history and concurrent medications were not specified. On 05/28/2002, the vaccinee received her fourth injection of Infanrix (lot DTPA542A2; expiration date 09/24/2003). On the same date, she also received an injection of inactivated poliomyelitis virus vaccine (IPOL) in the opposite arm. That evening, she beg

VAERS ID:	**203784**	**Age:**	1.6	**Sex:**	M
Vaccination date:	5/28/2002	**Onset date:**	5/28/2002	**Days later:**	0
Report date:	5/14/2003			**Entry date:**	5/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
IPV	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE
A nurse reported the occurrence of an injection site reaction in an 18-month-old male who received diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix). The medical history, concurrent conditions, and concurrent medications were not specified. On 05/28/2002, the vaccinee received his fourth injection of Infanrix (lot DTPA542A2; expiration date 09/24/2003). On the same date, he also received an injection of inactivated poliomyelitis virus vaccine (IPOL) into the opposite arm.

VAERS ID:	**233114**	**Age:**	1.6	**Sex:**	F
Vaccination date:	1/20/2005	**Onset date:**	1/28/2005	**Days later:**	8
Report date:	1/31/2005			**Entry date:**	1/31/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: HYSN INJECT SITE
Injection site with vesicles redness since 1/28/05.

VAERS ID:	**241723**	**Age:**	1.6	**Sex:**	F
Vaccination date:	7/21/2005	**Onset date:**	7/21/2005	**Days later:**	0
Report date:	7/25/2005			**Entry date:**	7/25/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION ANOREXIA FEVER URTICARIA
High fever 12 hours after receiving injection. Last 24 hours pt crying uncontrollable. Developed hives and loss of appetite.

VAERS ID:	**257049**	**Age:**	1.6	**Sex:**	M
Vaccination date:	6/8/1996	**Onset date:**	12/22/2005	**Days later:**	3484
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Infection
Info has been received from a health professional concerning an 11 year old male with no allergies or medical conditions who on 6/6/98 was vaccinated, SC in the right arm with a 1st dose of varicella virus vaccine live (lot 617072/1661B). There was no illness at the time of vaccination. On 12/22/05, the pt experienced a rash on the face. The rash progressed and the child was seen in the office on 12/23/05. The dx was post Varivax varicella. No labs were done. Outcome was not reported. Additional info has be

VAERS ID:	**235203**	**Age:**	1.7	**Sex:**	M
Vaccination date:	9/21/2004	**Onset date:**	9/22/2004	**Days later:**	1
Report date:	1/7/2005			**Entry date:**	3/21/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA MASS INJECT SITE
From initial information recieved on 10/01/2004 from a registered nurse regarding an adverse event occurring in the USA, it was reported that a 20 month old male patient received a dose of Daptacel, lot number C1663AA, administered in the left leg on 09/21/2004 at 9:30 am. Route of administration was not reported. The following day, the patient develoeped a lumb under skin at hte site of injection measuring approximately five to six millimeters in diameter with secondary inflammatory reaction. The patient w

VAERS ID:	**248154**	**Age:**	1.7	**Sex:**	M
Vaccination date:	11/21/2005	**Onset date:**	11/21/2005	**Days later:**	0
Report date:	11/25/2005			**Entry date:**	11/28/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
FLU	AVENTIS PASTEUR,	0

HBHEPB	MERCK & CO. INC.	2
PNC	LEDERLE LABORATO	1

SYMPTOMS: FEVER HYSN INJECT SITE SYNCOPE

Child experienced fever, passed out. Mother took her to ER. Child's temp in ER was 104.8. Redness at site on right arm

VAERS ID:	**197951**	**Age:**	1.7	**Sex:**	F
Vaccination date:	2/5/2003	**Onset date:**	2/6/2003	**Days later:**	1
Report date:	2/7/2003			**Entry date:**	2/20/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: ASTHENIA ATAXIA VOMIT

Next morning child developed vomiting, weakness and ataxia.

VAERS ID:	**259733**	**Age:**	1.7	**Sex:**	M
Vaccination date:	7/14/2006	**Onset date:**	7/14/2006	**Days later:**	0
Report date:	7/18/2006			**Entry date:**	7/19/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	3
HBHEPB	MERCK & CO. INC.	1
PNC	LEDERLE LABORATORIES	2

SYMPTOMS: Convulsion Febrile convulsion Hypoxia Laboratory test abnormal Respiratory failure

This child had his vaccines given on 7/14/06 at end of morning session about 12 noon. Mom noted that later on that night the child developed 2 seizure. He was taken to ER where the seizure lasted 30 minutes. He was given valium supp and required O2 bagging secondary to resp failure which occurred after valium dose. He was admitted to hosp by 5AM. He was seen by neurology who felt seizure was due to Dtap vaccine and recommended child not receive pertussis in vaccine any more.

VAERS ID:	**261216**	**Age:**	1.7	**Sex:**	F
Vaccination date:	7/24/2006	**Onset date:**	8/1/2006	**Days later:**	8
Report date:	8/7/2006			**Entry date:**	8/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Rash

Fever, Rash

VAERS ID:	**303883**	**Age:**	1.7	**Sex:**	M
Vaccination date:	1/11/2008	**Onset date:**	1/12/2008	**Days later:**	1
Report date:	1/18/2008			**Entry date:**	1/29/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
MMR	MERCK & CO. INC.	0

SYMPTOMS: Diarrhoea Dyskinesia Pyrexia

-fever to 104 x 4 days, diarrhea x 1 involuntary jerky movement of arm-Treatment

VAERS ID:	**206914**	**Age:**	1.8	**Sex:**	F
Vaccination date:	7/22/2003	**Onset date:**	7/23/2003	**Days later:**	1
Report date:	7/26/2003			**Entry date:**	8/1/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3

SYMPTOMS: FEVER HYSN INJECT SITE RASH

Temp-100 degrees. Rash upper left arm. Red area 6 x 5 cm.

VAERS ID:	**217392**	**Age:**	1.8	**Sex:**	F
Vaccination date:	2/19/2004	**Onset date:**	2/27/2004	**Days later:**	8
Report date:	3/7/2004			**Entry date:**	3/7/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DT	UNKNOWN MFR	1
MMR	UNKNOWN MFR	0

SYMPTOMS: CHILLS CYANOSIS DIZZINESS FEVER INFECT LEUKOCYTOSIS MALAISE STUPOR TACHYCARDIA URTICARIA

ONE WEEK AFTER VACCINATION, FEVER OF 103.4, NEXT DAY FEVER CONTINUED AT 102.7, THEN CHILLS BEGAN. FEVER HAS CONTINUED ALONG WITH LISTNESSNESS, CHILLS, SHIVERING, HIVES, LACK OF RESPONSE TO STIMULATION, DIZZINESS, LOST COLOR IN FACE - LIPS TURNED BLUE/PURPLE. WE HAVE BEEN IN AND OUT OF THE EMERGENCY ROOM FOR DAYS WITH EXTREME CHILLS, HIGH FEVERS,

VAERS ID:	**227032**	**Age:**	1.8	**Sex:**	F
Vaccination date:	9/14/2004	**Onset date:**	9/16/2004	**Days later:**	2
Report date:	9/21/2004			**Entry date:**	9/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

Received DTaP and Varivax approximately 9:30 am 9/14/04. Mom called office approximately 11AM 9/17/04 with swelling, redness and warmth at injection site. Evaluated here and placed on Augmentin for cellulitis.

VAERS ID:	**266459**	**Age:**	1.8	**Sex:**	F
Vaccination date:	11/8/2006	**Onset date:**	11/9/2006	**Days later:**	1
Report date:	11/9/2006			**Entry date:**	11/9/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	2

SYMPTOMS: Febrile convulsion Febrile convulsion

Fever Tm104.9 today; generalized tonic-clonic seizure lasting <5minutes; ended spontaneously; seen in emergency room and discharged home

VAERS ID:	**271618**	**Age:**	1.8	**Sex:**	F
Vaccination date:	1/25/2007	**Onset date:**	1/26/2007	**Days later:**	1
Report date:	2/1/2007			**Entry date:**	2/1/2007

Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
UNK	UNKNOWN MANUFACTURER	1

SYMPTOMS: Ear infection Febrile convulsion Pyrexia

Thursday Jan 25 had a pneumococcal vaccine around 6pm. By 1pm next day had developed a high fever (102.6). By 2:15pm started to have a febrile seizure. Lasted about a couple of minutes. Was rushed to ER by ambulance. Checked out at hospital to find the beginnings of an ear infection. The beginnings of the ear infection and the immunization together may have caused a high fever then caused the febrile seizure. Was discharged from ER 8:30pm Friday night. Not admitted to hospital.

VAERS ID:	**203828**	**Age:**	1.8	**Sex:**	M
Vaccination date:	9/12/2002	**Onset date:**	9/13/2002	**Days later:**	1
Report date:	5/14/2003			**Entry date:**	5/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3

SYMPTOMS: EDEMA INJECT SITE FEVER HYSN INJECT SITE

This report describes the occurrence of an injection site reaction in a 20-month-old male who was vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix) for prophylaxis. This report was received from the patient's mother and has not been verified by an physician or other health care professional. The subject had no relevant medical history or concurrent conditions. He received no concurrent medications. He experienced no adverse effects following previous immu

VAERS ID:	**221176**	**Age:**	1.9	**Sex:**	F
Vaccination date:	10/8/2002	**Onset date:**	9/11/2003	**Days later:**	338
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: COUGH INC RASH RASH VESIC BULL SINUSITIS VULVOVAGINAL DIS

Information has been received from a registered nurse concerning a 23 month old Caucasian female patient with no allergies an no past medical history who on 08OCT2002 was vaccinated subcutaneously in the left arm with a first dose of varicella virus vaccine live. Concomitant vaccination on 08OCT2003 included a first subcutaneous dose in the right arm of measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live. There was no illness at the time of vaccination. On 07OCT2003, the pt de

VAERS ID:	**237492**	**Age:**	1.9	**Sex:**	M
Vaccination date:	5/11/2005	**Onset date:**	5/12/2005	**Days later:**	1
Report date:	5/13/2005			**Entry date:**	5/18/2005

Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3

SYMPTOMS: FEVER HYSN INJECT SITE MASS INJECT SITE

Large local reaction in left thigh (7x7cm) with induration and erythema within 24 hrs of injection. Mom also states child had fever.

VAERS ID:	**291248**	**Age:**	1.9	**Sex:**	M
Vaccination date:	9/5/2007	**Onset date:**	9/6/2007	**Days later:**	1
Report date:	9/13/2007			**Entry date:**	9/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
HIBV	SANOFI PASTEUR	3
IPV	SANOFI PASTEUR	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Erythema multiforme Urticaria

Erythema multiforme/urticaria reaction. Treated with Benadryl syrup and Zyrtec. 9/13/07 10 PM Worsened and needed re-eval in ER.

VAERS ID:	**197760**	**Age:**	2	**Sex:**	F
Vaccination date:	10/1/1997	**Onset date:**	10/1/1997	**Days later:**	0
Report date:	2/7/2003			**Entry date:**	2/14/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: AUTISM FEVER

Information has been received from a consumer concerning a 24 month old female patient with no known allergies who in approximately 10/97 was vaccinated with a dose of MMR (second generation) (lot number not reported). There were no concomitant medications. In approximately 10/97, the patient experienced a high fever for 2 days after being given the vaccine. Subsequently, the patient developed autism. Unspecified medical attention was sought. Upon internal review, autism was determined to be an other import

VAERS ID:	**203854**	**Age:**	2	**Sex:**	M

Vaccination date:	11/12/2002	**Onset date:**	11/12/2002	**Days later:**	0
Report date:	5/14/2003			**Entry date:**	5/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
PNC	LEDERLE LABORATO	

SYMPTOMS: FEVER

A pharmacist reported the occurrence of fever in a 24-month-old male who was vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix) for prophylaxia. Additional information was received from the pt's father. The pt's medical history included fever after an unspecified immunization administered at 1 year of age. Concurrent conditions and concurrent medications were not specified. The pt received injections of Infanrix on 01/09/2001, 03/16/2001, 05/17/2001 and 04/18/

VAERS ID:	**215656**	**Age:**	2	**Sex:**	M
Vaccination date:	1/10/2004	**Onset date:**	1/11/2004	**Days later:**	1
Report date:	1/12/2004			**Entry date:**	1/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	2

SYMPTOMS: EDEMA PERIPH PAIN VASODILAT

R thigh hardened, red, swollen, hot, painful to touch-from hip to just above knee.

VAERS ID:	**226577**	**Age:**	2	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	10/1/2000	**Days later:**	
Report date:	9/7/2004			**Entry date:**	9/14/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: AUTISM

Information has been recieved from a mother her 2 year old son who at the age of 3 months had all kinds of problems and was hospitalized for a respiratory infection, RSV, pneumonia and developed asthma which was treated with inhaled steroids. At 9 months of age, the patient experience d8 seizures in 15 hours and was hospitalized. Treatment at that time included Phenobarbital for 7 months. Subsequently the patient was palced on divalproex sodium. The patient received a dose of MMR (dosage and date not specif

VAERS ID:	**281312**	**Age:**	2	**Sex:**	F

Vaccination date:	9/20/2000	**Onset date:**	9/5/2006	**Days later:**	2176
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Anorexia Body temperature increased Fatigue Pyrexia Rash papular Rash vesicular Varicella

Information has been received from a physician concerning his 7 year old granddaughter who has no known allergies or pertinent medical history who on 20-SEP-2000 was vaccinated with a dose of Varivax. There was no concomitant medication. On 05-SEP-2006 the patient developed a breakthrough case of chickenpox. The rash was described by the patient's mother as 8 pox with progressed from papular to vesicular. It was reported that the patient also had a low grade fever of 99.2, was tired and lost her appetite. It was reported that the patient did not see a physician, though bother her father and grandfather are physician's, and that she did not receive any medication. At the time of the report the patient had not recovered. There was no product quality complaint involved. The patient's sister (WAES # 0609USA00942) had a similar experience following vaccination with Varivax. Additional information from the nurse indicated that there is no further information available

VAERS ID:	**196243**	**Age:**	2	**Sex:**	F
Vaccination date:	11/25/2002	**Onset date:**	12/16/2002	**Days later:**	21
Report date:	1/9/2003			**Entry date:**	1/15/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECH	3
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: AGITATION ARTHRALGIA DIARRHEA MYALGIA RASH

Arthralgias, pruritic lesions x3, scalp, finger, temporal region left side, Tylenol for discomfort. Other symptoms, crying, achy, diarrhea, no temperature.

VAERS ID:	**223174**	**Age:**	2	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/28/2004			**Entry date:**	6/22/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: RASH

Information has been received from a physician concerning a 2 year old female with egg allergy who was allergy skin tested with measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live and diluent. There was no concomitant medication. Subsequently, the patient experienced a local skin reactivity. Testing was being conducted to see if the patient could be vaccinated with measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live. the local reaction occurred a

VAERS ID:	**227799**	**Age:**	2	**Sex:**	F
Vaccination date:	10/9/2004	**Onset date:**	10/10/2004	**Days later:**	1
Report date:	10/12/2004			**Entry date:**	10/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose: 3

SYMPTOMS: PAIN VASODILAT

5x4 cm area redness, warmth and tenderness. Started Sunday 10/10 (received vaccine 10/9). Seen by PMD 10/11/2004. Treated with Keflex.

VAERS ID:	**237924**	**Age:**	2	**Sex:**	F
Vaccination date:	8/15/1997	**Onset date:**	4/30/2004	**Days later:**	2450
Report date:	5/16/2005			**Entry date:**	5/24/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: RASH MAC PAP

Information has been received from a registered nurse concerning an 8 year old healthy female with no known allergies and no past medical history who on 08/15/1997 was vaccinated subcutaneously in the right arm with a first dose of varicella virus vaccine live (Oka/Merck) (lot#622750/0545E). There was no illness at the time of vaccination. On 04/30/2004 the patient presented with 20-25 "insect like bites" on her neck, back, chest, and upper extremities. The patient was afebrile. The patient was treated

VAERS ID:	**257131**	**Age:**	2	**Sex:**	M
Vaccination date:	9/25/2002	**Onset date:**	1/8/2006	**Days later:**	1201
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Drug ineffective Infection Pruritus Pyrexia

Info has been received from an RN concerning a 5 year old white male with no allergies or medical history who on 9/26/02 was vaccinated with a dose of varicella virus vaccine live (lot 643121/0548M). There was no concomitant medication. It was noted that the child was well at the time of vaccination. On 1/9/06, the pt presented to the office with a rash on the neck and back. There were 10 lesions on the nape of the neck and 2 lesions on the back with a complaint of itching. The pt's temperature in the offic

VAERS ID:	**293251**	**Age:**	2	**Sex:**	F
Vaccination date:	10/12/2007	**Onset date:**	10/13/2007	**Days later:**	1
Report date:	10/16/2007			**Entry date:**	10/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
IPV	SANOFI PASTEUR	2

SYMPTOMS: Cellulitis Erythema Oedema peripheral

Seen on 10/12/07 in our office for nurse only visit for Dtap & Ipol. Mom called 10/13/07 with arm red, tight and swollen. Refferd to ED (after hours) Diagnosed with cellulitis.

VAERS ID:	**292293**	**Age:**	2	**Sex:**	F
Vaccination date:	9/24/2007	**Onset date:**	9/25/2007	**Days later:**	1
Report date:	10/1/2007			**Entry date:**	10/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	3
IPV	SANOFI PASTEUR	2

SYMPTOMS: Cellulitis Erythema Oedema peripheral Skin warm

Received vaccines 9/24/07 - returned to office 9/26/07 right thigh, + swelling, red, hot to touch - diagnose with cellulitis secondary to shot reaction - treatment with Dunicef 250/5.

VAERS ID:	**281011**	**Age:**	2	**Sex:**	M
Vaccination date:	1/25/1999	**Onset date:**	7/17/2006	**Days later:**	2730
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Nasopharyngitis Varicella

Information has been received from a registered nurse concerning a 9 year old male with no known allergies or past medical history who on 25-JAN-1999 was vaccinated SC in the left arm with a first dose of Varivax (lot# 627333/1244H). There was no illness at the time of vaccination. On 17-JUL-2006 the patient developed modified chicken pox, with vesicles and papules on his chest and abdomen, and cold symptoms. Unspecified medical attention was sought. The symptoms were treated with BENADRYL and AVEENO. The patient recovered. There was no product quality complaint involved. The patient had no adverse events following prior vaccination. Additional information is not expected.

VAERS ID:	**281009**	**Age:**	2	**Sex:**	F
Vaccination date:	8/25/1999	**Onset date:**	7/8/2006	**Days later:**	2509
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash papular Rash vesicular

Information has been received from a registered nurse (R.N.) concerning a 9-year-old Asian female with no pre-existing allergies, birth defects or medical conditions who on 25-AUG-2999 was vaccinated subcutaneously in the left arm with a first dose of Varivax (lot # 631073/0450J). There was no concomitant medication. There was no illness at the time of vaccination. On 08-JUL-2006 the patient was seen in the physicians office by a pediatric nurse practitioner with a 10 day rash, a few spots on her abdomen and arms, vesicles and papules at various stages. She was treated with BENADRYL and AVEENO BATH. There were no diagnostic or laboratory tests performed. The patient recovered. Additional information is not available.

VAERS ID:	**280818**	**Age:**	2	**Sex:**	F
Vaccination date:	2/12/1997	**Onset date:**	6/20/2006	**Days later:**	3415
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Varicella

Information has been received from a health professional concerning an 11 year old female with a history of a "reaction" to AMOXIL, who on 12-FEB-1997 was vaccinated with a dose of Varivax. On 20-JUN-2006 the patient developed chicken pox and had "20-25 lesions) on her neck, shoulders, chest and legs. No fever or itching was noted. Unspecified medical attention was sought. There was no product quality complaint involved. Additional information from the registered nurse indicated that the patient had recovered. No additional information was available. The vaccination was not given at that office. No further information is expected.

VAERS ID:	**276287**	**Age:**	2	**Sex:**	M
Vaccination date:	4/13/2007	**Onset date:**	4/13/2007	**Days later:**	0
Report date:	4/14/2007			**Entry date:**	4/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	3
IPV	AVENTIS PASTEUR	

SYMPTOMS: Cellulitis Erythema Hypersensitivity Skin warm Swelling

Local swelling, redness, warmth of arm started several hours after injection - swelling of upper arm, elbow, proximal forearm. Seen in ER - dx with cellulitis vs. allergic rxn and treated with keflex and orapred

VAERS ID:	271643	Age:	2	Sex:	F
Vaccination date:	12/12/2005	Onset date:	12/12/2005	Days later:	0
Report date:	1/29/2007			Entry date:	2/2/2007
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MEA	MERCK & CO. INC.	0

SYMPTOMS: Pallor Skin discolouration Skin lesion

Information has been received from a consumer her 24-month-old daughter with no allergies or medical history who on 12-Dec-2005 was vaccinated SC in the left thigh with a first dose of measles virus vaccine live (lot#647584/1146P). There was no concomitant medication. Illness at the time of vaccination with 12 to 10 lesions on her torso. The lesions were pink and were turning pale. The patient's mother called her daughter's physician. No diagnostic laboratory tests were performed. At the time of the report, the patient was recovering. A product quality complaint was not involved. Follow-up information was received from a physician's office which indicated that on 12-Dec-2005, the patient had a rash on her torso and groin. She subsequently recovered. The patient had no adverse events following prior vaccination. No further information is expected.

VAERS ID:	206236	Age:	2	Sex:	M
Vaccination date:	7/12/2003	Onset date:	7/12/2003	Days later:	0
Report date:	7/15/2003			Entry date:	7/16/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
PNC	LEDERLE LABORATO	3

SYMPTOMS: FEVER RASH RASH MAC PAP

Erythematous pleomorphic generalized macular rash and fever. Admitted and given steroids and anti-histamines.

VAERS ID:	217808	Age:	2	Sex:	M
Vaccination date:	2/17/2004	Onset date:	2/27/2004	Days later:	10
Report date:	3/11/2004			Entry date:	3/16/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes

ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CONVULS FEVER OTITIS MED

Had MMR, Varicella vaccines 2/17/04. Developed fever 2/24/04 (7 days later). Seizure activity onset 2/27/04 with fever and questionable acute otitis media (not examined by doctor; was away on vacation).

VAERS ID:	**233077**	**Age:**	2	**Sex:**	M
Vaccination date:	1/18/2005	**Onset date:**	1/19/2005	**Days later:**	1
Report date:	1/27/2005			**Entry date:**	1/31/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
HEP	MERCK & CO. INC.	
HIBV	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS EDEMA INJECT SITE LAB TEST ABNORM

Seen in our office 1/18/05. Received DTaP, HIB, IPV in left thigh. Mom brought back to office 1/20/05 for increasing swelling in left thigh. Admitted to hospital for cellulitis.

VAERS ID:	**254786**	**Age:**	2	**Sex:**	M
Vaccination date:	4/7/2006	**Onset date:**	4/15/2006	**Days later:**	8
Report date:	4/21/2006			**Entry date:**	4/28/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Febrile convulsion Nasal congestion Pyrexia Viral infection Viral infection

High fever 104-105 rash 4 days after high fever (twin sib had febrile seizure above twin admitted due to high temp, similar symptoms.

VAERS ID:	**254652**	**Age:**	2	**Sex:**	M
Vaccination date:	4/7/2006	**Onset date:**	4/15/2006	**Days later:**	8
Report date:	4/21/2006			**Entry date:**	4/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Febrile convulsion Laboratory test abnormal Pyrexia Rash Viral infection

High fever 106, febrile seizure 9 days after MMR vaccine and Varivax. Rash 4 days after seizure.

VAERS ID:	**231674**	**Age:**	2	**Sex:**	M
Vaccination date:	3/24/2004	**Onset date:**	12/26/2004	**Days later:**	277
Report date:	12/28/2004			**Entry date:**	12/28/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: HERPES ZOSTER ULCER SKIN

Pt with zoster like lesions on sacrum and posterior medial thigh on right side.

VAERS ID:	**238059**	**Age:**	2	**Sex:**	M
Vaccination date:	3/24/1998	**Onset date:**	4/27/2004	**Days later:**	2226
Report date:	5/16/2005			**Entry date:**	5/24/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT

Information has been received from a RN concerning an 8 year old male who on 24Mar1998 was vaccinated SC with a 0.5ml dose of varicella virus vaccine live (lot 62447/1419E). There was no concomitant medication. On 27Apr04 the pt broke out with chickenpox with an unk number of non itchy lesions that started on his chest and then moved to his back. Unspecified medical attention was sought and no treatment or prescription drug was required. No product quality complaint was involved. Additional information has

VAERS ID:	**255447**	**Age:**	2	**Sex:**	F
Vaccination date:	1/7/1999	**Onset date:**	5/8/2006	**Days later:**	2678
Report date:	5/9/2006			**Entry date:**	5/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
UNK	UNKNOWN MANUFACTURER	

SYMPTOMS: Herpes zoster Infection Pharyngolaryngeal pain Pyrexia

Child developed fever, sore throat and varicella.

VAERS ID:	**222377**	**Age:**	2	**Sex:**	M
Vaccination date:	5/27/2004	**Onset date:**	5/27/2004	**Days later:**	0
Report date:	6/1/2004			**Entry date:**	6/4/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
IPV	AVENTIS PASTEUR,	2

SYMPTOMS: FEVER

Fever 105 started after 1 pm Thursday May 27 vaccines given 5/27/04 at 11AM.

VAERS ID:	**250402**	**Age:**	2	**Sex:**	M
Vaccination date:	10/19/2005	**Onset date:**	10/29/2005	**Days later:**	10
Report date:	1/16/2006			**Entry date:**	1/16/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: Pyrexia

High fever of 105.

VAERS ID:	**212227**	**Age:**	2.1	**Sex:**	F

Vaccination date:	11/10/2003	**Onset date:**	11/11/2003	**Days later:**	1
Report date:	11/12/2003			**Entry date:**	11/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	3

SYMPTOMS: EDEMA PERIPH VASODILAT

Left arm red swollen hot induration postive mild edema. Benadryl given.

VAERS ID:	**213981**	**Age:**	2.5	**Sex:**	M
Vaccination date:	12/2/2003	**Onset date:**	12/3/2003	**Days later:**	1
Report date:	12/5/2003			**Entry date:**	12/15/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HBHEPB	MERCK & CO. INC.	0
PNC	LEDERLE LABORATO	2

SYMPTOMS: INJECT SITE REACT

Extreme local reaction at the site of injection (left thigh).

VAERS ID:	**217893**	**Age:**	2.8	**Sex:**	M
Vaccination date:	3/5/2004	**Onset date:**	3/9/2004	**Days later:**	4
Report date:	3/10/2004			**Entry date:**	3/17/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	AVENTIS PASTEUR,	3

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

Swelling/ redness 4X3 cm diam. L deltoid at site of injection. No systemic rx.

VAERS ID:	**265604**	**Age:**	3	**Sex:**	F
Vaccination date:	10/27/2006	**Onset date:**	10/28/2006	**Days later:**	1

Report date:	10/30/2006			**Entry date:**	10/30/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Rash Viral infection

My daughter got chickenpox within one day after reciving vericella vaccine.

VAERS ID:	**260896**	**Age:**	3	**Sex:**	M
Vaccination date:	5/20/2003	**Onset date:**	6/1/2005	**Days later:**	743
Report date:	7/28/2006			**Entry date:**	8/1/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Autism

Information has been received from a consumer concerning her son with no allergies or pertinent medical history who on 07Oct02 was vaccinated with a second dose of hep B virus vaccine rHBsAg (yeast) (lot 643757/0781M), on 21Jan03 was vaccinated with a first dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (lot 641882/0531M), and on 20May03 was vaccinated with a first dose of varicella virus vaccine live (lot 644147/1068M). It was noted that in Jun 2005, after r

VAERS ID:	**207014**	**Age:**	3	**Sex:**	M
Vaccination date:	7/29/2003	**Onset date:**	7/30/2003	**Days later:**	1
Report date:	7/31/2003			**Entry date:**	8/5/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: UNK
Manufacturer: UNKNOWN MFR
Dose: 3

SYMPTOMS: REACT UNEVAL

VAERS ID:	**220549**	**Age:**	3	**Sex:**	M
Vaccination date:	6/16/2000	**Onset date:**	4/4/2003	**Days later:**	1022
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT NO DRUG EFFECT PRURITUS RASH RASH MAC PAP VASODILAT

Information has been received from a nurse practitioner concerning a 45-month old white male male with "EES" who on 16-Jun-2000, also reported as 06-Jun-2000, was vaccinated with a first dose in the right arm of varicella virus vaccine live (Lot #635205/0073K). It is unknow if the child was ill at the time of vaccination. Concomitant therapy that day included a first dose in the left arm of measles virus vaccine live (+) mumps virus live (+) rubella virus vaccine live (second generation) (MSD) (Lot # 634039

VAERS ID:	**220995**	**Age:**	3	**Sex:**	M
Vaccination date:	5/1/2003	**Onset date:**	8/6/2003	**Days later:**	97
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HIBV	LEDERLE LABORATO	3
PNC	LEDERLE LABORATO	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT RASH VESIC BULL

Information has been received from a nurse practitioner concerning a 30 month old male with no relevant medical history and no known allergies who on 05/01/03 (previously reported as 05/06/03) was vaccinated in the right arm with a SC first dose of varicella virus vaccine live (Lot # 643768/1063M). Concomitant therapy on 05/01/03, included an IM fourth dose in the left arm of Hib conj vaccine (crm197) (Batch # UA816AA), an IM fourth dose in the left arm of DTAP (Tripedia)(Batch # C1354BA) and an IM fourth d

VAERS ID:	**228396**	**Age:**	3	**Sex:**	M
Vaccination date:	7/10/2004	**Onset date:**	7/19/2004	**Days later:**	9
Report date:	7/23/2004			**Entry date:**	10/28/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE FEVER HYSN INJECT SITE

Swelling, redness around injection site and temperature of 100-104.

VAERS ID:	237919	Age:	3	Sex:	M
Vaccination date:	6/7/1999	Onset date:	4/22/2004	Days later:	1781
Report date:	5/16/2005			Entry date:	5/24/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: RASH VESIC BULL

Information has been received from a registered nurse concerning an 8 year old male with seasonal allergies who on 06/07/1999 was vaccinated in the left arm with a first dose of varicella virus vaccine live. There was no illness at the time of vaccination. Concomitant therapy included cetirizine hydrochloride for seasonal allergies. On 04/22/2004 the patient developed vesicular lesions behind his ear and his trunk. The lesions were not itchy. Unspecified medical attention was sought. The patient was t

VAERS ID:	239274	Age:	3	Sex:	M
Vaccination date:	4/28/1999	Onset date:	2/4/2005	Days later:	2109
Report date:	5/16/2005			Entry date:	6/7/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH VESIC BULL

Information has been received from a registered nurse concerning an 8 year old white male with no known medical history or allergies who on 04/28/1999 was vaccinated with a subcutaneous first dose of varicella virus vaccine live. There was no concomitant medication. On 02/04/2005 the patient developed red papules on his trunk and arms some with white borders and some vesicles on his axilla, groin, and legs. Unspecified medical attention was sought. Prescribed treatment included Acyclovir, diphenhydramin

VAERS ID:	244656	Age:	3	Sex:	M
Vaccination date:	9/21/2005	Onset date:	9/22/2005	Days later:	1
Report date:	9/23/2005			Entry date:	9/28/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: PNC
Manufacturer: LEDERLE LABORATO
Dose: 3

SYMPTOMS: HYSN INJECT SITE PAIN VASODILAT

Left arm with erythema warmth but minimal tenderness, redness blushes

VAERS ID:	266916	Age:	3	Sex:	M

Vaccination date:	9/19/2005	**Onset date:**	9/20/2005	**Days later:**	1
Report date:	12/27/2005			**Entry date:**	11/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0
HEPA	GLAXOSMITHKLINE	

SYMPTOMS: Injection site erythema Injection site oedema

Initial report received from physician on the 17/Oct/2005. A three and half year old male child developed redness and swelling at the injection site down to the elbow after receiving the injection of Fluzone, lot number U1753AA in the right deltoid on 9/19/05. the pt received in concomitant Havrix, lot number AHABV0711AA in the left deltoid. The pt was seen by a physician on 9/21/05 and was started on Zyrtec and corticosteroids. As per reporter the pt completely recovered within hours. Follow up information

VAERS ID:	**266562**	**Age:**	3	**Sex:**	M
Vaccination date:	11/1/2006	**Onset date:**	11/1/2006	**Days later:**	0
Report date:	11/7/2006			**Entry date:**	11/13/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	2

SYMPTOMS: Nasal congestion Pruritus Rash Vomiting

Emesis, trouble breathing, rash, itching, nasal congestion within 20 minutes from influenza vaccine.

VAERS ID:	**258006**	**Age:**	3	**Sex:**	F
Vaccination date:	2/27/1990	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Laboratory test abnormal

Information has been received from a nurse practitioner concerning a 16 year old female with no pre-existing allergies, birth defects, or medical conditions, who on 02/27/1990 and 04/03/1992 was vaccinated with a first and second dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. There was no illness at the time of vaccination. Subsequently, it was noted that the patient had a negative rubella titer. No other information was available. The outcome was reported as

VAERS ID:	**255891**	**Age:**	3	**Sex:**	F

Vaccination date:	11/22/1999	**Onset date:**	5/1/2005	**Days later:**	1987
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Drug ineffective Rash vesicular Viral infection

Information has been received from a RN concerning an 8 yr old female with no known medical conditions or allergies who on 22Nov99 was vaccinated SC with a first dose of varicella virus vaccine live (lot631073/0450J). There was no known illness at the time of vaccination. On 03May05, the pt presented with a varicella rash. Unspecified medical attention was sought and she was treated with calamine (+) camphor (+) pramoxine hydrochloride (Aveeno) baths. At the time of the report, the pt was recovering. A pro

VAERS ID:	**255882**	**Age:**	3	**Sex:**	F
Vaccination date:	6/17/2003	**Onset date:**	5/1/2005	**Days later:**	684
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Rash pruritic Rash vesicular Viral infection

Information has been received from a RN concerning a 4 yr old female with no allergies or medical conditions who on 17Jun03 was vaccinated SC with a first dose of varicella virus vaccine live (lot 644974/0196N). There was no illness at the time of vaccination. On 03May05, the pt presented with a varicella rash. Unspecified medical attention was sought and she was treated with diphenhydramine hydrochloride (Benadryl) and calamine (+) camphor (+) pramoxine hydrochloride (Aveeno) baths. At the time of the repo

VAERS ID:	**213471**	**Age:**	3	**Sex:**	M
Vaccination date:	11/18/2003	**Onset date:**	11/18/2003	**Days later:**	0
Report date:	11/20/2003			**Entry date:**	12/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: DTAP
Manufacturer: AVENTIS PASTEUR,
Dose: 1

SYMPTOMS: EDEMA INJECT SITE FEVER INFLAM INJECT SITE

Inflammation in right anterior thigh. Increased temperature, swelling.

VAERS ID:	**224173**	**Age:**	3	**Sex:**	M
Vaccination date:	7/17/2004	**Onset date:**	7/17/2004	**Days later:**	0

Report date:	7/17/2004			**Entry date:**	7/20/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: FEVER MYALGIA VASODILAT

fever av.104 F for 3 days, muscle aches, redness app. 4 ench where shot was given

VAERS ID:	**228731**	**Age:**	3	**Sex:**	M
Vaccination date:	10/4/2004	**Onset date:**	10/10/2004	**Days later:**	6
Report date:	10/28/2004			**Entry date:**	11/3/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose: 0

SYMPTOMS: ATAXIA GAIT ABNORM THINKING ABNORM TREMOR

Unstable gait (Ataxia) and tremors started 10/10/04...About 6 Days after vaccine (Flu Vaccine) Given. Seen by pediatric neurologist and diagnosed with post vaccination Cerebellisis.

VAERS ID:	**237680**	**Age:**	3	**Sex:**	M
Vaccination date:	6/4/2001	**Onset date:**	3/14/2004	**Days later:**	1014
Report date:	5/16/2005			**Entry date:**	5/20/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: RASH RASH MAC PAP RASH VESIC BULL ULCER SKIN

Information has been received concerning a 5 year old male pt who on 04-JUN-2001 was vaccinated with a dose of varicella virus vaccine live (lot number 637668/1607K). There was no illness at the time of vaccination. There were no adverse events following prior vaccinations. On 14-MAR-2004, the pt developed a "rash - maculopapular erythematous to vesicular rash" all over the body of approximately 35 lesions. It was noted that the rash was itchy with one crusted lesion. There were no laboratory diagnostic tes

VAERS ID:	**238823**	**Age:**	3	**Sex:**	F
Vaccination date:	10/14/1999	**Onset date:**	8/11/2004	**Days later:**	1763
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL PRURITUS RASH RASH MAC PAP

Information has been received from a registered nurse concerning an 8 year old white female with no pre-existing allergies, birth defects, or medical conditions who on 10/14/99 was vaccinated SC in the right arm with a first dose of varicella virus vaccine live (lot # 631524/1012J). There was no illness at the time of vaccination. On 8/13/04 the patient developed a chicken pox rash that was noted to be a break out of several bumps on her abdomen which were itchy. The bumps were described as scattered, eryt

VAERS ID:	**255953**	**Age:**	3	**Sex:**	F
Vaccination date:	9/20/1995	**Onset date:**	5/8/2005	**Days later:**	3518
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Headache Pyrexia Rash Rash papular Rash vesicular Viral infection

Information has been received from a RN concerning a 12 yr old Caucasian female student with no known medical history who on 20Sep95 was vaccinated SC in the left arm with the first dose of varicella virus vaccine live (lot609302/0443B). There was no illness at the time of vaccination. There was no concomitant medication. On 08May05 at 19:20 the pt became febrile with temps up to 100.4F and developed a papular, vesicular, generalized rash. He also had headaches and the rash was described as itchy at times.

VAERS ID:	**294733**	**Age:**	3	**Sex:**	M
Vaccination date:	10/19/2007	**Onset date:**	10/20/2007	**Days later:**	1
Report date:	10/23/2007			**Entry date:**	10/29/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	4

SYMPTOMS: Oedema peripheral Pain in extremity Pyrexia Skin warm

(L) arm swollen, painful, hot to touch and patient had a fever. Keflex.

VAERS ID:	**215318**	**Age:**	4	**Sex:**	M
Vaccination date:	5/6/2003	**Onset date:**	5/6/2003	**Days later:**	0
Report date:	7/3/2003			**Entry date:**	1/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	UNKNOWN MFR	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

From initial information received on 05/09/03 from a RN regarding an adverse event occurring in USA, it was reported that a four year old male patient received a Tripedia vaccination, lot # U0851DA, administered IM in the left arm, an IPOL vaccination, Lot # W0704, administered SC in the right arm, and an MMR vaccination manufactured by Merck, Lot # 1015M, administered IM in the right arm on 05/06/03. Sometime between 05/06/03 and 05/07/03, the pt developed swelling in the left arm with erythema and warmth

VAERS ID:	**223339**	**Age:**	4	**Sex:**	M
Vaccination date:	1/26/2004	**Onset date:**	1/27/2004	**Days later:**	1
Report date:	5/28/2004			**Entry date:**	6/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: ECCHYMOSIS PAIN RASH

Information has been received from a RN concerning a 4 year old male pt with no reported medical history who on 01/26/04 was vaccinated SC into the right thigh with a second dose of MMRII (Lot # 646124/0615N). Concomitant vaccinations on 01/26/04 included a fifth dose of DTAP (Daptacel, Lot # C1612AA) IM into the left thigh and a fourth dose of IPV (Lot # X0367) SC into the left thigh. It was reported that the pt was not ill at the time of vaccination. On 02/06/04 the pt's mother called the physician's off

VAERS ID:	**299076**	**Age:**	4	**Sex:**	F
Vaccination date:	12/7/2007	**Onset date:**	12/7/2007	**Days later:**	0
Report date:	12/9/2007			**Entry date:**	12/9/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	UNKNOWN MANUFACTURER	

SYMPTOMS: Anorexia Lethargy Pyrexia

102 Degree fever. General lethargy. Lack of appetite. Symptoms presented themselves within hours of the vaccine and have continued for 2 days so far.

VAERS ID:	**295663**	**Age:**	4	**Sex:**	M

Vaccination date:	11/2/2007	**Onset date:**	11/5/2007	**Days later:**	3
Report date:	11/5/2007			**Entry date:**	11/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Erythema Reaction to preservatives

Redness no swollen right arm to elbow tense ----> reaction to DTaP

VAERS ID:	**282494**	**Age:**	4	**Sex:**	F
Vaccination date:	9/19/2006	**Onset date:**	9/21/2006	**Days later:**	2
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE BIOLOGICALS	4
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
IPV	SANOFI PASTEUR	3

SYMPTOMS: Erythema Swelling

This case was reported by a healthcare professional and described the occurrence of redness in a 4-year-old female subject who was vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix, GlaxoSmithKline) for prophylaxis. There was no relevant medical history. The subject's concurrent conditions were not reported. Concurrent vaccinations administered on 19 September 2006 included hepatitis A vaccine (Havrix, GlaxoSmithKline) and live attenuated oral poliomyelitis vaccine (Aventis Pasteur). Concurrent medications included "vitamins". On 19 September 2006 at 15:20 the subject received 4th dose of Infanrix (0.5 ml, intramuscular, left arm). On 19 September 2006, less than one day after vaccination with Infanrix, the subject experienced 14 x 14 area of redness and 14 x 14 area of swelling. At the time of reporting the events were unresolved. The healthcare professional considered the events were probably related to vaccination with Infanrix. Follow-up information received on 23 October 2006 indicated that the subject developed dermatitis and the onset date for the event and symptoms was actually 21 September 2006. The outcome of the events was not known and the reporter stated that the events were related to treatment with Infanrix.

VAERS ID:	**282070**	**Age:**	4	**Sex:**	F
Vaccination date:	7/7/1999	**Onset date:**	3/2/2007	**Days later:**	2795
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

VARCEL MERCK & CO. INC.

SYMPTOMS: Varicella Varicella post vaccine

Information has been received from a registered nurse concerning a 11 year old female with no drug reactions/allergies who on 07-JUL-1999 was vaccinated with a dose of varicella virus vaccine live (Oka/Merck). On 02-MAR-2007 the patient developed chicken pox on her face and upper body. The patient sought unspecified medical attention. No diagnostic laboratory tests were performed. The patient was reported to be recovering. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**198505**	**Age:**	4	**Sex:**	M
Vaccination date:	12/28/2002	**Onset date:**	12/29/2002	**Days later:**	1
Report date:	2/22/2003			**Entry date:**	2/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: EDEMA FEVER

Swelling of left arm and fever 101 deg. Seen in ER - put on local Rei?? and autibols?.

VAERS ID:	**203095**	**Age:**	4	**Sex:**	M
Vaccination date:	5/6/2003	**Onset date:**	5/7/2003	**Days later:**	1
Report date:	5/10/2003			**Entry date:**	5/14/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

8x9cm area of erythema and swelling at injection site.

VAERS ID:	**209213**	**Age:**	4	**Sex:**	M
Vaccination date:	9/4/2003	**Onset date:**	9/4/2003	**Days later:**	0
Report date:	9/4/2003			**Entry date:**	9/15/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA FACE

Patient got MMR (#2), DTaP (#5), IPV (#4) in office in AM. Came back to office at 3:10PM with Havey and eyelid swelling but no oral or pharyngial anedara, no sensoring change, no dysphiaga or soreness, no borpatia, no wheeze, and no blood pressure change.

VAERS ID:	**210865**	**Age:**	4	**Sex:**	M
Vaccination date:	10/14/2003	**Onset date:**	10/15/2003	**Days later:**	1
Report date:	10/17/2003			**Entry date:**	10/23/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
FLU	AVENTIS PASTEUR,	2
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA PERIPH VASODILAT

10/15/03 9:05 left arm 3" redness/swelling. 10/15/03 2:55 left arm 4" redness/swelling. 10/16/03 9:20 left arm 5-6" redness/swelling. Mother taking child to ER. Had steroid injection and placed on Augmentin in ER-swelling gone, redness gone.

VAERS ID:	**213067**	**Age:**	4	**Sex:**	M
Vaccination date:	11/17/2003	**Onset date:**	11/17/2003	**Days later:**	0
Report date:	11/25/2003			**Entry date:**	11/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
FLU	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: HYSN INJECT SITE

Right arm 11 1/2cm x 18 1/2cm redness without warmth.

VAERS ID:	**213068**	**Age:**	4	**Sex:**	M

Vaccination date:	10/23/2003	**Onset date:**	10/25/2003	**Days later:**	2
Report date:	11/25/2003			**Entry date:**	11/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
FLU	AVENTIS PASTEUR,	0
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE VASODILAT

Right upper arm with about 10cm redness, induration and warmth.

VAERS ID:	**214381**	**Age:**	4	**Sex:**	M
Vaccination date:	12/18/2003	**Onset date:**	12/20/2003	**Days later:**	2
Report date:	12/23/2003			**Entry date:**	12/24/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: MASS INJECT SITE

L upper arm induration 14 x 10 1/2 cm on 12/20/03.

VAERS ID:	**217791**	**Age:**	4	**Sex:**	M
Vaccination date:	3/9/2004	**Onset date:**	3/9/2004	**Days later:**	0
Report date:	3/10/2004			**Entry date:**	3/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: URTICARIA

Urticarial hives over entire body. Started within 1/2 hr of immunization. Benadryl given.

VAERS ID:	**218980**	**Age:**	4	**Sex:**	F
Vaccination date:	3/5/2003	**Onset date:**	3/6/2003	**Days later:**	1
Report date:	11/3/2003			**Entry date:**	4/14/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	

SYMPTOMS: CONVULS FEVER INJURY ACCID PALLOR PHARYNGITIS RHINITIS SOMNOLENCE STUPOR TWITCH VOMIT

From initial correspondence received on 3/7/03 it was reported that a 4 year old female patient received a Daptacel vaccination on 3/5/03 at 4:30 PM. The next day (3/6/03) at school the patient had a five minute seizure, with staring and eyes fixed and a fever of 102. She was transported to the emergency room; she was checked and sent home. The patient reportedly recovered from this experience. From additional information received on 10/30/03 from a physician, the patient was fine after receiving the vaccin

VAERS ID:	**219911**	**Age:**	4	**Sex:**	F
Vaccination date:	4/30/2004	**Onset date:**	4/30/2004	**Days later:**	0
Report date:	5/3/2004			**Entry date:**	5/3/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
HEP	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	1

SYMPTOMS: RASH URTICARIA

Immunizations given 4/30/04 at 6:00pm, returned to office at 7:15pm with erythema surrounding nose and upper neck, wheals and erythema spread to upper trunk and extremities at 7:20pm, vital signs stable. At 7:20 given Benadryl 12.5mg PO, spreading of erythema continued on upper extremities, at 7:30 given Benadryl 12.5mg IM. 7:40pm erythema and wheals noted to decrease. Parent requested to bring child to ER for further monitoring- sent to ER at 7:50p.m.

VAERS ID:	**220538**	**Age:**	4	**Sex:**	F
Vaccination date:	8/13/1999	**Onset date:**	3/29/2003	**Days later:**	1324
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH MAC PAP RASH VESIC BULL ULCER SKIN

Information has been received from a registered nurse concerning a "well" 4-year-old white female with no medical history or allergies who on 13-Aug-1999 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot #0450J- invalid). Concomitant vaccination the same day included a third dose IM in the right arm of hepatitis B vaccine. recombinant (Engerix-B) (lot # 2941A2). The reporter indicated that in the a.m. of 29-Mar-2003 the patient developed scattered macules, vesicles and

VAERS ID:	**220863**	**Age:**	4	**Sex:**	F
Vaccination date:	5/10/2000	**Onset date:**	6/6/2003	**Days later:**	1122
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT ULCER SKIN

Information has been received from a nurse concerning a 4 year old female with no past medical history and no known drug allergies who on 5/10/00 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot # 632616/1688J). There was no illness at the time of vaccination. Concomitant vaccinations that day included a third dose of hepatitis B virus vaccine (lot # 635269/0423K) given IM in the left arm and a first dose of MMR (lot # 634036/1711J) given SC in the right arm. On 6/6/0

VAERS ID:	**221078**	**Age:**	4	**Sex:**	F
Vaccination date:	6/8/2000	**Onset date:**	9/3/2003	**Days later:**	1182
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATO	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER RASH ULCER SKIN

Information has been received from a registered nurse concerning a 4 year old Caucausion female with an amoxicillin trihydrate allergy who on 08JUN2000 was vaccinated with a first dose of varicella virus vaccine live in the left arm. Concomitant therapy included a first dose of measles virus vaccine live+mumps virus vaccine live+rubella virus vaccine live SC in the right arm. Other therapy that day included a first dose of pneumococcal conj vaccine Prevnar IM in the left arm. There were no other report conc

VAERS ID:	**221340**	**Age:**	4	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	11/16/2003	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: PRURITUS RASH MAC PAP ULCER SKIN VASODILAT

Information has been received from a nurse practitioner and a registered nurse concerning a 4 year old female with an allergy to penicillin and cephalosporins and no known exposure to chicken pox who was vaccinated with a dose of varicella virus vaccine live. It was unknown if there was an illness at the time of vaccination. On 16-Nov-2003 the patient developed a flat, red papular rash on her chest and ankle with 15-25 red, flat, itchy lesions. She had no fever. She was taken to an urgent care center and wa

VAERS ID:	**221706**	**Age:**	4	**Sex:**	F
Vaccination date:	7/15/2003	**Onset date:**	7/16/2003	**Days later:**	1
Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse and described the occurrence of injection site cellulitis in a 4 year old female pt who received DTAP (Infanrix) for prophylaxis. On 07/15/03, the pt received the 5th dose of Infanrix (Lot# DTPA596A2). On the same date, she also received an injection of IPV. On 07/16/03, 1 day post-immunization, the pt developed redness and swelling at the Infanrix injection site, which "extended down the arm". The pt was seen by the physician who made a diagnosis of injection site celluli

VAERS ID:	**223050**	**Age:**	4	**Sex:**	F
Vaccination date:	5/6/2003	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/28/2004			**Entry date:**	6/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MFR	
MMR	MERCK & CO. INC.	1

SYMPTOMS: FEVER INFECT VIRAL LYMPHADENO NO DRUG EFFECT OTITIS MED PARATHYR DIS PAROTID ENLARGE WEIGHT DEC

Information has been received from a consumer and a physician concerning a 4 year old white female patient with a history of a severe febrile reaction to Haemophilus B conjugate vaccine (ActHIB) on 23SEP1998 (also reported as 28SEP2003) and who was well at the time of vaccination. On 06MAY2003 (reported as 03MAY2003 by consumer) the patient was vaccinated with a second dose of measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live (second generation). The patient received the fir

VAERS ID:	**223952**	**Age:**	4	**Sex:**	M
Vaccination date:	7/14/2004	**Onset date:**	7/14/2004	**Days later:**	0
Report date:	7/14/2004			**Entry date:**	7/14/2004

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	1

SYMPTOMS: CONJUNCTIVITIS DYSPNEA EDEMA FACE FLATUL HEADACHE PAIN ABDO PALLOR SOMNOLENCE URTICARIA

Within 20 to 30 minutes of vaccination child started complaining of headache and stomach ache and SOB. His eyelids got red and swollen and small hives broke out on his arms and abd. His abdomen also became slt distended. He did not have stridor or significant wheeze but did appear pale, sleepy and had decresed air movement on auscultation. He was given Epinephrine. 1:1000 0.15ml SC; Xopenex 0.63 Nebulizer treatment. Chlorapheniramine 1.5ml PO; and Dexamethasone 0.75mg PO over a 20 minute period. After 30 mi

VAERS ID:	**224626**	**Age:**	4	**Sex:**	M
Vaccination date:	7/23/2004	**Onset date:**	7/29/2004	**Days later:**	6
Report date:	7/30/2004			**Entry date:**	8/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA RASH

Erythema and edema of right upper arm and shoulder

VAERS ID:	**224629**	**Age:**	4	**Sex:**	M
Vaccination date:	7/6/2000	**Onset date:**	12/8/2002	**Days later:**	885
Report date:	5/16/2003			**Entry date:**	8/2/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH MAC PAP RASH VESIC BULL

Information has been received from a nurse practitioner concerning a 4 year old male pt with no medical history, allergies, or concurrent medication who on 06Jul00 was vaccinated with a first dose of varicella virus vaccine live. On 08Dec02 the pt developed a maculopapular vesicular rash with 20 lesions on trunk and face. The child had recently been exposed to chickenpox on 25Nov02. It was reported that a swab specimen was placed in viral media and submitted to the VZV ID program on 10Dec02. Preliminary PCR

VAERS ID:	**226514**	**Age:**	4	**Sex:**	F

Vaccination date:	9/11/2004	**Onset date:**	9/11/2004	**Days later:**	0
Report date:	9/11/2004			**Entry date:**	9/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: CONVULS PALLOR SYNCOPE

Child had apparent seizure approximately fifteen minutes after being given shot. Has loss of consciousness followed by pallor and post ictal period. Was sent to ED for further evaluation. CT was done

VAERS ID:	**227024**	**Age:**	4	**Sex:**	M
Vaccination date:	9/15/2004	**Onset date:**	9/15/2004	**Days later:**	0
Report date:	9/21/2004			**Entry date:**	9/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	2
MMR	MERCK & CO. INC.	1

SYMPTOMS: COUGH INC RASH SOMNOLENCE

Lethargy, Diffuse erythema, Coughing

VAERS ID:	**227123**	**Age:**	4	**Sex:**	M
Vaccination date:	5/18/2004	**Onset date:**	5/18/2004	**Days later:**	0
Report date:	9/27/2004			**Entry date:**	9/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	1

SYMPTOMS: COUGH INC EDEMA FACE URTICARIA

Information has been received from the mother of a 4 year old male with a gelatin allergy who on 5/18/04 was vaccinated SC with a second dose of MMR (lot number not reported). On 5/18/04, 5 minutes after the vaccination, the patient began coughing. The mother noted that the patient's face became swollen and he developed hives all over his body, although, were concentrated around the area of injection. At the recommendation of the patient's physician, the mother took the patient for a 15 minute walk. There w

VAERS ID:	228813	Age:	4	Sex:	F
Vaccination date:	10/26/2004	Onset date:	10/28/2004	Days later:	2
Report date:	11/2/2004			Entry date:	11/4/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

Rec'd Dtap #5 10/26/04 woke up 10/28/04 with red and swollen arm. Area 15cmx14cm warm, red, swollen, Tx with Benadryl.

VAERS ID:	238701	Age:	4	Sex:	M
Vaccination date:	12/11/2002	Onset date:	10/18/2004	Days later:	677
Report date:	5/16/2005			Entry date:	6/1/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT ULCER SKIN

Information has been received from a RN concerning a 5 yr old white male with seasonal allergies and no other medical history who on 11Dec02 was vaccinated SC with a first dose of varicella virus vaccine live (lot 641148/0791M). Concomitant vaccines that day included a fifth dose of diphtheria toxoid (+) pertussis acellular Biken vaccine (+) tetanus toxoid (Tripedia) (lot C0948AA) given IM and a fourth dose of poliovirus vaccine inactivated (Ipol) (lot W0010) given SC. Concomitant therapy included cetirizin

VAERS ID:	240399	Age:	4	Sex:	F
Vaccination date:	4/6/2004	Onset date:	4/6/2004	Days later:	0
Report date:	6/16/2005			Entry date:	6/23/2005
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	

SYMPTOMS: EDEMA INJECT SITE PRURITUS URTICARIA VASODILAT

This case was reported by a consumer and described the occurrence of an injjection site reaction in a 4 year old female pt who received Infanrix. This case was received from the pt's parent; a physician or other health care professional has not verified this report. On 4/6/04, the pt received a dose of Infanrix in the right arm. At an unspecified time, post/vax, on 4/6/04, the pt experienced an injection site reaction characterized by swelling that extended to involve the entire shoulder area, warmth, redne

VAERS ID:	240403	Age:	4	Sex:	M
Vaccination date:	6/10/2004	Onset date:	6/11/2004	Days later:	1
Report date:	6/16/2005			Entry date:	6/23/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	0
IPV	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

This case was reported by a nurse and described the occurrence of an injection site reaction in a 4 year old male pt who received Infanrix. On 6/10/04, the pt received the 1st dose of Infanrix, but dose number 5 in the DTP immunization series, in the left arm. On 6/10/04, the pt also received an injection of IPOL in the left arm. Approximately 1 day post immunization, on 6/11/04, the pt experienced an injection site reaction characterized as swelling, redness and warmth "in the arm". The pt was seen at a ph

VAERS ID:	241603	Age:	4	Sex:	F
Vaccination date:	7/6/2005	Onset date:	7/7/2005	Days later:	1
Report date:	7/18/2005			Entry date:	7/21/2005
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE FEVER VASODILAT

Redness, swelling, fever, injection site.

VAERS ID:	243678	Age:	4	Sex:	F
Vaccination date:	8/29/2005	Onset date:	8/31/2005	Days later:	2
Report date:	9/1/2005			Entry date:	9/1/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: INJECT SITE REACT

Localized reaction

VAERS ID:	**267754**	**Age:**	4	**Sex:**	M
Vaccination date:	11/17/2006	**Onset date:**	11/17/2006	**Days later:**	0
Report date:	11/21/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site oedema

Rec'd flu vaccine 11/16/06 that evening developed sore arm with increased redness, increase swelling. Seen in our office 11/17/06. Diagnosed with cellulitis and prescribed Omnicef.

VAERS ID:	**267753**	**Age:**	4	**Sex:**	F
Vaccination date:	11/13/2006	**Onset date:**	11/14/2006	**Days later:**	1
Report date:	11/21/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
FLU	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Pyrexia

Rec'd 4 yo immunization on 11/13/06 developed fever 11/14/06 and red arm seen in office diagnosed with cellulitis treated with Keflex.

VAERS ID:	**267751**	**Age:**	4	**Sex:**	F
Vaccination date:	11/14/2006	**Onset date:**	11/16/2006	**Days later:**	2
Report date:	11/21/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4

FLU	AVENTIS PASTEUR, INC.	2
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site oedema

Received 4 yr old immunizations on 11/14/06. 11/16/06 swelling and redness in left arm came in for appt 1/17/06 DX with left arm cellulitis treated with Omnicef.

VAERS ID:	**258204**	**Age:**	4	**Sex:**	F
Vaccination date:	5/31/2006	**Onset date:**	5/31/2006	**Days later:**	0
Report date:	6/6/2006			**Entry date:**	6/9/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling

Rec'd DTAP # 5 and IPOL #4 L arm on 5/31/06. Mom brought to office 6/2/06 with complaints of L arm redness and swelling. Dx'd with early cellulitis. Prescribed antibiotics.

VAERS ID:	**256070**	**Age:**	4	**Sex:**	F
Vaccination date:	11/15/1999	**Onset date:**	4/29/2005	**Days later:**	1992
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Pruritus Rash Rash erythematous Viral infection

Information has been received from a health professional concerning a 9 year old female, with no known medical history or allergies, who on 11/15/1999 was vaccinated with a dose of varicella virus vaccine live. There was no illness at the time of vaccination and no adverse events following prior vaccinations. It was reported that the patient was seen on 5/2/2004 for a rash that began 4 days ago, on 4/28/2005. It was a generalized rash described as raised red, spreading and itchy. The rash was treated with c

VAERS ID:	**253730**	**Age:**	4	**Sex:**	M
Vaccination date:	3/27/2006	**Onset date:**	3/28/2006	**Days later:**	1
Report date:	3/31/2006			**Entry date:**	4/5/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site hypersensitivity Injection site oedema

Rec'd DTap and IPV in left arm. On 3/27/2006 woke up 3/28/2006 with red, swollen arm. DX with Cellulitis immunization treated with Keflex.

VAERS ID:	**252890**	**Age:**	4	**Sex:**	F
Vaccination date:	3/14/2006	**Onset date:**	3/15/2006	**Days later:**	1
Report date:	3/16/2006			**Entry date:**	3/16/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	GLAXOSMITHKLINE	
IPV	AVENTIS PASTEUR, INC.	
MMR	MERCK & CO. INC.	

SYMPTOMS: Feeling hot Pain Pruritus Swelling

Left arm with large swelling warm to touch, pain and itching.

VAERS ID:	**251170**	**Age:**	4	**Sex:**	F
Vaccination date:	1/18/2006	**Onset date:**	1/18/2006	**Days later:**	0
Report date:	1/19/2006			**Entry date:**	2/2/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Depressed level of consciousness Lethargy Vomiting

Within 1-2 hours of vaccine, pt became lethargic and difficult to arouse. Vomited once.

VAERS ID:	**297556**	**Age:**	4	**Sex:**	M
Vaccination date:	10/23/2007	**Onset date:**	10/23/2007	**Days later:**	0
Report date:	11/19/2007			**Entry date:**	11/23/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Intercostal retraction Oxygen supplementation Stridor

This case was received from a health professional on 07 November 2007. Seriousness Criteria: Other-Medically Significant A four-year-old male patient with no reported medical history received Fluzone (lot number U2448AA) on 23 October 2007; route and site were not reported. Within ten minutes of vaccination, the patient developed stridor and sternal retractions while still at his physician's office. He was treated with oxygen, breathing treatment, steroid injection, and Benadryl. He fully recovered after approximately 90 minutes. Per the reporter, the patient had received Fluzone in previous years. No additional information was provided.

VAERS ID:	**293098**	**Age:**	4	**Sex:**	M
Vaccination date:	10/9/2007	**Onset date:**	10/11/2007	**Days later:**	2
Report date:	10/15/2007			**Entry date:**	10/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
FLU	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling Local reaction Skin warm

Seen in our office on 10/9/07 for 4 year old WCU. Rec'd DTAP, MMR, IPV, and Influenza. Woke up on 10/11/07 with left arm slightly swollen, red,and warm to touch. Progessivly got worse seen again in our office and diagnosed with post vaccine local reaction with cellulitis. Treated with Keflex and Benadryl.

VAERS ID:	**288443**	**Age:**	4	**Sex:**	M
Vaccination date:	8/14/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/17/2007			**Entry date:**	8/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Pyrexia Swelling

Pt have fever and swelling

VAERS ID:	**284069**	**Age:**	4	**Sex:**	F
Vaccination date:	6/28/2007	**Onset date:**	6/29/2007	**Days later:**	1

Report date:	7/2/2007			**Entry date:**	7/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Tenderness

On 6/28/07 received DTaP, IPV, MMR woke up 6/29/07 with right arm red and tender. Seen in our office diagnosed with early cellulitis due to immunization reaction. Prescribed Keflex.

VAERS ID:	**282348**	**Age:**	4	**Sex:**	F
Vaccination date:	6/6/2007	**Onset date:**	6/7/2007	**Days later:**	1
Report date:	6/11/2007			**Entry date:**	6/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3

SYMPTOMS: Injection site erythema Injection site swelling Injection site warmth Local reaction

Red arm red, swollen and warm to touch after DTaP booster. Dx with local reaction - treated with warm soaks.

VAERS ID:	**278218**	**Age:**	4	**Sex:**	M
Vaccination date:	4/26/2007	**Onset date:**	4/27/2007	**Days later:**	1
Report date:	5/3/2007			**Entry date:**	5/8/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3

SYMPTOMS: Injection site erythema Injection site swelling

Rec'd Dtap/IPOL 4/26/07 in L arm 4/26/07. On 4/27/07 woke up with L arm red and swollen. Treated with Keflex after eval in our office.

VAERS ID:	274531	Age:	4	Sex:	M
Vaccination date:	3/8/2007	Onset date:	3/9/2007	Days later:	1
Report date:	3/19/2007			Entry date:	3/22/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Oedema peripheral Pyrexia

Seen on 3/8/07 and rec'd 4 yo boosters Dtap, MMR, IPV. Woke up 3/9 with swollen L arm 3/12 fever 101.5

VAERS ID:	272140	Age:	4	Sex:	M
Vaccination date:	11/21/2006	Onset date:	11/21/2006	Days later:	0
Report date:	2/12/2007			Entry date:	2/12/2007
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3

SYMPTOMS: Cough Hypersensitivity Pulmonary congestion Wheezing

I started to put my son in the car in the parking lot of the drs. office approximately 10 minutes after his 11/21/06 ~10A.M. 4 year wellness visit and receiving the DTap5 vaccination and the IPV4 vaccination. I realized he started to suddenly be congested. When he tried to speak he would cough and I heard a wheeze. I brought him back into the dr.'s office, told her I suspected an allergic reaction and wanted to watch him there. I watched him there for approximately another 10 minutes. The coughing and wheezing continued. The doctor then examined him and said that indeed she heard a wheeze that she had not noticed during his earlier examination. We gave him benadryl and she then gave him a breathing treatment of albuteral and then pulmicort with a nebulizer. We watched him for at least another half an hour. The wheezing seemed to subside. The doctor recommended I continue with treatments of pulmicort once daily for the next two days and albuteral every four for the next three days. On the last day of treatment, he did have a recurrence of the wheezing after running around.

VAERS ID:	271031	Age:	4	Sex:	M
Vaccination date:	1/22/2007	Onset date:	1/22/2007	Days later:	0
Report date:	1/22/2007			Entry date:	1/24/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3

SYMPTOMS: Periorbital oedema Rash Wheezing

Patient received DTAP & IPV at his routine 4 yr old visit. Patient was well and went home. Roughly 35 minutes later mom called and says he has a rash. He returned to the office and was not to have hives at Right eye to Right periorbital edema, wheezing. Retractions and a rash at his neck. Patient received a Xopomex 1.25mg BID nebulizer and Oraped 30 mg by mouth one time and wheezing resolved. Over 30 minute observation, hives-rash improved. Wheezing did not resume.

VAERS ID:	**226101**	**Age:**	4	**Sex:**	M
Vaccination date:	8/17/2004	**Onset date:**	8/19/2004	**Days later:**	2
Report date:	8/29/2004			**Entry date:**	9/1/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS

From initial information received on 8/24/04 from a licensed practical nurse regarding an adverse event occurring in the USA, it was reported that a 4 year old male patient received a DAPTACEL vaccination, lot number C11700AA, administered IM in the left arm; an IPOL vaccination, lot number X10382, administered SC in the left arm; and a MMR vaccination, lot number 1305N, administered SC in the right arm on 8/17/04. Two days later, on 8/19/04, the patient developed a cellulitis like reaction on his left arm

VAERS ID:	**261423**	**Age:**	4	**Sex:**	F
Vaccination date:	8/5/2006	**Onset date:**	8/9/2006	**Days later:**	4
Report date:	8/11/2006			**Entry date:**	8/11/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	UNKNOWN MANUFACTURER	

SYMPTOMS: Haemolysis

4 year old otherwise healthy girl, who was in her usual state of health until 5 days following MMR vaccine, developped acute hemolysis with autoimmune findings of direct coombs test, positive C3, negative IgG.

VAERS ID:	**197024**	**Age:**	4	**Sex:**	M
Vaccination date:	1/22/2003	**Onset date:**	1/23/2003	**Days later:**	1
Report date:	1/24/2003			**Entry date:**	1/31/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT
Left deltoid red, swollen and hot to touch. Given Benadryl 1 po AM and PM; Advil q 6 hours to 8 hours and ice packs to arm.

VAERS ID:	**200983**	**Age:**	4	**Sex:**	F
Vaccination date:	3/26/2003	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/28/2003			**Entry date:**	4/7/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE INJECT SITE REACT
Pt came to office 3/28/03 w/ what looked like blisters (2) underneath vaccine site. Slight swelling no pain or fever. (Left arm) Dr prescribed Benadryl and Prelone cream Rtn 3/31/03.

VAERS ID:	**203375**	**Age:**	4	**Sex:**	F
Vaccination date:	5/13/2003	**Onset date:**	5/14/2003	**Days later:**	1
Report date:	5/15/2003			**Entry date:**	5/20/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4

SYMPTOMS: VASODILAT
5 1/4in x 4 3/4in, red, warm, local reaction

VAERS ID:	**207565**	**Age:**	4	**Sex:**	F
Vaccination date:	7/30/2003	**Onset date:**	7/30/2003	**Days later:**	0
Report date:	8/1/2003			**Entry date:**	8/7/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4

IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: FEVER HYSN INJECT SITE MASS INJECT SITE

Local reaction with erythema, induration and increased local temperature.

VAERS ID:	**214413**	**Age:**	4	**Sex:**	F
Vaccination date:	12/1/2003	**Onset date:**	12/17/2003	**Days later:**	16
Report date:	12/23/2003			**Entry date:**	12/23/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	EVANS VACCINES	0

SYMPTOMS: ASTHENIA ATAXIA CONSTIP FEVER FOOT DROP GAIT ABNORM GUILLAIN BARRE SYND INCONTIN FECAL INCONTIN URIN LAB TEST ABNORM MYELITIS NEURITIS NEURITIS PERIPH PAIN ABDO PARAPLEGIA

She was RER. She did not receive cranial XRT. Our working diagnosis is diffuse, patchy neuritis with ascending myelitis probably due to intrathecal MTX vs. vincristine peripheral neuropathy vs. Guillian-Barre secondary to the influenza vaccine vs. CNS relapse. We can send viral titers-which ones would you recommend? CMV, EBV? We have an adverse event in a 4 year old Hispanic female with high risk ALL (secondary to initial WBC of 50.2 /ul at diagnosis) being treated in the maintenance phase of CCG 1961.

VAERS ID:	**217829**	**Age:**	4	**Sex:**	M
Vaccination date:	2/28/2001	**Onset date:**	4/1/2001	**Days later:**	32
Report date:	3/12/2004			**Entry date:**	3/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MFR	3
HIBV	UNKNOWN MFR	3
IPV	UNKNOWN MFR	2

SYMPTOMS: ALLERG REACT PARESTHESIA PERSON DIS SPEECH DIS THINKING ABNORM

Abrupt stop in speech development, loss of eye contact, increased sensitivity, favors routine, repetition to abnormal extent. Diagnosed with sensory disorder and possible attention deficit or communication disorder. Received therapy thru EIP; in special preschool where receives speech and occupational therapy.

VAERS ID:	**218670**	**Age:**	4	**Sex:**	M
Vaccination date:	3/30/2004	**Onset date:**	4/1/2004	**Days later:**	2
Report date:	4/2/2004			**Entry date:**	4/7/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECH	
IPV	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA MASS INJECT SITE RASH

Swelling and erythema of left arm. No fever. No tenderness. ROM of joints normal. One inch area of induration at site of vaccination.

VAERS ID:	**219208**	**Age:**	4	**Sex:**	F
Vaccination date:	12/18/2003	**Onset date:**	12/30/2003	**Days later:**	12
Report date:	1/28/2004			**Entry date:**	4/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: RHINITIS

Follow-up information from the physician provided patient's birth weight, changes to concurrent illness and concomitant medication, and event outcome (recovery pending). Information regarding Flumist (2003-2004 Formula) (influenza virus vaccine, live intranasal solution (frozen) was received from a mother regarding her 4-year-old daughter who experienced nasal congestion a few days post-immunization. The patient received a dose on 18-Dec-2003. Medical history: The patient has a past history of acute purulen

VAERS ID:	**219343**	**Age:**	4	**Sex:**	F
Vaccination date:	4/14/2004	**Onset date:**	4/15/2004	**Days later:**	1
Report date:	4/19/2004			**Entry date:**	4/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: CELLULITIS EDEMA INJECT SITE HYPERESTHESIA HYSN INJECT SITE VASODILAT

4/15/04 left arm red swollen where shot given. On 4/17/04 monitor if worsen. Start 4/14/04- 5 x 3 3/4 cm red worse warm area on left deltoid are tender to touch- Treated for local cellulitis with Augmentin for 15 days.

VAERS ID:	**219738**	**Age:**	4	**Sex:**	F
Vaccination date:	4/27/2004	**Onset date:**	4/28/2004	**Days later:**	1

Report date:	4/29/2004			**Entry date:**	4/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: HYSN INJECT SITE PAIN INJECT SITE ULCER SKIN

The day after vaccine patient conplained of pain at site and developed small area of redness, which grew overnight to 7 cm diameter urticarial lesion around the site of injection.

VAERS ID:	**221508**	**Age:**	4	**Sex:**	F
Vaccination date:	6/7/2000	**Onset date:**	12/8/2003	**Days later:**	1279
Report date:	5/14/2004			**Entry date:**	5/24/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT NO DRUG EFFECT PAIN PRURITUS RASH

Information has been received from a health professional concerning a 4 year old female with no pertinent medical history who on 06/07/00 was vaccinated with a dose of varicella virus vaccine live (Lot # 634842/1867J). There was no concomitant medication. The child came into the office on 12/10/03 and reported that two days ago, on 12/08/03, she developed 1 or 2 pimples on her chest. On 12/10/03 they were also on her abdomen and the number increased to 6-7. She also had some in her groin and a couple on h

VAERS ID:	**221969**	**Age:**	4	**Sex:**	F
Vaccination date:	2/21/2004	**Onset date:**	3/1/2004	**Days later:**	9
Report date:	5/14/2004			**Entry date:**	5/26/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE

Information has been received from a licensed practical nurse concerning her 4 year old granddaughter who on 21Feb04 was vaccinated with a dose of varicella virus vaccine live. On 01Mar04 the reporter noticed a small red, raised area about the size of a quarter near the site of the injection. The child had not been seen by a physician. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**223195**	**Age:**	4	**Sex:**	F
Vaccination date:	4/7/2004	**Onset date:**	4/9/2004	**Days later:**	2

Report date:	5/15/2004			**Entry date:**	6/23/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: ATAXIA DIARRHEA GUILLAIN BARRE SYND LAB TEST ABNORM PAIN REFLEXES DEC

Patient complained of pain of extremities and presented with ataxia and absent reflexes. Diagnosed with Guillian-Barre Syndrome. Received IVIG and physical therapy. No lumbar tap (parents refused). Nurse follow up on 07/27/04 states: "diarrhea."

VAERS ID:	**226199**	**Age:**	4	**Sex:**	F
Vaccination date:	8/24/2004	**Onset date:**	8/25/2004	**Days later:**	1
Report date:	8/26/2004			**Entry date:**	9/3/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	UNKNOWN MFR	
MMR	UNKNOWN MFR	

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE VASODILAT

Area red, raised, warm. Seen by CPNP.

VAERS ID:	**227549**	**Age:**	4	**Sex:**	F
Vaccination date:	9/27/2004	**Onset date:**	9/28/2004	**Days later:**	1
Report date:	10/1/2004			**Entry date:**	10/8/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	5
IPV	AVENTIS PASTEUR,	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE RASH MAC PAP ULCER SKIN

Reddened, raised area. Size of dime-quarter, papular lesions with scab on raised area.

VAERS ID:	**227805**	**Age:**	4	**Sex:**	M
Vaccination date:	10/5/2004	**Onset date:**	10/7/2004	**Days later:**	2
Report date:	10/7/2004			**Entry date:**	10/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	2
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: CELLULITIS EDEMA FEVER VASODILAT

Onset after shot on right deltoid on 10/05/04 per mother got worse over last 2 days with increased redness, swelling and warmth. No fever. Treating patient for cellulitis 10/7/04

VAERS ID:	**228145**	**Age:**	4	**Sex:**	F
Vaccination date:	10/12/2004	**Onset date:**	10/13/2004	**Days later:**	1
Report date:	10/14/2004			**Entry date:**	10/25/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	UNKNOWN MFR	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN VASODILAT

Local redness, swelling, warm, tender;

VAERS ID:	**235243**	**Age:**	4	**Sex:**	F
Vaccination date:	3/18/2005	**Onset date:**	3/18/2005	**Days later:**	0
Report date:	3/21/2005			**Entry date:**	3/21/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	2

SYMPTOMS: CELLULITIS

Cellulitis left arm, given keflex for 5 days.

VAERS ID:	**236194**	**Age:**	4	**Sex:**	M
Vaccination date:	4/13/2005	**Onset date:**	4/14/2005	**Days later:**	1
Report date:	4/15/2005			**Entry date:**	4/15/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA PERIPH PRURITUS RASH

Swelling, erythema, and pruritis to left arm. Hydroxyzine 10mg TID x2 days.

VAERS ID:	**266672**	**Age:**	4	**Sex:**	M
Vaccination date:	11/8/2006	**Onset date:**	11/9/2006	**Days later:**	1
Report date:	11/13/2006			**Entry date:**	11/13/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
DTAP	UNKNOWN MANUFACTURER	4
IPV	UNKNOWN MANUFACTURER	3

SYMPTOMS: Anorexia Cellulitis Injection site erythema Injection site induration Injection site oedema Injury Irritability Laboratory test abnormal Oedema Pyrexia White blood cell disorder

After vaccine was cranky. Next day by 1pm right arm very swollen, lack of appetite, low grade fever called doctor who advised ice for swelling and Motrin for fever. Called again by evening because there was more swelling, area hand, spread all the way to wrist. Taken to DR on 11/10 and sent to specialist for possible cellulitis. Specialists confirmed that it was a severe case of cellulitis at the time area was red and hard as rock. Admitted to hospital on 11/10 by 2pm given IV antibiotics and finally discha

VAERS ID:	**263309**	**Age:**	4	**Sex:**	M
Vaccination date:	9/11/2006	**Onset date:**	9/11/2006	**Days later:**	0
Report date:	9/15/2006			**Entry date:**	9/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Swelling face Urticaria

Initial information received on 13/Sep/2006 from a health care professional. A four-year-old male patient received a fifth dose of Daptacel, lot number C2649AA, administered intramuscularly in the right arm, and a fourth dose of IPOL, lot number Z0018, administered subcutaneously in the left arm on 11/Sep/2006 AT 12:15 pm. Fifteen minutes later, the patient developed hives and facial swelling. It was not reported whether the patient required any medical evaluation or treatment. The events were reported

VAERS ID:	**263291**	**Age:**	4	**Sex:**	M
Vaccination date:	9/11/2006	**Onset date:**	9/11/2006	**Days later:**	0
Report date:	9/11/2006			**Entry date:**	9/19/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Face oedema Urticaria

Pt developed hives and facial swelling approx 15/25 minutes after receiving Dtap and IPV vaccines. Pt has history of allergies to dairy, Zithromax, amoxil.

VAERS ID:	**262214**	**Age:**	4	**Sex:**	F
Vaccination date:	8/21/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/24/2006			**Entry date:**	8/28/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	3
HIBV	AVENTIS PASTEUR, INC.	3
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site pain Injection site swelling

2"x3" diameter red raised area noted left arm Dtap injection site c/o pain (8/23/06). Rx: warm compresses (to area) and Tylenol (pain). Follow up office visit if worse.

VAERS ID:	**262020**	**Age:**	4	**Sex:**	F
Vaccination date:	8/21/2006	**Onset date:**	8/22/2006	**Days later:**	1

Report date:	8/23/2006			**Entry date:**	8/23/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site swelling

Upper arm swollen, red - started approx 24h after vaccine administered; seen in office 8/23/06 - no additional treatment

VAERS ID:	**261546**	**Age:**	4	**Sex:**	F
Vaccination date:	7/12/2006	**Onset date:**	7/12/2006	**Days later:**	0
Report date:	8/10/2006			**Entry date:**	8/14/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Unevaluable event

Information has been received from a physician concerning a 4 wk old female who on 12Jul06 was vaccinated, by mouth, with a dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human bovine). The pt had no symptoms. Unspecified medical attention was sought. No product quality complaint was involved. No other information was provided. Additional information has been requested.

VAERS ID:	**258886**	**Age:**	4	**Sex:**	F
Vaccination date:	6/19/2006	**Onset date:**	6/20/2006	**Days later:**	1
Report date:	6/22/2006			**Entry date:**	6/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Injection site induration Oedema Rash vesicular

Erythema and induration of Left upper arm with vesicular rash seen 6/21/06 and treated with Keflex for possible cellulitis. Returned 6/22/06 with worsening erythema and edema (10cm x 11cm area of induration) with multiple vesicles over entire region (fluid filled). Prednisone started x 3 days.

VAERS ID:	**256516**	**Age:**	4	**Sex:**	F
Vaccination date:	8/2/2005	**Onset date:**	8/12/2005	**Days later:**	10
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Injection site erythema Injection site mass Injection site oedema

Information has been received from a physician concerning a 4 yr old female with a seizure disorder who on 02Aug05 was vaccinated with a dose of varicella virus vaccine live. On 12Aug05 the pt developed injection site redness, induration and swelling. No vesicular lesions or crusting were present. Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**255954**	**Age:**	4	**Sex:**	F
Vaccination date:	9/5/1996	**Onset date:**	5/8/2005	**Days later:**	3167
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pyrexia Rash pruritic Rash pustular

Information has been received from a RN concerning a 12 yr old Caucasian female student with no known allergies or medical history who on 05Sep96 at 17:50 was vaccinated SC in the left arm with her first dose of varicella virus vaccine live (lot 617224/0252D). On 08May05 at 09:00 the pt became febrile with fevers of 102-103F and developed a pruritic, pustular rash. The pt was seen by a physician on 09May05, the rash was on her face and scattered on her body and her temp at the time was 98.2F. A CBC was per

VAERS ID:	**253445**	**Age:**	4	**Sex:**	M
Vaccination date:	3/27/2006	**Onset date:**	3/28/2006	**Days later:**	1
Report date:	3/29/2006			**Entry date:**	3/29/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site swelling

Redness and swelling at the site.

VAERS ID:	**299485**	**Age:**	4	**Sex:**	F
Vaccination date:	10/27/2006	**Onset date:**	10/27/2006	**Days later:**	0
Report date:	11/13/2006			**Entry date:**	11/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	3

SYMPTOMS: Cough Eye pain Pyrexia

Initial report received on 30 October 2006 from a health care professional. A four-year-old female child, with a concurrent upper respiratory infection, and no known allergies, had received a fourth dose, left thigh, intra-muscular injection of FLUZONE SV '2006-'2007 USP, lot number U2237AA, on 27 October 2006. Approximately four hours post-immunization, the patient developed a fever of 103.0 degree Fahrenheit, minimal cough, and complained of bilateral eye pain. No diagnostics were performed, and treatments received were not reported. The patient was evaluated by the physician three days later, and her neurological exam was normal, her eye pain was gone, and her fever had gone down to 101.0 degrees Fahrenheit. No diagnostics were performed, and treatments received were not reported. Reportedly, the patient had experienced a previous temperature of 103.0 degrees Fahrenheit at 18 months of age (2003) after receiving a vaccine (trade name of vaccine not reported). At the time of this report, it was unknown if the patient had fully recovered from these adverse events. The reporter for this case is the same as for cases 2006-02858, and 2006-02860.

VAERS ID:	**286465**	**Age:**	4	**Sex:**	M
Vaccination date:	7/30/2007	**Onset date:**	8/1/2007	**Days later:**	2
Report date:	8/1/2007			**Entry date:**	8/1/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	1
PNC	WYETH PHARMACEUTICALS, INC	0

SYMPTOMS: Decreased appetite Injection site swelling

Decreased appetite, both arms swollen at injection site of Prevnar, DTaP, IPV - Benadryl, Tylenol and warm compresses

VAERS ID:	**285733**	**Age:**	4	**Sex:**	M
Vaccination date:	7/20/2007	**Onset date:**	7/21/2007	**Days later:**	1
Report date:	7/23/2007			**Entry date:**	7/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE BIOLOGICALS	0
HEPA	MERCK & CO. INC.	1

MMRV	MERCK & CO. INC.	0

SYMPTOMS: Injection site swelling

Rt upper arm swollen.

VAERS ID:	**273227**	**Age:**	4	**Sex:**	M
Vaccination date:	2/27/2007	**Onset date:**	2/28/2007	**Days later:**	1
Report date:	3/1/2007			**Entry date:**	3/1/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE BIOLOGICALS	5
MMRV	MERCK & CO. INC.	

SYMPTOMS: Erythema Oedema peripheral Pain in extremity

Presented with swelling, redness, soreness right arm.

VAERS ID:	**211503**	**Age:**	4	**Sex:**	M
Vaccination date:	10/24/2003	**Onset date:**	10/24/2003	**Days later:**	0
Report date:	10/25/2003			**Entry date:**	11/3/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: CONFUS EMOTION LABIL FEVER STUPOR

Patient, 2-3 hours after DTAP had increase ? , excessive crying, very disoriented and confused. As per mother, patient's eyes were glassy and glazed. Patient refused to sit still for 6 hours. He also had an elevated body temperature of 101.103 degrees F.

VAERS ID:	**216361**	**Age:**	4	**Sex:**	F
Vaccination date:	10/29/2003	**Onset date:**	10/30/2003	**Days later:**	1
Report date:	2/11/2004			**Entry date:**	2/12/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HIBV	AVENTIS PASTEUR,	3
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER NAUSEA RASH VESIC BULL ULCER SKIN

Mom reports after vaccine given the pt developed a fever of 100-101 degrees. Also developed "pox" lesions on back and was nauseous for 2 weeks.

VAERS ID:	**228112**	**Age:**	4	**Sex:**	M
Vaccination date:	10/18/2004	**Onset date:**	10/19/2004	**Days later:**	1
Report date:	10/21/2004			**Entry date:**	10/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: ALLERG REACT EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT PRURITUS VASODILAT

Localized reaction s/p DTaP left arm. Redness, swollen, itchy, warm. No nontender, No fever, No SOB/CP/wheeze. A/P (1) Localized allergic reaction s/p DTaP- Benadryl prn, reassured, ok to give future booster doses.

VAERS ID:	**223910**	**Age:**	4.4	**Sex:**	M
Vaccination date:	6/30/2004	**Onset date:**	7/8/2004	**Days later:**	8
Report date:	7/9/2004			**Entry date:**	7/13/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT RASH VESIC BULL

Injection given on 6/30/04. Chicken pox rash started on 7/8/04. Seen in office on 7/9/04. Chicken pox rash all over.

VAERS ID:	**208533**	**Age:**	4.5	**Sex:**	M
Vaccination date:	8/25/2003	**Onset date:**	8/26/2003	**Days later:**	1
Report date:	8/26/2003			**Entry date:**	8/29/2003

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	1
HBHEPB	MERCK & CO. INC.	1
IPV	AVENTIS PASTEUR,	1

SYMPTOMS: EDEMA FEVER VASODILAT

Fever 101-102F, left thigh: swollen, hot.

VAERS ID:	**203203**	**Age:**	4.5	**Sex:**	M
Vaccination date:	5/12/2003	**Onset date:**	5/13/2003	**Days later:**	1
Report date:	5/14/2003			**Entry date:**	5/16/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA RASH

Patient developed a area of erythema and swelling to right deltoid area approximately 4cm x 4cm the day after receiving immunization. Treatment is motrin and cold compresses to area.

VAERS ID:	**203977**	**Age:**	4.9	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/27/2003			**Entry date:**	5/30/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	UNKNOWN MFR	4
IPV	UNKNOWN MFR	3
MMR	UNKNOWN MFR	1

SYMPTOMS: PALLOR SKIN DISCOLOR

Apprx. 1-2 hours after vaccines, pt became very white, lips turned blue, and he almost passed out. I gave him juice and took him to the doctor's office. Seems okay, but it has happened 2 x's since.

VAERS ID:	**240757**	**Age:**	5	**Sex:**	M
Vaccination date:	5/25/2005	**Onset date:**	5/26/2005	**Days later:**	1
Report date:	6/21/2005			**Entry date:**	6/28/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	

SYMPTOMS: ECCHYMOSIS EDEMA INJECT SITE HYSN INJECT SITE INFECT SINUSITIS

Large very red swollen arm at injection site day after shot. Also heavily bruised at inject site. Developed very bad cold, sinus infection 2 days after shot. recovery is TBD. Pt still on antibiotics.,

VAERS ID:	**241046**	**Age:**	5	**Sex:**	F
Vaccination date:	6/24/2005	**Onset date:**	6/25/2005	**Days later:**	1
Report date:	7/6/2005			**Entry date:**	7/6/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: MYOCLONUS

Myoclonus both arms. Getting better.

VAERS ID:	**264348**	**Age:**	5	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/6/2006			**Entry date:**	10/11/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MANUFACTURER	
IPV	UNKNOWN MANUFACTURER	
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Abdominal pain upper Oedema peripheral Urticaria

Information has been received from a registered nurse concerning a 5 year old female who on an unspecified date was vaccinated with a first dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. Concomitant vaccination included diphtheria toxoid (+) pertussis vaccine (unspecified) (+) tetanus toxoid (manufacturer unspecified) and poliovirus vaccine (manufacturer unspecified). Shortly after vaccination, the patient developed a stomach ache, her arms and legs became

VAERS ID:	**261527**	**Age:**	5	**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/4/2006			**Entry date:**	8/14/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	

SYMPTOMS: Injection site erythema Injection site oedema Injection site pain Injection site warmth

In was reported that 8-10 pt, 5 years of age developed swelling, pain, redness and warmth from their shoulder to their elbow approx 24 hours after receiving in the injection route not reported, of Daptacel, dose five lot numbers included C20506AA and C2253AA, in the deltoid and the SC injection of Ipol, lot number Y1051 administered in the same arm as Daptacel on an unspecified date. Specific arm vaccinations were given in was not reported. Needle was 5/8 and 25 gauge. It was not reported if this needle siz

VAERS ID:	**258047**	**Age:**	5	**Sex:**	F
Vaccination date:	1/3/2002	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MANUFACTURER	
HIBV	MERCK & CO. INC.	
IPV	UNKNOWN MANUFACTURER	
MMR	MERCK & CO. INC.	0
PNC	LEDERLE LABORATORIES	

SYMPTOMS: Drug ineffective Laboratory test abnormal

Information has been received from a mother concerning her 5 year old daughter who had no medical history or allergies who on 01/03/2002, was vaccinated with the first dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. concomitant vaccinations on the same day included a dose of diphtheria toxoid (+) pertussis vaccine (unspecified) (+) tetanus toxoid, Hib conj vaccine (OMPC) (manufacture unknown), polio virus vaccine inactivated (unspecified) and pneumococcal 4 6B

VAERS ID:	**251427**	**Age:**	5	**Sex:**	M
Vaccination date:	2/8/2006	**Onset date:**	2/9/2006	**Days later:**	1
Report date:	2/10/2006			**Entry date:**	2/10/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Injection site erythema Injection site induration Pyrexia

Fever with in 24 hours, local erythema, induration about 3-4 inches diameter at left arm.

VAERS ID:	291304	Age:	5	Sex:	M
Vaccination date:	3/27/2007	Onset date:	3/30/2007	Days later:	3
Report date:	9/19/2007			Entry date:	9/25/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMRV	MERCK & CO. INC.	1

SYMPTOMS: Cranial nerve disorder Diarrhoea Electroencephalogram abnormal Headache Irritability Photopsia Pyrexia Sleep terror Visual disturbance

3 days after vaccine fever 102.5. 4 days after vaccine headache and cranky. 10 days after vaccine diarrhea. 13 days after vaccine fever 101.4, diarrhea, night terror. 14 days after vaccine diarrhea, fever 102.2. 16 days after vaccine "eyes playing tricks", flashing lights, looks like things getting closer x 1 month. Resolved then recurred again Aug 07.

VAERS ID:	207604	Age:	5	Sex:	M
Vaccination date:	8/6/2003	Onset date:	8/6/2003	Days later:	0
Report date:	8/7/2003			Entry date:	8/8/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: ANGIOEDEMA ASTHMA HYPERVENTIL

Wheezing, angioedema, tachypnea. In office: required albuterol, Epi-pen Jr, Benadryl.

VAERS ID:	213137	Age:	5	Sex:	F
Vaccination date:	10/10/2003	Onset date:	10/18/2003	Days later:	8
Report date:	11/15/2003			Entry date:	11/26/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: RASH MAC PAP

Left arm with 4.5x4 cm red, raised.

VAERS ID:	**216782**	**Age:**	5	**Sex:**	M
Vaccination date:	1/16/2004	**Onset date:**	1/17/2004	**Days later:**	1
Report date:	2/5/2004			**Entry date:**	2/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	1
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA PERIPH PAIN RASH

Swelling of arm-10x12cm one day later (1/17) and 11x14 two days later (1/19) mild pain induration and erythema present but no other problems-no fever. Rx Ibuprofen for pain.

VAERS ID:	**220051**	**Age:**	5	**Sex:**	F
Vaccination date:	5/3/2004	**Onset date:**	5/4/2004	**Days later:**	1
Report date:	5/6/2004			**Entry date:**	5/7/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE MASS INJECT SITE VASODILAT

Received DTAP #5 on 05/03/04. Mom called 9:15am 05/04/04, arm red, swollen. Progressed as day went on, seen in our office 7:00. 10cm erythema, warmth, and induration. Diagnosis with cellulitis. Augmentin 400mg twice daily for 10 days.

VAERS ID:	**220133**	**Age:**	5	**Sex:**	M

Vaccination date:	5/6/2004	**Onset date:**	5/6/2004	**Days later:**	0
Report date:	5/6/2004			**Entry date:**	5/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	1

SYMPTOMS: GAIT ABNORM PALLOR PRURITUS SWEAT URTICARIA VASODILAT

At 3:15PM MMR vaccine given into left arm as in protocol. Pt tolerated well. No color change. Able to walk and talk normally. Walked out of office when dad brought pt back in- slight limp and moaning. Fell flushed, clammy, pale. Breathing without difficulty. welts on cheeks, abdomen and arm. --itching around 3:30 BP: 70/54, RR = 18/min. Epi (1mg/ml 1:1000) 0.15. Oxygen mask given. Pt given SQ in right arm. Welts decreased within 5-10 minutes. 911 called. Transported to hospital.

VAERS ID:	**220623**	**Age:**	5	**Sex:**	F
Vaccination date:	3/4/1999	**Onset date:**	4/22/2003	**Days later:**	1510
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: OTITIS MED RASH MAC PAP RASH VESIC BULL

Information has been received from a RN concerning a 5 y/o white female with an allergy to amoxicillin noted on 13Feb1999 who on 04Mar1999 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. On 04Mar1999 the pt was also vaccinated IM in the left arm with a third dose of hepatitis B vaccine recombinant (ENGERIX B). There was no other concomitant medication. The pt had serious otitis media at the time of vaccination. There were no adverse events following prior vaccinations. O

VAERS ID:	**220626**	**Age:**	5	**Sex:**	F
Vaccination date:	10/13/2000	**Onset date:**	4/22/2003	**Days later:**	921
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT NO DRUG EFFECT

Information has been received from a nurse practitioner concerning a 5 year old female pt with no relevant medical history and no known drug allergies who on 13Oct2000 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. An illness at the time of vaccination was urinary frequency with a negative culture. There was no concomitant medication. On 22Apr2003 the pt developed a fever of 104 degrees and chickenpox described as a mild rash that began on the forehead and spread to the

VAERS ID:	**220886**	**Age:**	5	**Sex:**	M

Vaccination date:	5/3/1999	**Onset date:**	7/10/2003	**Days later:**	1529
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	LEDERLE LABORATO	2
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT

Information has been received from a RN concerning a 5 y/o male with no medical history who on 03May1999, was vaccinated SQ in the right arm with the first dose of 0.5mL dose of dose of varicella virus vaccine live. Concomitant vaccinations on that same day included measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation) and inactivated poliovirus vaccine. There was no illness at the time of vaccination. The RN reported that on 10Jul2003, the pt developed c

VAERS ID:	**221626**	**Age:**	5	**Sex:**	M
Vaccination date:	5/19/2004	**Onset date:**	5/21/2004	**Days later:**	2
Report date:	5/21/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	5
IPV	AVENTIS PASTEUR,	4
MMR	MERCK & CO. INC.	0

SYMPTOMS: VASODILAT

Left arm red from elbow to shoulder warm to touch. Mom applied ice gave Benadryl- Seen in ER- continue with Benadryl.

VAERS ID:	**221707**	**Age:**	5	**Sex:**	M
Vaccination date:	7/22/2003	**Onset date:**	7/23/2003	**Days later:**	1
Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	3
IPV	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse and described the occurrence of an injection site reaction in an 5 year old male pt who received DTAP (Infanrix) for prophylaxis. On 07/22/03 the pt received the 4th dose of Infanrix (Lot # DTPA592B9) in the left arm. On the same date he also received an injection of IPV. On 07/23/03, 1 day post-immunization, the parents noticed that the pt had developed an injection site reaction characterized by a "large" area of redness and swelling at the site of Infanrix administrati

VAERS ID:	**224869**	**Age:**	5	**Sex:**	M
Vaccination date:	10/27/2003	**Onset date:**	10/27/2003	**Days later:**	0
Report date:	7/30/2004			**Entry date:**	8/4/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA FEVER HEADACHE NERVOUSNESS PAIN PAIN INJECT SITE SOMNOLENCE TREMOR VASODILAT

Information has been received from an RN concerning a 5 year old white male pt with a medical hx of an allergy to mite dust, allergic rhino sinusitis , chronic otitis media with effusion and asthma who on 27OCT2003 at 15:30 was vaccinated IM in he left deltoid with a first dose of pneumococcal 23v polysaccharide vaccine. Concomitant therapy on 27OCT2003 at 15:30 included an IM first dose in the right deltoid of influenza virus split virion 3v vaccine inactivated. Other concomitant medication were fluticason

VAERS ID:	**225060**	**Age:**	5	**Sex:**	M
Vaccination date:	8/3/2004	**Onset date:**	8/4/2004	**Days later:**	1
Report date:	8/5/2004			**Entry date:**	8/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	5
IPV	AVENTIS PASTEUR,	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: CELLULITIS EDEMA VASODILAT

Approximately 4pm 8/3, child received 3 vaccines MMR, DTaP, IPV. Mom called 9AM 8/4 left arm swollen, red. Came in for appointment 4pm 8/4 with cellulitis/ immunization rxn left arm.

VAERS ID:	**227031**	**Age:**	5	**Sex:**	M
Vaccination date:	9/13/2004	**Onset date:**	9/15/2004	**Days later:**	2
Report date:	9/21/2004			**Entry date:**	9/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	

SYMPTOMS: VASODILAT

Approximately 2:30 9/13 received DTaP, MMR , IPV. Woke up 9/15 with redness to left arm. Came to our office. Diagnosed with local reaction.

VAERS ID:	**227302**	**Age:**	5	**Sex:**	F
Vaccination date:	5/27/2004	**Onset date:**	6/10/2004	**Days later:**	14
Report date:	10/11/2004			**Entry date:**	10/4/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
FLU	AVENTIS PASTEUR,	2
MMR	MERCK & CO. INC.	1

SYMPTOMS: CONVULS

Pt received Fluzone .5ml 10/29/2003 and had a 1st time afebrile seizure 11/8/03. Developed fever 11/9/03. CT neg, EEG neg. Received DTaP/ MMR 5/27/04 and had 2nd afebrile seizure 6/10/04. MRI neg. Started on Depallete. No further seizures.

VAERS ID:	**238274**	**Age:**	5	**Sex:**	M
Vaccination date:	5/17/2005	**Onset date:**	5/17/2005	**Days later:**	0
Report date:	5/26/2005			**Entry date:**	5/26/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	0

SYMPTOMS: FEVER

Developed a high fever 101 the first evening and continued for 2 days Temp continued to 103.4 when mother took child to Emergency Room. Child placed on Zithromax and has recovered.

VAERS ID:	**238979**	**Age:**	5	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/2/2005			**Entry date:**	6/2/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4

SYMPTOMS: EDEMA RASH URTICARIA

After administration of his DaPt booster and mantoux test, upon arrival at his home, less than 30 minutes his father how took him to be inmunized, started to notice welts over his arms and neck. The father contact the office right away and as we did not observe any breathing difficulty dyphenhydramine(Benadryl) in a dose of 5mgr/Kg?day was administer oraly. I was able to exam him 30 minutes after the Benadryl dose. No breathing difficulty and no wheezing was present , multiple polyform wealts were presen

VAERS ID:	**267780**	**Age:**	5	**Sex:**	M
Vaccination date:	11/14/2006	**Onset date:**	11/18/2006	**Days later:**	4
Report date:	11/22/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	2
MMR	MERCK & CO. INC.	1

SYMPTOMS: Hallucination Headache Pyrexia

Fever d 4-5 post immunizations T 101-103 degrees. Visual hallucinations d 4-5 with and without fever - sleeping and garbe headache d 3-5

VAERS ID:	**264700**	**Age:**	5	**Sex:**	F
Vaccination date:	10/5/2006	**Onset date:**	10/6/2006	**Days later:**	1
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injection site erythema Injection site oedema Injection site warmth

Left arm red, swollen warm to the touch. 1st day measured 4.5 x 4 left arm to above elbow. 2nd day 5x5 all around arm. TX Benadryl, cold compress, antibiotic.

VAERS ID:	**264701**	**Age:**	5	**Sex:**	F
Vaccination date:	10/5/2006	**Onset date:**	10/6/2006	**Days later:**	1
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injection site erythema Injection site oedema Injection site warmth

Left arm swollen, red warm to touch, 1st day measured 4x3, 2nd day 4x4. gave Benadryl, cold compress and antibiotic.

VAERS ID:	**263308**	**Age:**	5	**Sex:**	F
Vaccination date:	6/30/2006	**Onset date:**	6/30/2006	**Days later:**	0
Report date:	9/15/2006			**Entry date:**	9/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cyanosis Pallor Syncope vasovagal Vomiting

Initial report received on 7/3/06 from a health care professional. A five year old male pt received a dose of Daptacel, lot number C2407AA, administered IM in the left thigh, a dose of IPOL, lot number Y1068, administered IM in the left thigh, a dose of MMR, lot number 0309F, administered SC in the right thigh, and a dose of Tubersol STU, lot number C2369AA, administered in the left forearm on 6/30/06. Three to fours minutes following the vaccine and tuberculin skin test administration, the pt became pale a

VAERS ID:	**260841**	**Age:**	5	**Sex:**	F
Vaccination date:	7/27/2006	**Onset date:**	7/27/2006	**Days later:**	0
Report date:	7/28/2006			**Entry date:**	7/28/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SMITHKLINE BEECHAM	3
IPV	AVENTIS PASTEUR, INC.	2
MMRV	MERCK & CO. INC.	1

SYMPTOMS: Abdominal pain upper Erythema Pruritus Rash Rash macular Urticaria

Within 5-10 minutes of vaccination, acute stomach pain; followed by itching of palms and soles of feet. Itching spread to entire body, hives appeared on face, ears and arms within 20 minutes. Subsequently, red blotchy rash appeared on legs and stomach. Patient was treated with 1 3/4 tsp of benadryl.

VAERS ID:	**259965**	**Age:**	5	**Sex:**	M
Vaccination date:	7/15/2006	**Onset date:**	7/15/2006	**Days later:**	0
Report date:	7/17/2006			**Entry date:**	7/24/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

BCG	AVENTIS PASTEUR, INC.	
MMR	MERCK & CO. INC.	1

SYMPTOMS: Asthenia Cough Rash erythematous Sneezing Vomiting

After shots child left the office started sneezing and coughing went to grandmother's, vomited got weak, returned to office 10:20. Child had erythematous rash all over his body. Pulse oximetry 99 percent, blood pressure 96/63, PULSE 149. BENADRYL post mouth given, 1.5 tablespoon child vomited times two. 10:30 4mg intramuscular Dexamethasone given, blood pressure 97/58, pulse 137 child examined in office till 11:45. remained stable.

VAERS ID:	**257242**	**Age:**	5	**Sex:**	M
Vaccination date:	6/25/2001	**Onset date:**	1/21/2006	**Days later:**	1671
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Infection

Info has been received from an RN concerning a 9 year old white male who on 6/25/01 was vaccinated SC in the left arm with the 1st dose of varicella virus vaccine live (lot 638497/1905K). The RN reported that on 1/21/06, the pt developed 5-10 lesions on his trunk and 2 lesions on his face that were at various stages. The pt was seen by a physician and was treated with Benadryl and Aveeno. No laboratory/diagnostic tests were performed. In 1/06, the pt's lesions resolved. No further info is available.

VAERS ID:	**255696**	**Age:**	5	**Sex:**	M
Vaccination date:	10/9/1995	**Onset date:**	4/3/2005	**Days later:**	3464
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Infection Pyrexia

Info has been received from a health professional concerning a 14 year old white male with a shell fish allergy who on 10/9/95, was vaccinated with a SC, 1st dose, in the right arm of varicella virus vaccine live. There was no illness at the time of vaccination and no adverse events following prior vaccination. I was reported that the pt presented with break through chickenpox at an office visit on 4/4/05. The pt had approximately 50 lesions with the rash all over his body including his trunk, scalp, face a

VAERS ID:	**255621**	**Age:**	5	**Sex:**	M
Vaccination date:	3/22/1999	**Onset date:**	3/16/2005	**Days later:**	2186
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Rash papular
Info has been received from an RN concerning a 10 year old white male with an innocent heart murmur who on 3/22/99 was vaccinated , in the left arm with a 1st dose of varicella virus vaccine live. There was no illness at the time of vaccination. On 3/16/05, the pt developed a rash with approximately 30 papules and vesicles. The rash was also noted to be itchy. Benadryl and Tylenol were recommended for treatment. The outcome was reported as recovered. There were no relevant diagnostic tests or laboratory dat

VAERS ID:	**251024**	**Age:**	5	**Sex:**	F
Vaccination date:	1/9/2006	**Onset date:**	1/22/2006	**Days later:**	13
Report date:	1/30/2006			**Entry date:**	1/30/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	UNKNOWN MANUFACTURER	

SYMPTOMS: Feeling hot Injection site erythema Swelling Viral infection
Patient discovered pox on 1/22 and parent on 1/23. Taken to doctor on 1/23 and diagnosed as pox. Site of vaccine was swollen, red, warm to touch. Gave pt Benadryl, Tylenol to prevent fever, calamine lotion and oatmeal baths. Today pox have scab over.

VAERS ID:	**289254**	**Age:**	5	**Sex:**	M
Vaccination date:	8/15/2007	**Onset date:**	8/15/2007	**Days later:**	0
Report date:	8/24/2007			**Entry date:**	8/28/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Rash Throat irritation Urticaria
Mom called about 30 minutes following administration of vaccines to report rash and complaint of itchy throat. Patient came back to office had an urticarial rash around ears, neck, upper chest. C/O itchy feet - no rash seen. POX 97%, Lungs CTA, throat without ant erythema - patient stable - sent to ER for observation.

VAERS ID:	**286937**	**Age:**	5	**Sex:**	M
Vaccination date:	7/23/2007	**Onset date:**	7/24/2007	**Days later:**	1
Report date:	7/27/2007			**Entry date:**	8/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4

HEPA	MERCK & CO. INC.	0
IPV	SANOFI PASTEUR	3

SYMPTOMS: Cellulitis Erythema Oedema peripheral Skin warm

Right arm red, swollen and warm to touch on presentation after having received 2 vaccinations to right arm 2 days prior to visit - dx with ? cellulitis - tx with Augmentin ES 600 BID

VAERS ID:	**282349**	**Age:**	5	**Sex:**	M
Vaccination date:	6/5/2007	**Onset date:**	6/5/2007	**Days later:**	0
Report date:	6/12/2007			**Entry date:**	6/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
HEPA	MERCK & CO. INC.	
IPV	SANOFI PASTEUR	3
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Diarrhoea Erythema Local reaction Skin warm

Child developed diarrhea and arm became red and hot after vaccines were administered - dx with local reaction - prescribed Atarax and Elocon.

VAERS ID:	**283489**	**Age:**	5	**Sex:**	M
Vaccination date:	5/17/2006	**Onset date:**	5/17/2006	**Days later:**	0
Report date:	5/30/2007			**Entry date:**	6/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
MMR	MERCK & CO. INC.	1

SYMPTOMS: Dyspnoea Erythema Pruritus Urticaria

Information has been received from a registered nurse in an allergist's office and a physician concerning a 5 year old male with no known allergies or medical history who on 17-MAY-2006 was vaccinated SC in the deltoid with a second dose of MMR II (lot # 651110/1048R). Concomitant vaccination included a fifth dose of TRIPEDIA (lot # 017774CA) given IM in the deltoid. There was no illness at the time of vaccination. Approximately 15-20 minutes after vaccination the patient developed shortness of breath, hives, generalized pruritis and redness. The patient was also eating an orange lollipop (Dum-Dum) at the time. The patient presented to the ER and was treated with unspecified steroids and BENADRYL. ON an unspecified date the patient recovered. On 02-AUG-2006 the patient was seen by an allergist and was round to have a questionable reaction to the gelatin in the MMR II (lot # 651110/1048R) or to the lollipop. No further information was available. There was no product quality complaint involve.

VAERS ID:	280035	Age:	5	Sex:	F
Vaccination date:	5/1/2007	Onset date:	5/2/2007	Days later:	1
Report date:	5/16/2007			Entry date:	5/30/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	SANOFI PASTEUR	4
HEPA	MERCK & CO. INC.	0
IPV	SANOFI PASTEUR	3
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Oedema peripheral

1 day after vaccines, child's L arm became swollen. Parents took child to JFK ER where pt was dx with cellulitis and prescribed Keflex

VAERS ID:	280012	Age:	5	Sex:	F
Vaccination date:	5/9/2007	Onset date:	5/9/2007	Days later:	0
Report date:	5/14/2007			Entry date:	5/30/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Rash maculo-papular Rash papular

Chief Complaint. 5/9/07 Rash-Raised Papula rash under left arm and on back/maculopapular lesions left Axillary area left lower scapular region started 20-25 minutes after receiving her #2 Varicella booster. #1 Varicella given 10/14/03 at another office

VAERS ID:	277933	Age:	5	Sex:	F
Vaccination date:	4/23/2007	Onset date:	4/24/2007	Days later:	1
Report date:	4/30/2007			Entry date:	5/4/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling

Patient vaccine site became red and swollen after vaccination. ? Cellutitis diagnosis - Pt prescribed Keflex - sx resolved.

VAERS ID:	**259646**	**Age:**	5	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/14/2006			**Entry date:**	7/18/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Encephalopathy Rash vesicular Viral infection

Information has been received from a RN concerning a 5 yr old male who in Nov 2001, was vaccinated with a dose of varicella virus vaccine live. In Feb 2005, the pt developed a full blown case of chickenpox that resulted in encephalopathy. Medical attention was sought. He was hospitalized, treated (unk measures) and recovered completely. There was no product quality complaint involved. The pt's varicella that resulted in encephalopathy was considered to be an other important medical event (OMIC). Additional

VAERS ID:	**257934**	**Age:**	5	**Sex:**	F
Vaccination date:	5/24/2006	**Onset date:**	5/26/2006	**Days later:**	2
Report date:	6/5/2006			**Entry date:**	6/6/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR, INC.	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling Injection site warmth Oedema peripheral Pyrexia

Arm red, warm, edematous; hand also edematous, painful, "red line". Treated in hospital with antibiotics and Benadryl and released 5/29/06.

VAERS ID:	**203785**	**Age:**	5	**Sex:**	F
Vaccination date:	5/28/2002	**Onset date:**	5/28/2002	**Days later:**	0
Report date:	5/14/2003			**Entry date:**	5/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4

IPV AVENTIS PASTEUR,

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

A nurse reported the occurrence of a injection site reaction in a 5-year-old female who received diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix). The medical history, concurrent conditions, and concurrent medications were not specified. On 05/28/2002, the vaccinee received her fifth injection of Infanrix (lot DTPA542A2; expiration date 09/24/2003). On the same date, she also received an injection of inactivated poliomyelitis virus vaccine (IPOL) into the opposite arm.

VAERS ID:	**204580**	**Age:**	5	**Sex:**	F
Vaccination date:	5/23/2003	**Onset date:**	5/25/2003	**Days later:**	2
Report date:	5/30/2003			**Entry date:**	6/6/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	4
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE MASS INJECT SITE

Erythema, swelling and induration of left thigh. No fever.

VAERS ID:	**219266**	**Age:**	5	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/21/2004			**Entry date:**	4/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: FEVER

Pyrexia. Information regarding Flumist (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) was received from a parent regarding his 5 year old son who received a dose in Dec 2003 and developed fever. The child's father reported that his son received a dose of Flumist (2003-4) in Dec-2003, and two days later, developed a fever (pyrexia) which has been "up and down" and as high as 102 degrees F. The child was seen by the physician but according to the fat

VAERS ID:	**221708**	**Age:**	5	**Sex:**	M
Vaccination date:	7/21/2003	**Onset date:**	7/22/2003	**Days later:**	1
Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse and described the occurrence of an injection site reaction in a 5 year old male pt who received DTAP (Infanrix) for prophylaxis. On 07/21/03, the pt received the 5th dose of Infanrix (Lot# DTPA592B9) in the left arm. On the same date, he also received an injection of IPV in the left arm, and an injection of MMRII in the right arm. On 07/22/03, 1 day post-immunization, the parents noticed that the pt had developed an injection site reaction characterized by an area of swell

VAERS ID:	**227687**	**Age:**	5	**Sex:**	M
Vaccination date:	9/13/2004	**Onset date:**	9/13/2004	**Days later:**	0
Report date:	9/13/2004			**Entry date:**	10/13/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HEP	MERCK & CO. INC.	2
IPV	AVENTIS PASTEUR,	2
MMR	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: EDEMA FACE TACHYCARDIA URTICARIA

5 years old male came for vaccination. DTaP-IPV, HEP B Varicella. No previous medical history, no known allergies. Vaccines given. Few minutes later baby developed severe urticaria with swelling of face/lips. Heart rate 140-160. Immediate epinephrine given x 1 reaction observed . Vital signs became stable. Was sent to ER for further observation.

VAERS ID:	**234523**	**Age:**	5	**Sex:**	F
Vaccination date:	2/22/2005	**Onset date:**	2/23/2005	**Days later:**	1
Report date:	2/24/2005			**Entry date:**	3/2/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
IPV	AVENTIS PASTEUR,	3
MMR	MERCK & CO. INC.	1

SYMPTOMS: EDEMA VASODILAT

Arm swelling, redness, started 24 hours after vaccine.

VAERS ID:	**235211**	**Age:**	5	**Sex:**	U
Vaccination date:	3/15/2004	**Onset date:**	12/1/2004	**Days later:**	261

Report date:	3/17/2005			**Entry date:**	3/21/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: DTAP | **Manufacturer:** AVENTIS PASTEUR, | **Dose:**

SYMPTOMS: INFECT BACT NO DRUG EFFECT

From initial information received on 3/9/05 from a licensed practical nurse regarding an adverse event occurring in the USA, it was reported that a five year old patient (gender not reported) received a dose of DAPTACEL, lot number C1625AA, administered on 3/15/04 as a five year booster dose. The route and site of administration were not reported. Nine months later, in December of 2004, the patient was diagnosed with pertussis. The patient previously received a booster dose of DTaP, lot number 467674, at 15

VAERS ID:	**237075**	**Age:**	5	**Sex:**	F
Vaccination date:	2/2/2005	**Onset date:**	2/2/2005	**Days later:**	0
Report date:	5/1/2005			**Entry date:**	5/6/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HEP | **Manufacturer:** GLAXOSMITHKLINE | **Dose:** 2

SYMPTOMS: DIZZINESS ECCHYMOSIS EDEMA GINGIVITIS INFECT BACT PAIN PAIN ABDO URTICARIA

2/2/05 Injection 12:50 hives after 2 dose Benadryl increased hives, 2/3 hydroxyzine started. 7PM B foci, R knee swelling. Prednisolone started continued for next 4 days. 2/4 hives continued spread to hands and feet. Improvement at initial sites. 2/5 c/o gum pain. 2/6 c/o continued gum pain, c/o stomach, knee pain R foci dorsum purple and pain dizziness and irregular hr. 2/7 c/o dizziness, pain in threat, back of neck, wrist, foot, stomach. Sx resolved quickly with treatment.

VAERS ID:	**237706**	**Age:**	5	**Sex:**	M
Vaccination date:	1/3/1997	**Onset date:**	3/18/2004	**Days later:**	2631
Report date:	5/16/2005			**Entry date:**	5/20/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL | **Manufacturer:** MERCK & CO. INC. | **Dose:**

SYMPTOMS: RASH

Information has been received from a registered nurse concerning an 11 year old male with no allergies or medical history who on 1/3/97 was vaccinated with a dose of varicella virus vaccine live (lot # 618233/0781D). There was no concomitant medication. On 3/18/04, the patient experienced a rash on the trunk, face, and arms. Unspecified medical attention was sought and he was treated with calamine (+) camphor (+) pramoxine hydrochloride bath and acyclovir. A product quality complaint was not involved. Addit

VAERS ID:	**238782**	**Age:**	5	**Sex:**	F
Vaccination date:	11/3/1997	**Onset date:**	1/21/2005	**Days later:**	2636

Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL | **Manufacturer:** MERCK & CO. INC. | **Dose:**

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT

Information has been received from a woman in a MD office concerning a 12 year old white female with no medical history who on 11/03/1997 was vaccinated SQ in the left arm with a first dose of varicella virus vaccine live. There was no illness at the time of vaccination. It was reported that on 01/21/05 the pt developed a fever and a rash. On 01/22/05 the pt was seen in the physicians office where a Dx of varicella was made. Supportive tx was ordered but no laboratory/diagnostics tests were performed. At th

VAERS ID:	**240250**	**Age:**	5	**Sex:**	M
Vaccination date:	6/1/2005	**Onset date:**	6/1/2005	**Days later:**	0
Report date:	6/1/2005			**Entry date:**	6/21/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: DTAP | **Manufacturer:** AVENTIS PASTEUR, | **Dose:**

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE URTICARIA

Hives one hour after immunization. No breathing difficulty. Next day, swelling in area of injection with erythema.

VAERS ID:	**244421**	**Age:**	5	**Sex:**	M
Vaccination date:	9/7/2005	**Onset date:**	9/15/2005	**Days later:**	8
Report date:	9/21/2005			**Entry date:**	9/21/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR | **Manufacturer:** MERCK & CO. INC. | **Dose:** 0

SYMPTOMS: ANOREXIA FEVER PHARYNGITIS RASH SPEECH DIS THINKING ABNORM URTICARIA

Mom called took child to ER on 09/19/2005 child had high temp, hives and incoherent, given Benadryl and Steroids in ER. Mom states child still has slow speech. Mom to bring child into our office for follow up. Child was given MMR 09/07/2005. Rash on body (hive like) fever 4 days. sore throat, no appetite today plus erythema.

VAERS ID:	**244440**	**Age:**	5	**Sex:**	M
Vaccination date:	9/7/2005	**Onset date:**	9/16/2005	**Days later:**	9
Report date:	9/20/2005			**Entry date:**	9/22/2005

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: FEVER NERVOUSNESS SPEECH DIS URTICARIA

Fever of 103 degrees 10 days after shot was given for a period of 3 days. Broke out in hives all over his body 12 days after shot and required ER visit. He has slow speech and irritability continuing. Behavioral changes have been noted.

VAERS ID:	**258035**	**Age:**	5	**Sex:**	M
Vaccination date:	7/18/2005	**Onset date:**	8/18/2005	**Days later:**	31
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: Drug ineffective Laboratory test abnormal

Information has been received from a registered nurse concerning a 5 year old male patient with no allergies and no pertinent medical history, who immigrated from another country, who on 07/18/05 was vaccinated intramuscularly with a second dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (Lot # 649241/0032R). It was noted that the patient was not ill at the time of vaccination. On 08/18/05, the patient had a titer drawn which showed that the patient was immune

VAERS ID:	**257987**	**Age:**	5	**Sex:**	F
Vaccination date:	9/17/2004	**Onset date:**	8/11/2005	**Days later:**	328
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: Laboratory test abnormal

Information has been received from a physician concerning a 5 year old female with no medical history and no known allergies who on 04-JAN-2000 and on 17-SEP-2004 was vaccinated with a first and second dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live respectively. Concomitant therapy on 04-JAN-2000 included a dose of varicella virus vaccine live. There was no other concomitant medication. On 11-AUG-2005 a titer was drawn. The child seroconverted to rubella

VAERS ID:	**256907**	**Age:**	5	**Sex:**	M
Vaccination date:	8/1/2005	**Onset date:**	8/1/2005	**Days later:**	0
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective

Info has been received from an RN concerning a 5 year old male pt with no allergies and no pertinent medical history, who immigrated from another country, who on 8/1/05 was vaccinated with a dose of varicella virus vaccine live. On 8/18/05, the pt had a titer drawn which showed varicella antibody response failure. It was also noted that the same child was vaccinated with a 2nd, IM, dose of MMRII (lot 649241/0032R) on 7/18/05 and failed to seroconvert for mumps. There was no illness at the time of vaccinatio

VAERS ID:	**255472**	**Age:**	5	**Sex:**	F
Vaccination date:	5/9/2006	**Onset date:**	5/9/2006	**Days later:**	0
Report date:	5/15/2006			**Entry date:**	5/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	4
IPV	AVENTIS PASTEUR, INC.	2
MMR	MERCK & CO. INC.	1

SYMPTOMS: Injection site hypersensitivity Injection site oedema Injection site reaction Injection site warmth

Swollen right arm red, hot all the way to the elbow 1xN to DTaP.

VAERS ID:	**293607**	**Age:**	5	**Sex:**	M
Vaccination date:	6/12/2006	**Onset date:**	6/23/2006	**Days later:**	11
Report date:	10/18/2007			**Entry date:**	10/18/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	UNKNOWN MANUFACTURER	

SYMPTOMS: Convulsion Cough Electroencephalogram Electroencephalogram abnormal Hallucination, visual Hyperacusis Nasal congestion Nuclear magnetic resonance imaging Nuclear magnetic resonance imaging normal Pyrexia Temporal lobe epilepsy

developed rare form of temporal lobe epilepsy called "Alice in Wonderland Syndrome" where he has visual hallucinations of everything being small. He had 2 EEGs which both showed abnormalities in the temporal lobe. Normal MRI. No other health problems, normal pregnancy and delivery. No epilepsy in the family.

VAERS ID:	**277967**	**Age:**	5	**Sex:**	F

Vaccination date:	5/4/2007	**Onset date:**	5/5/2007	**Days later:**	1
Report date:	5/5/2007			**Entry date:**	5/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3

SYMPTOMS: Injection site erythema Injection site swelling Lethargy Vomiting

Red swollen arm w/i 24 hours. Seen 11 AM: 1" induration 3" redness at site of shot , lethargic, then vomited 1PM 5/5/07

VAERS ID:	**304259**	**Age:**	5	**Sex:**	M
Vaccination date:	1/31/2008	**Onset date:**	1/31/2008	**Days later:**	0
Report date:	2/4/2008			**Entry date:**	2/4/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	UNKNOWN MANUFACTURER	1

SYMPTOMS: Asthenia Cough Dyspnoea Eye swelling Pyrexia Somnolence

High fever started from the date of immunization lasting already 5 days (still have as of this time)from 38C to 40C, weekness, sleepiness, swollen eyes, some shortness of breath and coughing. (The manufacturer of vaccine is Aventis, as recorded in medical history by nurse/doctor, lot number is not clear)

VAERS ID:	**196878**	**Age:**	5	**Sex:**	M
Vaccination date:	11/25/2002	**Onset date:**	11/29/2002	**Days later:**	4
Report date:	1/6/2003			**Entry date:**	1/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE	4
IPV	AVENTIS PASTEUR,	3

SYMPTOMS: FEVER

Ran a fever of 102F-103F on 11/28/02, which rose to 105.2F on 11/29/02 at approx. 16:00. Child had been medicated with Motrin on 11/29/02 around 09:00. Then medicated him about 16:00 with both acetaminophen and Motrin, which dropped his temperature to 101F-102F. No prior history of fevers this high (105F).

VAERS ID:	**278655**	**Age:**	5	**Sex:**	M

Vaccination date:	5/10/2002	**Onset date:**	5/11/2002	**Days later:**	1
Report date:	5/15/2007			**Entry date:**	5/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	
HEP	MERCK & CO. INC.	
IPV	SANOFI PASTEUR	
MMRV	MERCK & CO. INC.	

SYMPTOMS: Injection site erythema Injection site swelling

REDNESS AND SWELLING @ INJECTION SITE NO FEVER

VAERS ID:	**273166**	**Age:**	5	**Sex:**	M
Vaccination date:	2/15/2007	**Onset date:**	2/16/2007	**Days later:**	1
Report date:	2/19/2007			**Entry date:**	2/27/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Erythema Oedema peripheral

24 hours post vaccinations - patient presented with erythema and swelling to right upper arm - no tenderness or fever noted.

VAERS ID:	**274853**	**Age:**	5.5	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/26/2007			**Entry date:**	3/26/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE BIOLOGICALS	4
IPV	AVENTIS PASTEUR	3
MMRV	MERCK & CO. INC.	2

SYMPTOMS: Injection site swelling Injection site warmth

Left deltoid area with warmth and swelling radiates to full arm

VAERS ID:	**212325**	**Age:**	6	**Sex:**	M
Vaccination date:	10/11/1999	**Onset date:**	11/3/2003	**Days later:**	1484
Report date:	11/4/2003			**Entry date:**	11/14/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: RASH VESIC BULL

(+) vesicular rash on face, back and chest since 11/3/03. No fever. Tx Acyclovir 200mg syrup 1tsp tid x 10 days. Zyrtec 5mg 1 tsp prn for pruritis.

VAERS ID:	**240817**	**Age:**	6	**Sex:**	M
Vaccination date:	6/21/2005	**Onset date:**	6/21/2005	**Days later:**	0
Report date:	6/24/2005			**Entry date:**	6/29/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: CHILLS EDEMA INJECT SITE EDEMA PERIPH FEVER

1 hour post immunizations pt developed temp of 104 F with shaking, chills. 48 hours after immuninzataion pt developed swelling of R deltoid (site of inject) 4cm x 8cm

VAERS ID:	**267212**	**Age:**	6	**Sex:**	M
Vaccination date:	11/15/2006	**Onset date:**	11/16/2006	**Days later:**	1
Report date:	11/17/2006			**Entry date:**	11/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: Injection site erythema Injection site mass Injection site warmth Pain

Mom noticed in PM of 11/16/06 injection site red, warm to touch. Approximate size of egg - lump formed. Child complained of pain; treated with Benadryl/Tylenol.

VAERS ID:	**250935**	**Age:**	6	**Sex:**	M
Vaccination date:	12/27/2005	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/23/2006			**Entry date:**	1/27/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	

SYMPTOMS: Arthralgia Pain Pyrexia Vomiting

Initial report received from another company and a health care professional on 1/19/2006. A six year old male patient with no medical history, had received a dose of Fluzone no preservative 2005-2006, lot number U1742JA, on 1/27/2005. The route and site of administration were not reported. Approximately one week post vaccination, the patient developed vomiting and a fever, which may have been as high as 103 degrees F as per the reporter. The patient was also achy, had joint pain and hip pain. X rays and MRI

VAERS ID:	**220852**	**Age:**	6	**Sex:**	F
Vaccination date:	2/9/1998	**Onset date:**	6/17/2003	**Days later:**	1954
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT NO DRUG EFFECT PHARYNGITIS RASH VESIC BULL

Information has been received from a nurse practitioner concerning a 6 year old female pt with no relevant medical history and no known allergies who on 02/09/98 was vaccinated in the left arm with a SC (previously reported as IM) first dose of varicella virus vaccine live (Lot # 624447/1419E). Concomitant therapy on 02/09/98 included a SC first dose in the left arm of MMRII (Lot # 321490/1230E). There was no illness at the time of vaccination. On 06/17/03, the pt complained of a sore throat and developed a

VAERS ID:	**220869**	**Age:**	6	**Sex:**	F
Vaccination date:	4/14/2003	**Onset date:**	6/2/2003	**Days later:**	49
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT

Information has been received from a nurse concerning a 6 year old female with an allergy to amoxicillin who on 4/14/03 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot # 644571/1160M). There was no illness at the time of vaccination. Concomitant medications include cetirizine hydrochloride. The patient presented to the physician's office on 6/2/03 with a varicella break through described as 10 lesions. No other details were provided. Unspecified medical attention was

VAERS ID:	**221060**	**Age:**	6	**Sex:**	M
Vaccination date:	7/13/1998	**Onset date:**	9/1/2003	**Days later:**	1876
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: PHARYNGITIS RASH MAC PAP

Information has been received from a RN concerning a 6 y/o male pt with no allergies and no past medical history who on 13Jul98 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. Illness at the time of vaccination included pharyngitis. There was no concomitant medication. On 01Sep2003 the pt developed a rash that included approx. 500 to 700 maculopapular lesions described as "insect bite like lesions" on his face, chest, back, arms and legs. Laboratory tests were no perform

VAERS ID:	**221766**	**Age:**	6	**Sex:**	M
Vaccination date:	7/23/1998	**Onset date:**	12/26/2003	**Days later:**	1982
Report date:	5/14/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH RASH VESIC BULL

Information has been received from a registered nurse concerning a 6 year old white male with no past medical history on 23JUL1998 was vaccinated with a first dose of varicella virus vaccine live, in the right arm. Concomitant therapy that day included a third dose of hepatitis b virus vaccine rHBsAg, in the left arm. There was no illness at the time of vaccination. Between 26DEC2003 and 30DEC2003 the pt developed "red spots and some fluid filled." On 30DEC2003, the pt developed 20 scattered scabs on face,

VAERS ID:	**238675**	**Age:**	6	**Sex:**	F
Vaccination date:	10/14/1999	**Onset date:**	8/11/2004	**Days later:**	1763
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL RASH

Information has been received from a health professional concerning an 11 year old white female, with no allergies and no medical history, who on 10/14/99 was vaccinated with a SC first dose in the left arm of varicella virus vaccine live (lot 1130S). It was noted that she had an upper respiratory infection at the time of vaccination. It was reported that on 8/11/04, bumps were noticed on the patient's abdomen, and on 8/13/04 she was seen in the office and diagnosed with varicella. Supportive care was given

VAERS ID:	**252186**	**Age:**	6	**Sex:**	M
Vaccination date:	9/24/2005	**Onset date:**	9/25/2005	**Days later:**	1
Report date:	12/1/2005			**Entry date:**	2/28/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	
IPV	AVENTIS PASTEUR, INC.	

SYMPTOMS: Contusion Hypersensitivity Injection site hypersensitivity Injection site induration Injection site pain Injection site swelling Pyrexia Rash Similar reaction on previous exposure to drug

Initial report received from a health care professional in the USA on 28-September-2005. A 5 year old, male patient developed injection site bruising and swelling at the Daptacel injection site, within 24 hours after he received a fifth dose, intra-muscular injection in the left deltoid of Daptacel, lot number C2243Aa and a fourth dose, subcutaneous injection in the right arm of IPOL, lot number Y0324, on 24-September-2005. Within 24 hours, the "injection site appeared purple, swollen and redness spread to

VAERS ID:	**285535**	**Age:**	6	**Sex:**	M
Vaccination date:	7/13/2007	**Onset date:**	7/14/2007	**Days later:**	1
Report date:	7/18/2007			**Entry date:**	7/23/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMRV	MERCK & CO. INC.	0

SYMPTOMS: Blister Neuroblastoma Oedema peripheral Skin warm

1. Day after vaccine administration left arm red 2. 2 days after left upper arm swollen, red, hot with fluid filled blisters. Keflex 250 TID and Silvadene BID. 3. Day 3 - re-check swelling sown blisters open much improved.

VAERS ID:	**285211**	**Age:**	6	**Sex:**	F
Vaccination date:	7/10/2007	**Onset date:**	7/11/2007	**Days later:**	1
Report date:	7/16/2007			**Entry date:**	7/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Local reaction Swelling Tenderness

Received Varivax #2 on 7/10/2007 woke up 7/11/07 with red, swollen, tender to touch arm. Seen in office diagnosed with local reaction vs cellulitis secondary to Varivax. Treated with Keflex.

VAERS ID:	**219188**	**Age:**	6	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/16/2004			**Entry date:**	4/19/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: FLU SYND NO DRUG EFFECT

A nurse reported that a 6 year old female pt received a dose of Flumist (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) on an unspecified date and developed the flu. Relevant medical history was not provided. Indication for Flumist (2003-2004 formula) was immunization. Product was administered on an unspecified date. Dose regimen was 1 dose. Concomitant medications were not reported. One day post-immunization, a female pt "became sick with the flu" (influenza).

VAERS ID:	**219235**	**Age:**	6	**Sex:**	F
Vaccination date:	12/12/2003	**Onset date:**	2/9/2004	**Days later:**	59
Report date:	3/2/2004			**Entry date:**	4/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	0

SYMPTOMS: COUGH INC FEVER OTITIS MED

Information regarding Flumist (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen) was received from a consumer regarding a 6-year old female patient who experienced fever of 101.2, cough and phlegm. At 6 years of age, the patient received the first dose on 12-Dec-2003. Medical History: The patient's concurrent illness includes eczema. Product Details: Indication for Flumist (2003-2004 Formula)

VAERS ID:	**220814**	**Age:**	6	**Sex:**	M
Vaccination date:	8/7/1997	**Onset date:**	6/1/2003	**Days later:**	2124
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:

VARCEL MERCK & CO. INC.

SYMPTOMS: INFECT NO DRUG EFFECT

Information has been received from a nurse practitioner concerning a 6 y/o male who on 07Aug1997 was vaccinated with a dose of varicella virus vaccine live. On 04Jun2003 it was reported that "several days ago" the pt developed a rash which was determined to be breakthrough chicken pox with less than 50 lesions on the neck, chest, leg and groin. Medical attention was sought and the pt was treated with diphenhydramine hydrochloride (BENADRYL) and colloidal oatmeal bath (AVEENO). No additional information was

VAERS ID:	**256699**	**Age:**	6	**Sex:**	M
Vaccination date:	9/26/2005	**Onset date:**	10/4/2005	**Days later:**	8
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	
HEP	MERCK & CO. INC.	2
IPV	AVENTIS PASTEUR, INC.	
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Dermatitis Pruritus Rash vesicular Vomiting

Rash Vesicular; Pruritus; Acarodermatitis; Vomiting Information has been received from a registered nurse (RN) concerning a 6 year old healthy male with no allergies or medical history who on 26-SEP-2005 was vaccinated SC in the left arm with a dose of varicella virus vaccine live (Oka/Merck) (Lot#651176/0424R). Concomitant vaccinations on that same day included the third IM dose in the right arm of hepatitis B virus vaccine rHBsAG (yeast) (MSD) (Lot#650044/0004R). An SC dose in the left arm of measles viru

VAERS ID:	**255939**	**Age:**	6	**Sex:**	F
Vaccination date:	4/1/1999	**Onset date:**	4/1/1999	**Days later:**	0
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective

Information has been received from a licensed practical nurse concerning a 6 year old female, with no pertinent medical history and no known pertinent medical history and no known pertinent allergies, who in April 1999 (10 days before she turned 1 year old), was vaccianted with a dose of varicella virus vaccine live, (route and lot unknown). An antibody titer test was performed at the schools request in 5/9/2005 that was negative. Follow up information indicated that there were no adverse problems. It was n

VAERS ID:	**296370**	**Age:**	6	**Sex:**	M
Vaccination date:	11/8/2007	**Onset date:**	11/8/2007	**Days later:**	0
Report date:	11/9/2007			**Entry date:**	11/9/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: SANOFI PASTEUR
Dose: 5

SYMPTOMS: Erythema Local reaction

Localized reaction 6 x 8 cm erythematous left deltoid region -

VAERS ID:	**257166**	**Age:**	7	**Sex:**	F
Vaccination date:	1/26/2001	**Onset date:**	1/17/2006	**Days later:**	1817
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Drug ineffective Infection

Info has been received from a mother concerning her 7 year old daughter who had an unremarkable medical history and no allergies who on 1/26/01 was vaccinated with a dose of varicella virus vaccine live (lot 535607/1153K). The pt's mother reported that on 1/17/06, her daughter had a severe breakthrough of over 400 lesions on her body. The pt was seen by her physician who prescribed ibuprofen (Motrin) and diphenhydramine (Benadryl), but no lab/diagnostic tests were performed. As of 1/20/06, the pt was noted

VAERS ID:	**255440**	**Age:**	7	**Sex:**	M
Vaccination date:	5/2/2005	**Onset date:**	5/2/2005	**Days later:**	0
Report date:	5/15/2006			**Entry date:**	5/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Arthritis Atrioventricular block Bacterial infection Bradycardia Cardiac disorder Erythema Heart rate irregular Joint swelling Pharyngitis Pharyngolaryngeal pain Pyrexia Red blood cell sedimentation rate increased Viral infection

Developed fever 101-103 within 12 hours of Fluzone. Seen 3 days later. Diagnosed viral pharyngitis. Seen again on day 7/10/12/05, with erythema and swelling of M-P joints 2-5 in both hands. DX'd with acute arthritis, possibly lymes W/- serology. Had strep throat x 2 on 3/30/06. and on 4/11/06 TX'd amoxil and Duricef respectively, but on 4/11/06 was noted to have HR 52. EKG complete heart block, admitted to hospital cardiac pacemaker placed. Note EKG at birth was normal sinus rhythm.

VAERS ID:	**220506**	**Age:**	7	**Sex:**	M
Vaccination date:	5/29/1996	**Onset date:**	3/23/2003	**Days later:**	2489
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT RASH MAC PAP RASH VESIC BULL

Information has been received from a nurse practitioner concerning a 7 year old male patient with upper respiratory tract infection, and no medical history who on 5/29/96 was vaccinated by SC injection in the arm with a first dose of varicella virus vacine live (lot # 609287/0393B). Concomitant medication administered on the same day, 5/29/96 via SC injection in the right arm included a first dose of MMR (lot # 616874/0104D). The reporter indicated the patient broke out in a varicella rash, described as pru

VAERS ID:	**238447**	**Age:**	7	**Sex:**	M
Vaccination date:	9/12/2000	**Onset date:**	8/3/2004	**Days later:**	1421
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL RASH RASH MAC PAP ULCER SKIN

Information has been received from a registered nurse concerning an 11 year old male patient, who is a twin, with no allergies, who has diabetes mellitus and takes insulin, and on 9/12/00 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot # 634842/1867J). Concomitant therapy included insulin. It was noted that the patient was not ill at the time of vaccination. On 8/2/04, the patient developed a rash on his stomach, which was described as 18-20 lesions. He was afebrile.

VAERS ID:	**238806**	**Age:**	7	**Sex:**	F
Vaccination date:	9/12/2000	**Onset date:**	8/3/2004	**Days later:**	1421
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT

Information has been received from a RN concerning an 11 year old female pt, who is a twin, with no allergies or pre existing medical conditions, who on 09/12/2000 was vaccinated SQ in the LA with a dose of varicella virus vaccine live. On 08/22/2004 the pt developed a rash on her stomach which was described as 18-20 lesions. She was afebrile. The RN reported that the pt was treated with Benadryl and calamine as needed. Follow up information received from a RN reported that on 08/03/2004 the pt had a vari

VAERS ID:	**284372**	**Age:**	7	**Sex:**	M
Vaccination date:	6/28/2007	**Onset date:**	6/28/2007	**Days later:**	0
Report date:	7/2/2007			**Entry date:**	7/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEPA	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Hypersensitivity Swelling face Vomiting

1 hr after receiving vaccinations, patient began vomiting and experiencing facial swelling. Went to ER - dx with acute allergic reaction - treated with Benadryl G 1-2 hrs.

VAERS ID:	282726	Age:	7	Sex:	F
Vaccination date:	6/20/2007	Onset date:	6/20/2007	Days later:	0
Report date:	6/22/2007			Entry date:	6/22/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPA	GLAXOSMITHKLINE BIOLOGICALS	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Urticaria

Patient developed severe urticaria 10 minutes after her vaccines. She was immediately given 20 mg of Benadryl po. No respiratory distress at any time. She continued to have urticaria and was given 15 mg sc of epinepherine. The symptoms subsided and the patient was being transported to the ED. She then at about 20 minutes post dose developed symptoms again. 911 was called and she was brought to the ED via ambulance. No wheezing or respiratory distress.

VAERS ID:	270510	Age:	7	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	1/5/2007			Entry date:	1/12/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	2
PNC	LEDERLE LABORATORIES	2
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash

Presented to our office with 1 day history of rash on scalp and back diagnosed with chicken pox

VAERS ID:	224165	Age:	7	Sex:	F
Vaccination date:	4/1/1998	Onset date:	0000-00-00	Days later:	
Report date:	7/19/2004			Entry date:	7/20/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT

Vaccine failure pt diagnosed with chickenpox.

VAERS ID:	**295763**	**Age:**	7	**Sex:**	M
Vaccination date:	10/19/2007	**Onset date:**	10/22/2007	**Days later:**	3
Report date:	10/30/2007			**Entry date:**	11/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE VACCINES, INC.	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Asthenia Blood creatine phosphokinase increased Borrelia burgdorferi serology negative Culture throat negative Myalgia Myositis Pain in extremity Pyrexia Streptococcal identification test Streptococcal identification test negative

vaccines administered on 10/19/07, seen on 10/22/07 with muscle aches and fever. Quick strep and throat culture (-), mother states on 10/24/07 c/o severe calf pain and still has fever up to 103 deg, seen in office again on 10/25/07 with muscle pain and weakness and sent for bloodwork. ASO + Lyme were (-) but total CK 5554, diagnosed with acute benign myositis

VAERS ID:	**275737**	**Age:**	7	**Sex:**	M
Vaccination date:	4/4/2007	**Onset date:**	4/5/2007	**Days later:**	1
Report date:	4/6/2007			**Entry date:**	4/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	UNKNOWN MANUFACTURER	

SYMPTOMS: Headache Pyrexia

mildly high fever, headache. We called the pediatrician, they claim it was not from vaccination.

VAERS ID:	**295649**	**Age:**	8	**Sex:**	F
Vaccination date:	10/11/2007	**Onset date:**	10/11/2007	**Days later:**	0
Report date:	10/12/2007			**Entry date:**	11/5/2007

Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1

SYMPTOMS: Syncope

HBV given with no problem. Child was sitting on grandmothers lap. Bandaide applied, sweater put back on with a sticker applied when child stood up she fainted and grandmother held her. Nurse called for medical backup. She was alert oriented and vital signs stable with in a few minutes.

VAERS ID:	**220560**	**Age:**	8	**Sex:**	M
Vaccination date:	11/19/1997	**Onset date:**	4/3/2003	**Days later:**	1961
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: PRURITUS RASH RASH MAC PAP RASH VESIC BULL

Information has been received concerning an 8 year old male with no known allergies who on 19Nov1997 was vaccinated SC in the arm with a first dose of varicella virus vaccine live. There was no illness at the time of vaccination. The reporter indicated that on 03Apr2003 the patient developed a wide spread itchy rash and multiple papular and vesicular lesions. It was reported that the patient's temperature was 97.8. The patient had three contacts with varicella at school. Symptomatic treatment was provided.

VAERS ID:	**220873**	**Age:**	8	**Sex:**	M
Vaccination date:	12/27/1996	**Onset date:**	6/29/2003	**Days later:**	2375
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT NO DRUG EFFECT RASH VESIC BULL

Information has been received from a registered nurse and a nurse practitioner concerning an 8 year old male child with no past medical history who on 12/27/96 was vaccinated SC in the right arm with a first dose of varicella virus vaccine live (lot # 620620/1107D). There was no illness at the time of vaccination. There was no concomitant medication. On 6/29/03 (also reported as 7/1/03) the patient broke out in 80-100 varicella lesions/vesicles and developed a fever. It was reported that the patient develop

VAERS ID:	**221036**	**Age:**	8	**Sex:**	M
Vaccination date:	6/27/1996	**Onset date:**	7/1/2003	**Days later:**	2560
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFECT NO DRUG EFFECT ULCER SKIN

Information has been received from a physician concerning an 8 year old male who on 6/27/96 was vaccinated with a dose of varicella virus vaccine live. The reporter indicated that on 7/1/03 the patient developed a mild case of chicken pox with about 75 lesions. The patient was sick for about three or four days and subsequently recovered. Unspecified medical attention was sought. A product quality complaint was not involved. No further information is available.

VAERS ID:	**221468**	**Age:**	8	**Sex:**	F
Vaccination date:	4/17/1996	**Onset date:**	11/28/2003	**Days later:**	2781
Report date:	5/14/2004			**Entry date:**	5/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH VESIC BULL

Information has been received from a registered nurse concerning an 8 year old white female who on 17APR1996 was vaccinated with a dose of varicella virus vaccine live. It was noted that the vaccination was given by another health care provider. There was no known illness at the time of vaccination. The reporter indicated that on 28NOV2003 the patient presented at her practice with a mild case of chickenpox. A prescription drug was not required. A product quality complaint was not involved. Follow up inform

VAERS ID:	**228192**	**Age:**	8	**Sex:**	F
Vaccination date:	10/18/2004	**Onset date:**	10/19/2004	**Days later:**	1
Report date:	10/21/2004			**Entry date:**	10/26/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

Rec'd influenza vaccine 10/18/04 developed redness, swelling (5cm) on right upper deltoid.

VAERS ID:	**238751**	**Age:**	8	**Sex:**	F
Vaccination date:	9/5/2001	**Onset date:**	7/29/2004	**Days later:**	1058
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	

SYMPTOMS: NO DRUG EFFECT RASH VESIC BULL

Information has been received from a health professional concerning an 11 year old white female with no allergies or medical history who on 09/05/2001 was vaccinated subcutaneously with a first dose varicella virus vaccine live. There was no illness at the time of vaccination. On 07/29/2004 the patient experienced vesicles on the trunk, back, and buttock. It was noted that they were in various states. The patient was seen by a nurse practitioner, symptomatic care was given and the patient recovered. No

VAERS ID:	**291600**	**Age:**	8	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/21/2007			**Entry date:**	9/28/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	SANOFI PASTEUR	3

SYMPTOMS: Cellulitis Injection site erythema Injection site swelling Injection site warmth

Seen 9/19/07 for 8 year old WCV received flu vaccine woke up 9/20/07 with red, swollen, hot arm at injection site. Diagnosed with Cellulitis treated with Keflex.

VAERS ID:	**283565**	**Age:**	8	**Sex:**	F
Vaccination date:	6/20/2007	**Onset date:**	6/22/2007	**Days later:**	2
Report date:	6/26/2007			**Entry date:**	7/2/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site cellulitis Injection site erythema Injection site pain Injection site swelling

L arm became red, swollen and painful 36 hrs post Varivax vaccination - dx with cellulitis and treated with Duricef.

VAERS ID:	**276274**	**Age:**	8	**Sex:**	M
Vaccination date:	3/22/2007	**Onset date:**	4/4/2007	**Days later:**	13
Report date:	4/9/2007			**Entry date:**	4/13/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:

VARCEL MERCK & CO. INC. 1

SYMPTOMS: Rash papular Rash pruritic Skin lesion Vaccination failure Varicella

appr 2 weeks after vaccination pt broke out in very itchy papulovesicular rash approx 70-100 lesions on face/trunk/extremities. 11 yr old sibling (who had lateral varcella at 1 yr of age) also woke up in same rash.

VAERS ID:	**220802**	**Age:**	8	**Sex:**	F
Vaccination date:	4/5/1997	**Onset date:**	5/18/2003	**Days later:**	2234
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC. 0

SYMPTOMS: INFECT NO DRUG EFFECT

Information has been received from a nurse practicioner concerning an 8 yo female with no medical history and no allergies who on 05Apr1997 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. The pt had otitis media at the time of vaccination but was afebrile. Concomitant medication included amoxicillin (+) clavulanate (AUGMENTIN) for "otitis media at the time of visit". It was noted that the pt "broke out in chickenpox post vaccination" with varicella virus vaccine live. On

VAERS ID:	**221105**	**Age:**	8	**Sex:**	U
Vaccination date:	1/12/1996	**Onset date:**	3/11/2003	**Days later:**	2615
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT

Information has been received from a consumer and a school nurse concerning 41 child pts who in approximately 1995 were each vaccinated with a dose of varicella virus vaccine live. In approximately 2003, the patients developed mild cases of chickenpox. Most of the children were in the first grade and had been vaccinated at their private pediatrician's offices in the area. The reporter noted that her elementary school was the only one out of six in the area that has experienced a chickenpox outbreak. The rep

VAERS ID:	**221347**	**Age:**	8	**Sex:**	F
Vaccination date:	8/7/1998	**Onset date:**	11/13/2003	**Days later:**	1924
Report date:	5/14/2004			**Entry date:**	5/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC. 0

SYMPTOMS: NO DRUG EFFECT RASH MAC PAP URTICARIA
Information has been received from a registered nurse concerning an 8 year old white female with no allergies or medical history who on 07AUG1998 was vaccinated with a first dose varicella virus vaccine live. There was no concomitant medication. It was noted that the pt had diarrhea at the time of vaccination. On 13NOV2003 the pt developed 10 to 20 papules on the back, legs and arm. There were also several small "welts." Atypical varicella was noted. A doctor visit was required and symptomatic treatment was

VAERS ID:	**221537**	**Age:**	8	**Sex:**	M
Vaccination date:	1/18/1997	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: FEVER INFECT PRURITUS RASH VESIC BULL
Information has been received from a registered nurse concerning an 8 year old male who on 18-Jan-1997 was vaccinated with a dose of varicella virus vaccine live (lot #619273/1357D). Subsequently, the patient developed a case of breakthrough varicella/chicken pox with a fever of 99.9 degrees F, pruritis, and a pox-like rash all over his back, chest, arms and legs. Unspecified medical attention was sought and the patient was treated symptomatically with calamine and diphenhydramine (Benadryl). No product qua

VAERS ID:	**221768**	**Age:**	8	**Sex:**	F
Vaccination date:	8/14/1997	**Onset date:**	1/12/2004	**Days later:**	2342
Report date:	5/14/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH VESIC BULL ULCER SKIN
Information has been received from a physician concerning an 8 year old female who on 14AUG1997 was vaccinated with a second dose of varicella virus vaccine live. On 10JAN2004, also reported as 12JAN2004, the patient was exposed to chickenpox and developed breakthrough. It was also indicated that the child developed varicella disease. The case of breakthrough was moderate. The child was covered with lesions, more than 50. Treatment was calamine lotion. No other information was available. Unspecified medical

VAERS ID:	**204948**	**Age:**	8	**Sex:**	F
Vaccination date:	6/7/2003	**Onset date:**	6/9/2003	**Days later:**	2
Report date:	6/9/2003			**Entry date:**	6/16/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
TD	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN
Td 0.5cc IM left deltoid 06/07/03. Thereafter on 06/08/03 the pt noted "redness, soreness and swelling" of immunization site. No fever, "chills", weakness; no neuropathic type pain.

VAERS ID:	**289134**	**Age:**	8	**Sex:**	F
Vaccination date:	8/3/2007	**Onset date:**	8/4/2007	**Days later:**	1
Report date:	8/5/2007			**Entry date:**	8/27/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cold compress therapy Erythema Pyrexia Skin warm Tenderness
Fever 102, left arm red, hot and tender. Treated w/ Augmentin and cool compress.

VAERS ID:	**280414**	**Age:**	8	**Sex:**	M
Vaccination date:	5/9/2000	**Onset date:**	5/24/2007	**Days later:**	2571
Report date:	5/27/2007			**Entry date:**	6/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Varicella
Varicella vaccine breakthrough diagnosed with Varicella (10 lesions) on 5/24/07. No fever.

VAERS ID:	**216122**	**Age:**	9	**Sex:**	F
Vaccination date:	12/11/2003	**Onset date:**	12/13/2003	**Days later:**	2
Report date:	12/19/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: FEVER FLU SYND HEADACHE MYALGIA NO DRUG EFFECT RHINITIS

Information regarding Flumist (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) was received from a mother regarding her 9-year-old daughter who developed the flu. At 9 years of age, the patient received a dose on 11-Dec-2003. Medical History: The patient had no relevant medical history. Product Details: Indication for Flumist (2003-2004 Formula) was immunization. Product was administered on 11-Dec-2003. Dose regimen was 0.5 mL (intranasal). Concomita

VAERS ID:	**222114**	**Age:**	9	**Sex:**	F
Vaccination date:	9/14/2000	**Onset date:**	9/6/2001	**Days later:**	357
Report date:	5/27/2004			**Entry date:**	5/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: EDEMA PERIPH LAB TEST ABNORM MYALGIA SKIN DISCOLOR TENDON DIS

Started with swelling in hand on 9/01 and developed into inflammed tendons in elbow, shoulder and hand. Also joint achiness in all areas(feet, knee, hips). In April 2004, developed swelling in hands and feet with discoloration on top of hands and feet (especially on right side). Have taken over the counter anti-inflammatory's continuously for the past 3-4 years but most recently started to take Celebrex.

VAERS ID:	**256640**	**Age:**	9	**Sex:**	M
Vaccination date:	2/19/1997	**Onset date:**	9/19/2005	**Days later:**	3134
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Cough Dermatitis contact Pyrexia Rash Rash papular Skin ulcer Sneezing

Rash, erythematous, cough, pyrexia, skin lesion, sneezing, rash pruritic, rash papular Information has been received from a registered nurse concerning a 9-year-old male with a history of faint contact dermatitis who on 19-Feb-1997 was vaccinated SC with a 0.5 mL dose of varicella virus vaccine live. Concomitant vaccination 18-Feb-1997 included a first dose in the deltoid of measles virus live (+) mumps virus vaccine live (+) rubella virus vaccine live. There was no illness at the time of vaccination. O

VAERS ID:	**282018**	**Age:**	9	**Sex:**	M
Vaccination date:	2/5/2007	**Onset date:**	2/6/2007	**Days later:**	1
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site swelling Injection site warmth

Information has been received from a licensed practical nurse concerning a 9-year-old male with a antibiotic allergy (CEFZIL)) who on 05-FEB-2007 was vaccinated with Varivax (Lot # 655069/1145F). Concomitant therapy on that day included Vaqta. On 06-FEB-2007, the patient experienced 4.5 cm swelling at injection site with redness; it was also warm to the touch. The patient's mother had been applying cool compresses. The patient was seen by a physician, treatment was not specified. The outcome at the time of this report was not recovered. There was no additional information to report. There was no product quality complaint involved. No additional information is expected.

VAERS ID:	**228084**	**Age:**	9	**Sex:**	M
Vaccination date:	10/20/2004	**Onset date:**	10/21/2004	**Days later:**	1
Report date:	10/21/2004			**Entry date:**	10/21/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	4

SYMPTOMS: ASTHMA DYSPNEA PALLOR SWEAT TACHYCARDIA URTICARIA

Received flu shot 7pm 10/20, developed difficulty breathing at school after lunch (also peanut allergic, but no known exposure) and was found by school nurse to be be wheezing, pale, diaphoretic, tachycardic and to have a fine urticarial rash. Patient improved with 2 puffs of albuterol, an inhalation treatment with albuterol and pulmocort, and 25mg. of Benadryl. He was essentially well when evaluated in office within the hour and was continued on medications.

VAERS ID:	**302966**	**Age:**	9	**Sex:**	M
Vaccination date:	12/3/2007	**Onset date:**	1/2/2008	**Days later:**	30
Report date:	1/3/2008			**Entry date:**	1/17/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE VACCINES, INC.	
HEPA	GLAXOSMITHKLINE BIOLOGICALS	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Erythema

Reddened area raised measuring 6.9 cm by 5 cm on upper left arm.

VAERS ID:	**302967**	**Age:**	9	**Sex:**	M
Vaccination date:	12/31/2007	**Onset date:**	1/2/2008	**Days later:**	2
Report date:	1/3/2008			**Entry date:**	1/17/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE VACCINES, INC.	

HEPA	GLAXOSMITHKLINE BIOLOGICALS
VARCEL	MERCK & CO. INC.

SYMPTOMS: Erythema Swelling

Reddened area raised measuring 8 cm by 5 cm on upper left arm

VAERS ID:	**216107**	**Age:**	9	**Sex:**	F
Vaccination date:	12/12/2003	**Onset date:**	12/12/2003	**Days later:**	0
Report date:	12/19/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: EPISTAXIS

Information regarding Flumist (2003-2004 Formula)(influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) was received from a father regarding his 9 year old daughter who experienced bleeding and watery discharge from the right nostril. At 9 years of age, the pt received a dose on 12/12/03. The pt had no history of nose bleeds. Indication for Flumist (2003-2004 formula) was immunization. Product was administered on 12/12/03. Dose regimen was 1 dose (IN). Concomitant medic

VAERS ID:	**256893**	**Age:**	9	**Sex:**	M
Vaccination date:	10/23/1997	**Onset date:**	11/12/2005	**Days later:**	2942
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Infection

Information has been received from a registered nurse concerning a 9 year old male who on 10/23/1997 was vaccinated with a first dose of varicella virus vaccine live (Oka/Merck). On 11/12/2005, the patient started erupting in an itchy rash. On 11/14/2005, he was seen in the physician's office and he still had an itchy rash that was red, scabbing and spreading on his left axilla, chest and both arms that was vesicular and papular. The physician diagnosed the rash as chickenpox. Treatment included diphenhydra

VAERS ID:	**304260**	**Age:**	9	**Sex:**	F
Vaccination date:	1/29/2008	**Onset date:**	1/29/2008	**Days later:**	0
Report date:	2/4/2008			**Entry date:**	2/4/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

SYMPTOMS: Erythema Injection site erythema Injection site swelling Injection site warmth Pyrexia

red, raised warm area on left arm at site of vaccine administration starting several hours after vaccine; fever (Tm 100.4) and left cheek red one day after vaccine

VAERS ID:	**196411**	**Age:**	10	**Sex:**	M
Vaccination date:	11/1/2001	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/9/2003			**Entry date:**	1/17/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEP UNKNOWN MFR 0

SYMPTOMS: DIZZINESS DYSPEPSIA PALLOR

Report A0370296A describes pallor in a 10 y.o. male who received Hep B vaccine (manuf'r unknown). Medical history, concurrent conditions, and concurrent medications were not provided. In November 01, the subject received his first injection of Hep B vaccine ("may have been Engerix-B but not sure"). Reportedly, 15 mins after receiving the injection he experienced "dizziness, pale and, sick to stomach." Treatment was not specified. Info. received on 5/30/02 reports that all symptoms were resolved 1 day follow

VAERS ID:	**215100**	**Age:**	10	**Sex:**	F
Vaccination date:	4/19/2002	**Onset date:**	4/21/2003	**Days later:**	367
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEP GLAXOSMITHKLINE 0

SYMPTOMS: FEVER VOMIT

A nurse reported the occurrence of vomiting in an 10 year old female who was vaccinated with hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The subject had no relevant medical history, concurrent conditions or concurrent medications. The subject had no adverse experiences following previous immunizations. On 04/19/02, the subject received her first injection of Engerix-B (Lot # ENG5156A2). On 04/21/02, two days post-immunization, the subject developed vomiting and fever. The subject was s

VAERS ID:	**220574**	**Age:**	10	**Sex:**	F
Vaccination date:	7/10/1995	**Onset date:**	4/1/2003	**Days later:**	2822
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

VARCEL MERCK & CO. INC. 0

SYMPTOMS: COUGH INC FEVER INFECT NO DRUG EFFECT PNEUMONIA

Information has been received from a registered nurse concerning a 10 year old white female student with no medical history and no allergies who on 7/10/95 was vaccinated with a first dose of varicella virus vaccine live. It was unknown if the patient was on concomitant medications. It was unknown if the patient was ill at the time of vaccination because the vaccine had been given in another physician's office. The patient had no adverse events following prior vaccinations. On 4/1/03 the patient was seen in

VAERS ID:	**238299**	**Age:**	10	**Sex:**	F
Vaccination date:	10/30/1998	**Onset date:**	6/5/2004	**Days later:**	2045
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT NO DRUG EFFECT ULCER SKIN

Information has been received from a registered nurse concerning a 15 year old white female with no allergies and no pertinent medical history who on 10/30/1998 was vaccinated with a first dose of varicella virus vaccine live. Concomitant vaccine therapy included a first dose of influenza virus split virion 3v vaccine inactivated. The patient had impetigo and a questionable allergy to milk at the time of vaccination. It was noted that the patient was exposed to chickenpox at the end of May 2004. The pat

VAERS ID:	**241361**	**Age:**	10	**Sex:**	M
Vaccination date:	7/13/2005	**Onset date:**	7/14/2005	**Days later:**	1
Report date:	7/15/2005			**Entry date:**	7/15/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MEN	UNKNOWN MFR	

SYMPTOMS: ASTHENIA CHILLS DIZZINESS HYPOTHERMIA PAIN ABDO PALLOR SOMNOLENCE

Complained of a mild stomach ache in the morning, but not bad enough to keep him home. Staff at summer care program noticed dizziness, extreme drowsiness, sudden extreme pallor, drop in oral temp to approx 95 degrees F., chills, weakness beginning at approx. 11:00 am. Parents were notified and ambulance called. ER physicians drew blood for electrolyte, blood sugar and blood count all of which came back normal. Was observed for several hours and given ibuprofen. Within about half an hour of taking the ibupro

VAERS ID:	**282676**	**Age:**	10	**Sex:**	M
Vaccination date:	6/11/2007	**Onset date:**	6/12/2007	**Days later:**	1
Report date:	6/14/2007			**Entry date:**	6/22/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEPA	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Oedema peripheral Pain in extremity Skin warm

R arm swollen, painful and hot after immunizations - dx with cellulitis, treated with Omnicef x 10 days.

VAERS ID:	**229020**	**Age:**	10	**Sex:**	F
Vaccination date:	10/11/2004	**Onset date:**	10/11/2004	**Days later:**	0
Report date:	10/30/2004			**Entry date:**	11/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	

SYMPTOMS: CONVULS

Increased seizure activity. Mom states patient developed seizure approximately 1 hour after influenza vaccine injection was administered.

VAERS ID:	**219260**	**Age:**	10	**Sex:**	F
Vaccination date:	12/13/2003	**Onset date:**	12/16/2003	**Days later:**	3
Report date:	1/2/2004			**Entry date:**	4/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: PAIN PHARYNGITIS RHINITIS

Pain/Generalized Aching, Rhinorrhea/Runny Nose; Pharyngolaryngeal pain/ Sore throat. Information regarding Flumist (2003-2004 formula) nasal solution (frozen)) was received from a mother of a 10 year old female who experienced runny nose, sore throat and aches. At 10 years of age, the patient received a dose on 13-Dec-2003. The patient experienced runny nose (rhinorrhea), sore throat (pharyngolaryngeal pain) and aches (pain) on 16-Dec-2003. No additional information was available at the time of this report.

VAERS ID:	**238318**	**Age:**	10	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	6/16/2004	**Days later:**	
Report date:	5/16/2004			**Entry date:**	5/27/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:

VARCEL MERCK & CO. INC.

SYMPTOMS: FEVER INFECT VIRAL PHARYNGITIS RASH

Information has been received from a health care professional concerning a 10 year old male who in 1995 was vaccinated with a dose of varicella virus vaccine, live. On 06/16/04 the pt presented with chickenpox. The Sx included 50-75 vesicular lesions, a fever of 101.2 F, and a sore throat. Tx included oral and ocular antibiotics. Follow up information from the nurse indicated that the pt did not have chicken pox. The child had adenovirus. No product quality complaint was involved. Additional information has

VAERS ID:	**244455**	**Age:**	10	**Sex:**	F
Vaccination date:	9/13/2005	**Onset date:**	9/19/2005	**Days later:**	6
Report date:	9/22/2005			**Entry date:**	9/22/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	
TD	UNKNOWN MFR	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: ALLERG REACT RASH

9/20/05 Local school nurse called to say child has developed a "chicken-pox" type rash on arms. Family phone interview revealed that rash was first noticed by family on 9/19/05, as a small red "ball" shaped rash on her arms and back. No fever, pain or malaise after vaccines. As per phone interview with father on 9/22/05, child was seen by doctor that day and diagnosed with an allergic reaction to a food? she ingested. She was prescribed a cream to apply to the rash. No other family members are ill or with r

VAERS ID:	**248219**	**Age:**	10	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/23/2005			**Entry date:**	11/28/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	

SYMPTOMS: AUTISM

Information has been received from a physician concerning a 10 year old male who, "as an infant", in approximately 1995, was vaccinated with a dose of measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live. It was reported that the patient has developed autism. No product quality complaint was involved. No other information was provided. Autism was considered to be an other important medical event (OMIC). Additional information has been requested.

VAERS ID:	**274426**	**Age:**	10	**Sex:**	M
Vaccination date:	3/19/2007	**Onset date:**	3/20/2007	**Days later:**	1
Report date:	3/20/2007			**Entry date:**	3/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site induration Injection site pain Pruritus

PAINFUL INDURATION AT ADMINISTRATION SITE. PATIENT ALSO FEELS PRURITUS AND "THROBBING". INDURATION MEASURES 45 MM X 49 MM

VAERS ID:	**304380**	**Age:**	10	**Sex:**	M
Vaccination date:	1/29/2008	**Onset date:**	1/30/2008	**Days later:**	1
Report date:	2/1/2008			**Entry date:**	2/5/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site nodule Injection site warmth

Bump at site of chicken pox vaccine, warm to touch, non tender.

VAERS ID:	**287824**	**Age:**	10	**Sex:**	F
Vaccination date:	7/23/2007	**Onset date:**	7/23/2007	**Days later:**	0
Report date:	8/10/2007			**Entry date:**	8/10/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2
HEPA	MERCK & CO. INC.	1

SYMPTOMS: Inappropriate schedule of drug administration Pyrexia

HEPATITIS A dose #1 given 3/12/07. Dose #2 was due in 6-18 months- which would be the earliest 9-12-07-it was given 7 1/2 weeks early. Mother stated Karla had a "slight" fever 2 hours after that resolved with Tylenol. She did not check it with a thermometer.

VAERS ID:	**274209**	**Age:**	11	**Sex:**	M
Vaccination date:	2/7/2007	**Onset date:**	2/12/2007	**Days later:**	5
Report date:	3/14/2007			**Entry date:**	3/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Asthenia Fatigue Nausea Pain Wrong drug administered

Information has been received from the mother of an 11 year old male with severe acid reflux and possibly a hiatal hernia, severe allergies to many different things such as pollen, dust, and various foods, mild asthma, anxiety problems and a history of seizure as an infant after DPT vaccination, who on 07-FEB-2007 was vaccinated with a dose of Gardasil by mistake. Concomitant therapy included ZYRTEC, PAXIL, PRILOSEC and different allergy shots. The report stated that her son was supposed to have received an unspecified hepatitis vaccine. On 12-FEB-2007 the patient was feeling achy, weak, tired and nauseous. She also stated that she was not sure that these symptoms were related to the vaccine. Medical attention was sought. The patient was reported as not recovered at the time of this report. Additional information has been requested.

VAERS ID:	219004	Age:	11	Sex:	M
Vaccination date:	4/8/2004	Onset date:	4/8/2004	Days later:	0
Report date:	4/8/2004			Entry date:	4/14/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	1
TD	AVENTIS PASTEUR,	5

SYMPTOMS: DIZZINESS EYES GAZE UPWARD HYPERTONIA STUPOR SWEAT

Within 5 minutes of receiving Td booster and Hepatitis B (dose #2) patient became dizzy, collapsed to knees, eyes rolled back per mother and he became stiff and unresponsive. After 1-2 minutes patient became more responsive but was diaphoretic. Stable BT and breathing- transported to ER.

VAERS ID:	220875	Age:	11	Sex:	F
Vaccination date:	11/9/1995	Onset date:	6/25/2003	Days later:	2785
Report date:	5/14/2004			Entry date:	5/19/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT NO DRUG EFFECT RASH MAC PAP RASH VESIC BULL

Information has been received from a registered nurse concerning an 11 year old white female with no past medical history who on 11/9/95 was vaccinated with a first dose of varicella virus vaccine live (site unknown). Concomitant therapy that day included a first dose of hepatitis B virus vaccine and a Mantoux Test. On 6/25/03 the patient developed multiple macules, vesicles few scabbed on trunk, arms, legs. The patient had a doctors visit and received symptomatic treatment. There were no other relevant lab

VAERS ID:	236605	Age:	11	Sex:	F
Vaccination date:	4/21/2005	Onset date:	4/21/2005	Days later:	0

Report date:	4/26/2005			**Entry date:**	4/26/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2
VARCEL	MERCK & CO. INC.	

SYMPTOMS: DYSPNEA EDEMA FACE STRIDOR

Shortness of breath. Stridor, could not breath. Swelling around both eyes.

VAERS ID:	**259550**	**Age:**	11	**Sex:**	F
Vaccination date:	6/22/2006	**Onset date:**	6/23/2006	**Days later:**	1
Report date:	7/2/2006			**Entry date:**	7/14/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	5

SYMPTOMS: Erythema Swelling

Received Adacel 6/22/2006. Woke up 6/23 with red swollen arm.

VAERS ID:	**256096**	**Age:**	11	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	4/9/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Infection Pyrexia

Info has been received from a physician concerning an 11 year old male who was vaccinated once with a 0.5ml, SC dose of varicella virus vaccine live. It was reported that the pt was covered with chickenpox, that started on 4/9/05, when he came into the office on 4/11/05. The pt had a fever of 102.2F. The doctor prescribed acyclovir, 800mg four times daily for 5 days and Keflex 500mg, three times daily for 1 day. The pt has since recovered. No product quality complaint was involved. Additional info has been

VAERS ID:	**255032**	**Age:**	11	**Sex:**	F
Vaccination date:	5/2/2006	**Onset date:**	5/3/2006	**Days later:**	1
Report date:	5/3/2006			**Entry date:**	5/3/2006

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Chills Dizziness Injection site pain

Chills, dizziness, left arm pain one day after vaccine. Treatment-Motrin, fluids.

VAERS ID:	**289975**	**Age:**	11	**Sex:**	F
Vaccination date:	8/13/2007	**Onset date:**	8/14/2007	**Days later:**	1
Report date:	8/29/2007			**Entry date:**	9/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Skin warm Swelling

Both arms became red, swollen and hot to touch after receiving vaccines. Dx with cellulitis. Tx with Omnicef 600mg q day x 7 days.

VAERS ID:	**271997**	**Age:**	11	**Sex:**	M
Vaccination date:	1/31/2007	**Onset date:**	2/1/2007	**Days later:**	1
Report date:	2/6/2007			**Entry date:**	2/9/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	GLAXOSMITHKLINE BIOLOGICALS	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site swelling Injection site warmth

2/1/07 Mother reported arm red, hot and swollen at injection site warm compresses applied, office visit-script for Amoxil given. 2/2/07 Office visit for recheck-Benadryl taken. 2/2/07-evening-ER visit-Augmentin and Prednisone started. 2/3/07-Office visit-improvement noted

VAERS ID:	**214151**	**Age:**	11	**Sex:**	F
Vaccination date:	12/16/2003	**Onset date:**	12/17/2003	**Days later:**	1

Report date:	12/17/2003			**Entry date:**	12/18/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: RASH

Local erythema, color,

VAERS ID:	**238827**	**Age:**	11	**Sex:**	F
Vaccination date:	10/14/1999	**Onset date:**	8/13/2004	**Days later:**	1765
Report date:	5/16/2005			**Entry date:**	6/1/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL RASH RASH MAC PAP RASH VESIC BULL

Information has been received from a registered nurse concerning an 11 year old female who on 10/14/99 was vaccinated with a dose of varicella virus vaccine live (lot # 631524/1012J). On 8/13/04 the patient developed a chicken pox rash that was noted to be on her abdomen and spread to her armpits. Her rash was also described as erythematous, papules, and some vesicles. At the time of the report, there was no specific treatment necessary. Unspecified medical attention was sought. There was no product quality

VAERS ID:	**267020**	**Age:**	11	**Sex:**	F
Vaccination date:	11/1/2006	**Onset date:**	11/15/2006	**Days later:**	14
Report date:	11/16/2006			**Entry date:**	11/16/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	4
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Dysgeusia Facial palsy Ophthalmoplegia

Acute Bell Palsy, noon on 11/15/06. Left sided. Neuro exam normal.

VAERS ID:	**264783**	**Age:**	11	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning an 11 year old female patient who on an unspecified date was vaccinated IM with her first dose of HPV rL1 6 11 16 18 VLP vaccine (yeast). Within one to two days after administration, the patient developed headache and fever. No medical attention was sought. Her outcome was not reported. Additional information has been requested.

VAERS ID:	**257989**	**Age:**	11	**Sex:**	F
Vaccination date:	5/14/1997	**Onset date:**	11/16/2000	**Days later:**	1282
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
MMR	MERCK & CO. INC.	1

SYMPTOMS: Laboratory test abnormal Unevaluable event

Information has been received from a registered nurse concerning a 19 year old female with no allergies or medical history who on 18-APR-1987 and 14-MAY-1997 was vaccinated with a first and second dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. Concomitant vaccines on 14-MAY-1997 included a dose of hepatitis B virus vaccine rHBsAg (yeast).

VAERS ID:	**252516**	**Age:**	11	**Sex:**	M
Vaccination date:	2/28/2006	**Onset date:**	3/1/2006	**Days later:**	1
Report date:	3/6/2006			**Entry date:**	3/10/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	

SYMPTOMS: Rash papular

Fine papular rash with scattered urticarial lesions on neck and trunk.

VAERS ID:	**254598**	**Age:**	11	**Sex:**	M
Vaccination date:	4/22/2006	**Onset date:**	4/22/2006	**Days later:**	0
Report date:	4/25/2006			**Entry date:**	4/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Nausea Pain Pyrexia Swelling

Fever on 4/22 night and 4/23 pain and swelling on 4/24 slight improvement felt nauseated on 4/23.

VAERS ID:	**282535**	**Age:**	12	**Sex:**	M
Vaccination date:	9/1/2006	**Onset date:**	9/1/2006	**Days later:**	0
Report date:	5/25/2007			**Entry date:**	6/6/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	

SYMPTOMS: Incorrect route of drug administration Loss of consciousness

Information has been received from a healthcare professional concerning a 12 year old male who on 01-SEP-2006 was vaccinated subcutaneously with a dose of Vaqta. There was no concomitant medication. It was reported that on 01-SEP-2006 the patient "passed out" within a minute of receiving Vaqta. Patient woke up after a minute and a half. Patient received the vaccination via a subcutaneous injection. An ambulance was called. Unspecified medical attention was sought. It was reported that the adverse event improved, "yes, on therapy". No product quality complaint. Current status was not recovered. Additional information has been requested.

VAERS ID:	**303114**	**Age:**	12	**Sex:**	F
Vaccination date:	2/2/1999	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/8/2008			**Entry date:**	1/16/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Hepatitis B antibody negative No adverse reaction

This case was reported by a healthcare professional and described the occurrence of not responding to therapy in a 13-year-old female subject who was vaccinated with Engerix B for prophylaxis. On 02 February 1999, 05 March 1999 and 10 September 1999 the subject received 1st dose, 2nd dose and 3rd dose of Engerix B (10 mcg). In November 2006, 7 years after vaccination with Engerix B, the subject did not have antibodies to Hepatitis B. At the time of reporting the event was unresolved. Follow-up information was received from the reporting healthcare professional on 07 June 2007. The reporter indicated that she had not reported the event to a regulatory agency. There was no other additional information reported.

VAERS ID:	**263767**	**Age:**	12	**Sex:**	F
Vaccination date:	9/14/2006	**Onset date:**	9/14/2006	**Days later:**	0

Report date:	9/15/2006			**Entry date:**	9/29/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injection site pain Musculoskeletal stiffness Pyrexia

Received DPT (Adacel), developed pain (unk) at site, fever and generalized arthrolyse within 6-10 hours.

VAERS ID:	**253383**	**Age:**	12	**Sex:**	M
Vaccination date:	3/9/2006	**Onset date:**	3/9/2006	**Days later:**	0
Report date:	3/23/2006			**Entry date:**	3/28/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Oedema Tenderness Urticaria

Hives on chest, axillary swelling, tender nodes and 1 1/2 cm visible swelling on the arm and front chest wall. TX Keflex 500mg TID x 10 days.

VAERS ID:	**289536**	**Age:**	12	**Sex:**	F
Vaccination date:	5/23/2007	**Onset date:**	5/23/2007	**Days later:**	0
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Body temperature increased Headache Oedema peripheral

Information has been received from a registered nurse concerning a 12 year old female with seasonal allergy who on 23-MAY-2007 was vaccinated IM with a 0.5 ml first dose of Gardasil (lot #653735/0688F). There was no concomitant medication. On 23-MAY-2007 the patient experienced temperature of 102 F, headache and"arm blew up". Unspecified medical attention was sought. She was treated with TYLENOL and ice. Subsequently, the patient recovered. On 24-JUL-2007 the patient was vaccinated IM with a 0.5 ml second dose of Gardasil and no adverse symptoms were noted. This is one of two reports from the same source. Additional information has been requested.

VAERS ID:	**286017**	**Age:**	12	**Sex:**	M
Vaccination date:	7/12/2007	**Onset date:**	7/14/2007	**Days later:**	2
Report date:	7/20/2007			**Entry date:**	7/26/2007

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Pain Skin warm Swelling

Right arm became painful, red, swollen and warm to touch 2 days after receiving vaccinations. Pt presented to office 3 days after onset of symptoms - diagnosed with cellulitis. Treated with Augmentin 875 BID.

VAERS ID:	**285642**	**Age:**	12	**Sex:**	F
Vaccination date:	6/16/2007	**Onset date:**	6/16/2007	**Days later:**	0
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Urticaria

Information has been received from a physician concerning a 12 year old female who on 16-JUN-2007 was vaccinated with a first dose of Gardasil (Lot #658100/0525U). There was no concomitant medication. Subsequently, later that night the patient broke out in hives all over her body. She called the office and the physician advised her to take BENADRYL and "everything was fine." At the time of the report, the patient had recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**282262**	**Age:**	12	**Sex:**	F
Vaccination date:	6/1/2007	**Onset date:**	6/2/2007	**Days later:**	1
Report date:	6/11/2007			**Entry date:**	6/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	5

SYMPTOMS: Injection site cellulitis Injection site swelling Injection site warmth

L arm swollen and warm after vaccination - DX with cellulitis - Tx with Cefzil 500 BID

VAERS ID:	**274252**	**Age:**	12	**Sex:**	M
Vaccination date:	3/12/2007	**Onset date:**	3/12/2007	**Days later:**	0
Report date:	3/14/2007			**Entry date:**	3/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR	0
TDAP	AVENTIS PASTEUR	0

SYMPTOMS: Lip swelling Oedema mouth

Vaccines administer at approximately 2 pm on 3/12/07. At approx 4pm he noticed his lips and mouth were swollen. Mom noticed at 8pm and administered Benadryl. He had another dose of Benadryl in the morning.

VAERS ID:	**251461**	**Age:**	12	**Sex:**	F
Vaccination date:	1/17/2006	**Onset date:**	2/1/2006	**Days later:**	15
Report date:	2/8/2006			**Entry date:**	2/13/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Asthenia Cough Encephalitis Headache Hypoaesthesia Hypokinesia Pyrexia

On 2/1/06 seen in PMD office for 2 week history cough, headache X 1 day and c/o not being able to feel legs and arms X 8 hours. On 2/1 exam normal except for decrease ability to diserimate sharp/dull. 2/2 Admitted to hospital fever and decreased strength lower extremities. Diagnosed with ADEM. Symptoms resolved after 36 hours - No treatment.

VAERS ID:	**231354**	**Age:**	12	**Sex:**	M
Vaccination date:	11/3/2004	**Onset date:**	11/4/2004	**Days later:**	1
Report date:	12/21/2004			**Entry date:**	12/21/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	2

SYMPTOMS: CONVULS VOMIT

Petit mal seizure lasting 2 minutes, accompanied by vomiting.

VAERS ID:	**220581**	**Age:**	12	**Sex:**	F
Vaccination date:	8/2/1997	**Onset date:**	4/16/2003	**Days later:**	2083
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: INFECT NO DRUG EFFECT ULCER SKIN

Information has been received from a licensed practical nurse concerning a 12 year old Causasian female student who on 8/2/97 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live (lot # 621060/1363D). There was no concomitant medication. On 4/16/03 at approximately 9:00, the patient presented to the physician's office with full blown chicken pox. The patient had approximately 75-100 lesions in various stages all over her body including 50 active chicken pox lesions. The patien

VAERS ID:	**227139**	**Age:**	12	**Sex:**	F
Vaccination date:	12/17/2003	**Onset date:**	12/31/2003	**Days later:**	14
Report date:	9/10/2004			**Entry date:**	9/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLUN
Manufacturer: MEDIMMUNE, INC./
Dose: 0

SYMPTOMS: ASTHMA NEOPL

A pt's mother reports her 11 year old daughter developed asthmatic reactions and nasal polyps after receiving intranasal Flumist. On 17Dec03, an 11 year old female received FluMist for immunization against influenza virus. On 31Dec03, the pt went to ER after developing asthmatic reactions where she was treated with salmeterol xinafoate/fluticasone propionate and pirbuterol acetate. The pt also received fluticasone propionate and montelukast sodium for nasal polyps. The pt is still receiving medications and

VAERS ID:	**238523**	**Age:**	12	**Sex:**	M
Vaccination date:	2/1/2000	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2005			**Entry date:**	5/31/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: NO DRUG EFFECT

Information has been received from a healthcare worker concerning a 12 year old male with seasonal allergies and no other medical history who in February 2000, was vaccinated with a dose of varicella virus vaccine live (lot # 635461/1246K). Concomitant therapy included loratadine. In 2004, the patient had a varicella titer through another physician which was 0.03. It was noted that the lab stated that it was not the proper test for vaccine seroconversion. Unspecified medical attention was sought. A product

VAERS ID:	301714	Age:	12	Sex:	M
Vaccination date:	9/5/2007	Onset date:	9/5/2007	Days later:	0
Report date:	12/21/2007			Entry date:	12/28/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Wrong drug administered

Information has been received from a registered nurse concerning a 12 year old male who on 05-SEP-2007 was vaccinated SC with a 0.65 ml of Zostavax (Oka/Merck) (Lot # 658211/0884U) instead of a dose of Varivax (Oka/Merck) (MSD). It was reported that the vials looks alike. No adverse event was reported. A product quality complaint was not involved. Additional information has been received from the registered nurse who stated the product confusion occurred because both the vaccine's vials looked alike and both were stored in the same freezer. There were no adverse symptoms. Additional information has been requested.

VAERS ID:	304376	Age:	12	Sex:	F
Vaccination date:	1/29/2008	Onset date:	1/31/2008	Days later:	2
Report date:	2/1/2008			Entry date:	2/5/2008
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Erythema Pain Swelling Urticaria

Orange size circle, raised and red, painful. No fever, positive welting.

VAERS ID:	221437	Age:	12	Sex:	F
Vaccination date:	6/30/2003	Onset date:	6/30/2003	Days later:	0
Report date:	10/14/2003			Entry date:	5/24/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TD	AVENTIS PASTEUR,	

SYMPTOMS: FEVER GAIT ABNORM PAIN PARESTHESIA

From initial information received from manufacturer regarding an adverse event occurring in the USA, it was reported by a physician that a female child received Tetanus Toxoid, Lot # and manufacturer unknown, on 06/30/03. Sometime after the vaccination, exact date not reported, the pt developed pain, numbness in lower extremities and difficulty walking. The pt's recovery status is currently unknown. From additional information received on 08/05/03, from a CMA, it was reported that the pt is a 12 year old f

VAERS ID:	**293336**	**Age:**	12	**Sex:**	M
Vaccination date:	9/21/2007	**Onset date:**	9/22/2007	**Days later:**	1
Report date:	10/10/2007			**Entry date:**	10/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	
TDAP	SANOFI PASTEUR	

SYMPTOMS: Musculoskeletal stiffness Pyrexia

9/22/07- Stiff neck. 9/23/07 - Fever 102.5 at home. 9/24/07 - Seen in office T 98.9. Neck and abdomen supple, lump clear, heart normal, neuro WNL.

VAERS ID:	**288816**	**Age:**	12	**Sex:**	M
Vaccination date:	8/14/2007	**Onset date:**	8/15/2007	**Days later:**	1
Report date:	8/17/2007			**Entry date:**	8/23/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	

SYMPTOMS: Headache Pyrexia

Severe headache/fever

VAERS ID:	**217835**	**Age:**	13	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/12/2004			**Entry date:**	3/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	AVENTIS PASTEUR,	0

SYMPTOMS: PAIN

Pain in the arm which had immunization.

VAERS ID:	300648	Age:	13	Sex:	M
Vaccination date:	10/22/2007	Onset date:	11/15/2007	Days later:	24
Report date:	12/3/2007			Entry date:	12/20/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	SANOFI PASTEUR	
TDAP	SANOFI PASTEUR	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Facial palsy

L sided Bell's palsy, 5 days of oral steroids.

VAERS ID:	279203	Age:	13	Sex:	F
Vaccination date:	4/10/2007	Onset date:	4/10/2007	Days later:	0
Report date:	5/14/2007			Entry date:	5/17/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Urticaria

Information has been received from a registered nurse, concerning a 13 year old female patient, who on 10-APR-2007 was vaccinated with the first dose of Gardasil (Lot #653938/0954F), and developed hives. At the time of this report, the patient had not recovered. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	303111	Age:	13	Sex:	F
Vaccination date:	0000-00-00	Onset date:	5/14/2007	Days later:	
Report date:	1/8/2008			Entry date:	1/16/2008
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE BIOLOGICALS	3

SYMPTOMS: Hepatitis B antibody negative No therapeutic response

This case was reported by a healthcare professional and described the occurrence of not responding to therapy in a 13-year-old female subject who was vaccinated with Engerix B for prophylaxis. Prior vaccinations included Engerix B for prophylaxis given on 02 February 1999, 05 March 1999 and 10 September 1999. In November 2006, 7 years after these vaccinations with Engerix B, the subject did not have antibodies to Hepatitis B. On an unspecified date within or after November 2006, the subject received a 4th dose of Engerix B (20 mcg). On 14 May 2007, at an unspecified time after vaccination

with the fourth dose of Engerix B, the subject's Hepatitis B antibodies test were again found to be negative. At the time of reporting the event was unresolved.

VAERS ID:	**196105**	**Age:**	13	**Sex:**	M
Vaccination date:	12/14/2002	**Onset date:**	12/14/2002	**Days later:**	0
Report date:	1/9/2003			**Entry date:**	1/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	0
TYP	SWISS SERUM BERN	0
YF	AVENTIS PASTEUR,	0

SYMPTOMS: ASTHMA RASH URTICARIA

Hives, erythema and wheezing started about 1 hour after Hep-A and Yellow Fever shots.

VAERS ID:	**199348**	**Age:**	13	**Sex:**	M
Vaccination date:	1/16/2003	**Onset date:**	1/16/2003	**Days later:**	0
Report date:	3/7/2003			**Entry date:**	3/12/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	SMITHKLINE BEECH	0

SYMPTOMS: ANOREXIA ASTHENIA HYSN INJECT SITE MASS INJECT SITE MOVEMENT DIS PAIN ABDO PAIN EAR PAIN INJECT SITE RESPIRAT DIS

Sore arm, red knot at site. Progressively became fatigued, loss of appetite. Loss of energy level and unable to play sports at usual level. After 1 month unable to get out of bed, - strep - mono - Epstein Barr, Ear pain developed and upper respiratory problems, intermittent abdominal pain. Symptoms resolved 2 1/2 months after vaccine.

VAERS ID:	**243435**	**Age:**	13	**Sex:**	M
Vaccination date:	8/23/2005	**Onset date:**	8/23/2005	**Days later:**	0
Report date:	8/26/2005			**Entry date:**	8/26/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA PAIN VASODILAT
Received Menactra 08/23/2005, left deltoid began to swell that evening - skin in office 08/24/2005, left deltoid swollen, red and painful - 11cmx14cm induration - prescription Benadryl, Advil and ice pack - 08/26/2005 less painful, swelling down but persists.

VAERS ID:	**258155**	**Age:**	13	**Sex:**	M
Vaccination date:	6/1/2006	**Onset date:**	6/1/2006	**Days later:**	0
Report date:	6/5/2006			**Entry date:**	6/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injection site erythema Pruritus Rash Skin nodule
2 days post vaccine Hep-A, had rash, itching and redness 7 1/2" X 5 1/2" on LT arm possible axillary nodes.

VAERS ID:	**289895**	**Age:**	13	**Sex:**	F
Vaccination date:	7/31/2007	**Onset date:**	7/31/2007	**Days later:**	0
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Immediate post-injection reaction Muscle rigidity Oxygen saturation Screaming Syncope Vomiting
Information has been received from a registered nurse concerning her 13 year old daughter with no pertinent medical history who on 31-JUL-2007 was vaccinated with a dose of Gardasil. There was no concomitant medication. On 31-JUL-2007 the patient fainted 2-3 minutes after receiving the Gardasil and became rigid during the episode. The fainting episode lasted 90 seconds. At the end of the fainting episode the patient screamed and vomited. On 31-JUL-2007 the patient's pulse oximetry reading was 98 percent. Unspecified medical attention was sought. Subsequently, the patient recovered from the episode. Additional information is not expected.

VAERS ID:	**278443**	**Age:**	13	**Sex:**	F
Vaccination date:	5/8/2007	**Onset date:**	5/9/2007	**Days later:**	1
Report date:	5/11/2007			**Entry date:**	5/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HPV4	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site oedema Injection site pruritus
localized edema, erythema, itching at vaccine site; starting approx 24h after injection

VAERS ID:	**271999**	**Age:**	13	**Sex:**	F
Vaccination date:	1/15/2007	**Onset date:**	1/20/2007	**Days later:**	5
Report date:	2/6/2007			**Entry date:**	2/9/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	
MNQ	AVENTIS PASTEUR	

SYMPTOMS: Abnormal sleep-related event Barium swallow Chest X-ray Dyskinesia Electroencephalogram Full blood count Tremor Tremor
Gardasil and Menactra given 1/11/07 beginning 1/22/07 jerking, tremors, shaking episodes occurring only during sleep

VAERS ID:	**301742**	**Age:**	13	**Sex:**	M
Vaccination date:	12/26/2007	**Onset date:**	12/28/2007	**Days later:**	2
Report date:	1/4/2008			**Entry date:**	1/4/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	0

SYMPTOMS: Borrelia burgdorferi serology negative Eosinophil count normal Erythema multiforme Haematocrit normal Haemoglobin normal Laboratory test Lymphocyte count normal Monocyte count normal Neutrophil count normal Platelet count normal Urticaria White blood cell count increased
48 hours after vaccine pt started with erythema multiforme over entire body, but shot site without reaction. After 5 dys still with scattered hives (previous no egg allergy).

VAERS ID:	**263015**	**Age:**	13	**Sex:**	F
Vaccination date:	8/22/2006	**Onset date:**	8/23/2006	**Days later:**	1
Report date:	9/13/2006			**Entry date:**	9/13/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Acute abdomen Gastrointestinal disorder Laboratory test abnormal Lymphadenopathy Ovarian cyst

Child developed signs and symptoms of acute appendicitis on the day after the vaccinations. She underwent an appendectomy.

VAERS ID:	**238526**	**Age:**	13	**Sex:**	M
Vaccination date:	9/20/2004	**Onset date:**	9/20/2004	**Days later:**	0
Report date:	5/16/2005			**Entry date:**	5/31/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: HYSN INJECT SITE TREMOR

Information has been received from a physician concerning a 13 year old male with asthma an no allergies who in the early afternoon of 09/20/2004, was vaccinated with a dose of varicella virus vaccine live. Concomitant therapy included fluticasone propionate + salmeterol xinafoate (ADVAIR) and levalbuterol HCl (Xenopenex). The physician reported that on 09/20/2004, the pt developed local papules at the injection site. On that same day, at 10:00 the pt developed tremors ans was taken to the ER. Subsequently,

VAERS ID:	**264787**	**Age:**	13	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning a 13 year old female patient who on an unspecified date was vaccinated with a dose of HPV rL1 6 11 16 18 VLP vaccine (yeast). Subsequently, the patient developed headache and fever. Her outcome was not reported. Additional information has been requested.

VAERS ID:	**252291**	**Age:**	13	**Sex:**	M
Vaccination date:	2/27/2006	**Onset date:**	2/28/2006	**Days later:**	1
Report date:	3/3/2006			**Entry date:**	3/3/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Glomerulonephritis Haematuria Nephritis Pyrexia

Boostrix administered on 2/27/2006. Started with fever the day after up to 103. Fever lasted ~2 days. on 3/1/06 fever was improving but started with gross hematuria in the evening. Seen by nephrologist on 3/2/2006 and felt to have acute glomerulonephritis.

VAERS ID:	**276336**	**Age:**	13	**Sex:**	F
Vaccination date:	3/12/2007	**Onset date:**	3/19/2007	**Days later:**	7
Report date:	5/12/2007			**Entry date:**	4/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Rash papular Rash pruritic Rash vesicular

Papular vesicular pruritic rash began 1 week after receiving Varivax booster.

VAERS ID:	**273071**	**Age:**	13	**Sex:**	M
Vaccination date:	2/23/2007	**Onset date:**	2/25/2007	**Days later:**	2
Report date:	2/26/2007			**Entry date:**	2/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TYP	BERNA BIOTECH, LTD	0

SYMPTOMS: Headache Pharyngitis streptococcal Pyrexia

2/25/07 Sudden onset of headache and fever to 102-has appt to see Ped MD this am 2/26/07. 2/16/06 per mother, pt has strep throat after PMD visit.

VAERS ID:	**254095**	**Age:**	13	**Sex:**	F
Vaccination date:	4/10/2006	**Onset date:**	4/11/2006	**Days later:**	1
Report date:	4/12/2006			**Entry date:**	4/13/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	

SYMPTOMS: Pain Pyrexia

Fever and pain.

VAERS ID:	**273017**	**Age:**	13	**Sex:**	M
Vaccination date:	2/3/2007	**Onset date:**	2/6/2007	**Days later:**	3
Report date:	2/26/2007			**Entry date:**	2/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
YF	AVENTIS PASTEUR	0

SYMPTOMS: Fatigue Pain Pyrexia

2/6/07 pt awoke feeling achy and fatigued. Mother reports fever of 99 degrees. Home from school for 2 days. Illness resolved.

VAERS ID:	**300522**	**Age:**	14	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	12/14/2007			**Entry date:**	12/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Hepatic enzyme increased Hepatic function abnormal Malaise

Information has been received from a registered nurse concerning a 14 year old female with no pertinent medical history or drug reactions/allergies who in April 2007, was vaccinated with the first dose of Gardasil (lot # not reported), 0.5mL, intramuscularly in the deltoid. In "early" June 2007, the patient received her second dose of Gardasil. There were no concomitant medication. In "late or early" July 2007, the patient became sick. She had an increase in her liver enzymes during her illness. As of 01-Nov-2007 the patient had not recovered. The patient is under the care of the practice. Additional information has been requested.

VAERS ID:	**297305**	**Age:**	14	**Sex:**	M
Vaccination date:	11/7/2007	**Onset date:**	11/7/2007	**Days later:**	0
Report date:	11/18/2007			**Entry date:**	11/19/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Injection site pain

Soreness at site of injection at L Delt 1 hr p admins of vaccine 11/7/07.

VAERS ID:	**289893**	**Age:**	14	**Sex:**	F
Vaccination date:	7/12/2007	**Onset date:**	7/14/2007	**Days later:**	2
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Culture throat Haematology test Throat lesion

Information has been received from a consumer, concerning her 14 year old daughter, who on 12-JUL-2007 was vaccinated with a dose of Gardasil (Lot # not provided). Concomitant suspect therapy included Menactra (Lot # U2227AA), Varivax (MSD) (Lot #657652/0606U), and concomitant therapy included Zyrtec. On 14-JUL-2007, two days after the vaccination, her daughter developed spots on the back of her throat. The mother called the physician and took her daughter to the ER, as advised, though her daughter was not admitted. Diagnostic testing included bloodwork and throat culture, but the hospital was "unable to determine the cause of the spots" in her daughter's throat. At the time of this report, her daughter had not recovered. Additional information has been requested.

VAERS ID:	**274727**	**Age:**	14	**Sex:**	F
Vaccination date:	12/28/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/14/2007			**Entry date:**	3/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Adverse event Neck pain Pain in extremity

Information has been received from a registered nurse concerning a 14 year old female with asthma who on 26-OCT-2006 was vaccinated with the first 0.5 ml dose of Gardasil, (Lot # 653735/0688F). On 12-28-06, the patient was vaccinated with the second 0.5 ml dose of Gardasil (Lot # "0916F"). The nurse reported that the patient had adverse experiences after vaccination. The patient experienced neck pain. Also, the patient's arm "had hurt all the way down, off and on". At the time of the report the patient's symptoms began after the first and second dose of Gardasil. At the time of the report, the symptoms had not resolved. The nurse also mentioned that the patient participated in gymnastics. Additional information has been requested.

VAERS ID:	**215144**	**Age:**	14	**Sex:**	M
Vaccination date:	8/5/2003	**Onset date:**	8/5/2003	**Days later:**	0
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: CONVULS PAIN TASTE LOSS TREMOR

This report describes the occurrence of a possible seizure in a 14 year old male who received hep B vaccine recombinant (Engerix B) for prophylaxis. This report was received from the pt's mother and has not been verified by a physician or other healthcare professional. The mother stated that in 1999, the pt received his first dose of hep B vaccine. Reportedly, at an unspecified time post-immunization, he experienced "a more severe reaction than the reaction to the second dose." In the afternoon of 8/5/03, t

VAERS ID:	**240104**	**Age:**	14	**Sex:**	M
Vaccination date:	8/25/2004	**Onset date:**	8/27/2004	**Days later:**	2
Report date:	1/24/2005			**Entry date:**	6/10/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: CELLULITIS DIZZINESS EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT NAUSEA PAIN INJECT SITE RASH VASODILAT

From initial information received on 9/10/04 from a health care facility regarding an adverse event occurring in the USA, it was reported that a 14 year old male patient received a TD ADS ADULT vaccination, lot number U1340AA, administered IM on 8/25/04. The site of administration was not reported. Within two days of receiving the vaccine (reported as approximately on 8/27/04, the patient complained of soreness, swelling, redness and warmth at the injection site. He was seen in the emergency room and diagno

VAERS ID:	**267752**	**Age:**	14	**Sex:**	F
Vaccination date:	11/7/2006	**Onset date:**	11/8/2006	**Days later:**	1
Report date:	11/21/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR, INC.
Dose: 11

SYMPTOMS: Cellulitis Injection site erythema Injection site oedema Injection site warmth

Rec'd flu vaccine 11/07/2006. Woke up 1/08/2006 arm red, swollen, warm to touch. Seen in office diagnosed with cellulitis treated with Keflex.

VAERS ID:	**266714**	**Age:**	14	**Sex:**	F

Vaccination date:	10/17/2006	**Onset date:**	10/19/2006	**Days later:**	2
Report date:	10/25/2006			**Entry date:**	11/14/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	2

SYMPTOMS: Arthralgia Erythema multiforme

Patient had erythema multiforme and arthralgia.

VAERS ID:	**292279**	**Age:**	14	**Sex:**	F
Vaccination date:	9/6/2007	**Onset date:**	9/7/2007	**Days later:**	1
Report date:	10/5/2007			**Entry date:**	10/5/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Chills Cough Pain Pyrexia Rhinorrhoea

Fever, chills, runny nose, cough, body aches - day after administration of vaccine x 1 week - sx increase - patient was seen at hospital ER.

VAERS ID:	**288450**	**Age:**	14	**Sex:**	F
Vaccination date:	3/1/2007	**Onset date:**	3/1/2007	**Days later:**	0
Report date:	8/17/2007			**Entry date:**	8/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TYP	UNKNOWN MANUFACTURER	

SYMPTOMS: Dyspnoea Hypersensitivity Throat tightness

Initial report received from another company (no reference number provided) in the United States on 07 August 2007. The other company received the report from a health care professional. A 14-year-old female patient with a medical history of depression and sulfa allergy had received typhoid vaccine in March 2007. The trade name, manufacturer, lot number, route and site of administration were not reported. An unspecified amount of time following vaccination, the patient developed a severe allergic reaction. The patient was taken to the hospital and treated in the emergency room for difficulty breathing and a "throat that closed off". The patient was given Benadryl in the emergency room and was sent home on two days of prednisone. The event was considered by the reporter to be life threatening. The patient recovered from the event. The product was not reintroduced to the patient after the event.

VAERS ID:	**286488**	**Age:**	14	**Sex:**	F
Vaccination date:	7/20/2007	**Onset date:**	7/20/2007	**Days later:**	0
Report date:	8/1/2007			**Entry date:**	8/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
TDAP	SANOFI PASTEUR	

SYMPTOMS: Aggression Amnesia CSF culture negative Computerised tomogram normal Delirium Disorientation Headache Intensive care Loss of consciousness Mental status changes Red blood cells CSF positive Syncope

Information has been received from a physician concerning a 14 year old female with no pertinent past medical history who on 20-JUL-2007 was vaccinated with 0.5 ml intramuscularly with a first dose of Gardasil (Lot # 658100/0525U). Concomitant therapy included ADACEL. On 20-JUL-2007 within minutes of receiving the injection the patient fainted onto the floor and was unconscious for a few seconds. The patient was sent to the emergency room. The patient developed a severe headache and amnesia and was hospitalized in the intensive care unit. The patient became combative and delirious and was given two unspecified sedatives and IV ZOFRAN. She was discharged from the hospital within a day or two. On 23-JUL-2007 the patient was seen in the physician's office and was fully recovered. She was referred to a neurologist. The physician considered the patient's fainting, unconsciousness, severe headache, amnesia, combativeness, and delirium to be life threatening and other important medical events. Additional information has been requested.

VAERS ID:	**217487**	**Age:**	14	**Sex:**	M
Vaccination date:	1/8/2003	**Onset date:**	1/11/2003	**Days later:**	3
Report date:	3/5/2004			**Entry date:**	3/9/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: DIZZINESS FEVER HEADACHE HYPOKINESIA MYALGIA PAIN PAIN NECK

HEADACHE; DIZZINESS; PYREXIA; NECK PAIN; MOBILITY DECREASED; PAIN NOS. Information has been received from a registered nurse and a physician concerning a 14 year old male student with a history of Lyme disease (1998 currently resolved) who on 08-jan-2003 at 15:00 was vaccinated in the left deltoid with a first dose of hepatitis B virus vaccine rHBsAg (yeast) (lot # 643757/0781M). There was no illness at the time of vaccination and there were no adverse events following prior vaccinations. On 11-Jan-2003, th

VAERS ID:	**226506**	**Age:**	14	**Sex:**	M
Vaccination date:	8/25/2004	**Onset date:**	8/25/2004	**Days later:**	0
Report date:	9/10/2004			**Entry date:**	9/10/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DT	AVENTIS PASTEUR,	

SYMPTOMS: CELLULITIS DIZZINESS EDEMA INJECT SITE HEADACHE INFECT LAB TEST

ABNORM PAIN VASODILAT
Severe pain, cellulitis resulting in 2 visits to the E.R. at hospital. Arm infection (swelling, hot to touch)Dizziness, headache.

VAERS ID:	**237979**	**Age:**	14	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	5/11/2004	**Days later:**	
Report date:	5/16/2005			**Entry date:**	5/24/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: NO DRUG EFFECT
Information has been received from a physician concerning a 14 year old reportedly healthy female patient with a history of possible TB exposure several years ago in another country, who in 1996, was vaccinated with varicella virus vaccine live (lot # not available). The physician reported that on 5/11/04 the patient had a varicella titer done which came back negative. The physician reported that the patient had been vaccinated at another office. No other information was available. There was no product qual

VAERS ID:	**255492**	**Age:**	14	**Sex:**	M
Vaccination date:	5/10/2006	**Onset date:**	5/12/2006	**Days later:**	2
Report date:	5/15/2006			**Entry date:**	5/15/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	AVENTIS PASTEUR, INC.	

SYMPTOMS: Abdominal pain upper Blood pressure decreased Nausea Vertigo
Vertigo, Nausea, Stomach pain.

VAERS ID:	**300525**	**Age:**	14	**Sex:**	F
Vaccination date:	7/12/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/28/2007			**Entry date:**	12/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1
MNQ	SANOFI PASTEUR	1
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Bacterial culture negative Candidiasis Culture positive HIV test negative Throat irritation
Initial report received from the patient's parent on 01 August 2007. A 14-year-old female with a history of seasonal allergies had received vaccinations with Menactra (Lot number U2227AA), varicella (manufactured by Merck, Lot number 0606U), and Gardasil (manufactured by Merck, Lot number not provided) on 12 July 2007 and two days later developed white spots on her throat. The patient had no illness at the time of vaccination and the only reported concomitant medication was Zyrtec, taken daily. The patient was seen in the hospital emergency room and was given Nystatin and unspecified antibiotics. Blood work, throat cultures and an HIV test were performed. Diagnosis was "thrush". Patient outcome was not reported. No additional information had been provided at the time of this report. Follow-up information received on 21 September 2007 from a health care professional, the patient's treating physician; Menactra was given intramuscular, into the left arm. Varicella was given subcutaneous into the left arm and Gardasil (lot #0525U) was given intramuscular into the right arm. The final diagnosis was candidal pharyngitis (thrush). Extensive work-up performed in the emergency room (ER) (on 17 July 2007) with multiple cultures. The patient was given 1 dose of IM Ceftriaxone. Then results of bacterial cultures came back all negative. The only positive culture was fungal culture positive for candida. Further evaluation for immunodeficiency performed as out patient. All labs were okay, including negative HIV. No etiology determined for candidal pharyngitis, which, per reporter was unusual in immunocompetent adolescents. As of last contact with the parent, the patient was still using Nystatin, which was the final treatment. Concomitant medications (per patient's records) included also Flonase. Current status was unknown. Documents held by the sender: ER and office visits and labs.

VAERS ID:	**292658**	**Age:**	14	**Sex:**	M
Vaccination date:	9/27/2007	**Onset date:**	10/1/2007	**Days later:**	4
Report date:	10/4/2007			**Entry date:**	10/10/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Neck pain Rash vesicular
(R) neck pain 5 days after Varivax booster. Vesicular eruption (R) neck and (R) chin 1 wk after Varivax.

VAERS ID:	**290763**	**Age:**	14	**Sex:**	F
Vaccination date:	7/11/2007	**Onset date:**	7/11/2007	**Days later:**	0
Report date:	9/17/2007			**Entry date:**	9/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Convulsion Syncope

Information has been received from a mother concerning her 14 year old daughter who on 11-JUL-2007 was vaccinated with a first dose of Gardasil. On 11-JUL-2007 the patient fainted. On 04-SEP-2007 the patient was vaccinated with a second dose of Gardasil. On approximately 04-SEP-2007, the patient experienced a seizure. Unspecified medical attention was sought. At the time of the report the patient's outcome was unknown. Upon internal review seizure was considered an other important medical event. Additional information has been requested.

VAERS ID:	**288548**	**Age:**	14	**Sex:**	M
Vaccination date:	8/17/2007	**Onset date:**	8/20/2007	**Days later:**	3
Report date:	8/21/2007			**Entry date:**	8/21/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0

SYMPTOMS: CSF culture negative CSF white blood cell count increased Enterovirus infection Headache Lumbar puncture Meningitis viral Myalgia Pyrexia Vomiting

Patient developed severe headache, vomiting, muscle aches, fever

VAERS ID:	**286065**	**Age:**	14	**Sex:**	M
Vaccination date:	5/4/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/25/2007			**Entry date:**	7/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Injection site pruritus Injection site rash Pruritus Skin lesion Urticaria

Received Menactra 5/4/07 - per patient and mother. A few days after Menactra administered into the right upper arm, pt began to develop "reddish - purple bumps" that look like mosquito bites or welts; and was associated with pruritus. Itching tx with OTC Benadryl and lesions resolved. These transient itchy lesions only occur on the right upper arm near the site of vaccine administration. No other skin sites involved. These occurred at least 1 time per week since 5/4/07. The last episode approx 1 week prior to office visit on 7/25/07.

VAERS ID:	**282279**	**Age:**	14	**Sex:**	M
Vaccination date:	6/14/2007	**Onset date:**	6/16/2007	**Days later:**	2
Report date:	6/19/2007			**Entry date:**	6/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Computerised tomogram abnormal Pain in jaw Parotitis Swelling face
Developed pain and swelling in left jaw area on 6/16/07; seen in ER, had CT scan done; diagnosed with left parotitis. Placed on po Augmentin for possible bacterial etiology; seen in office 6/19/07; slightly better.

VAERS ID:	**211128**	**Age:**	14	**Sex:**	F
Vaccination date:	9/1/2003	**Onset date:**	9/3/2003	**Days later:**	2
Report date:	9/25/2003			**Entry date:**	10/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	UNKNOWN MFR	

SYMPTOMS: FEVER HEADACHE PAIN ABDO
Severe headache persisted for 3 days accompanied by fever 102.7 and stomach cramping.

VAERS ID:	**277142**	**Age:**	14	**Sex:**	F
Vaccination date:	3/9/2007	**Onset date:**	4/19/2007	**Days later:**	41
Report date:	4/20/2007			**Entry date:**	4/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Hypoaesthesia Hypotonia Lip swelling Neurological examination normal Oedema peripheral Paraesthesia
Received Gardasil on 03/09/2007. Patient reported numbness / tingling feeling in left fingers, arm and left swollen lip, then hands felt floppy / numb. Negative for shortness of breath, chest pain, fever, injury. Physical exam grossly normal, normal neurological exam.

VAERS ID:	**217861**	**Age:**	15	**Sex:**	M
Vaccination date:	3/9/2004	**Onset date:**	3/10/2004	**Days later:**	1
Report date:	3/15/2004			**Entry date:**	3/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1

SYMPTOMS: ARTHRALGIA ARTHROSIS ASTHENIA FEVER GAIT ABNORM HEADACHE

INSOMNIA PAIN PAIN INJECT SITE
Son received Hepatitis B vaccine #2 on 3-9-04 @7:45pm. First Hep B vaccine was administered one year prior. He woke the following morning at 6;30am {less than 11 hours following shot} and forced himself off to school for mandated testing...later complaining to me that he had suffered throughout the day with a severe headache, fever {taken by school nurse at 101 degrees}, overall tiredness and pain in his knees, shoulders and arms...especially the left arm where injection sight located. He also appeared very

VAERS ID:	**249723**	**Age:**	15	**Sex:**	F
Vaccination date:	9/27/2005	**Onset date:**	10/21/2005	**Days later:**	24
Report date:	12/21/2005			**Entry date:**	12/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: AMNESIA ASTHENIA CONFUS ENCEPHALITIS
Seriousness Criteria other medically significant (OMIC). Initial case received from a health care professional on 10/31/2005. A fifteen year old female patient with no pre existing medical conditions received an intramuscular left deltoid injection of Menactra, lot number U1808AA on Sept 27 2005.Twenty four days later, she experienced confusion, memory loss and was very tired. Per the reporter, the patient had been an A student and was not failing test and could not remember the number of days in a year. Th

VAERS ID:	**261974**	**Age:**	15	**Sex:**	F
Vaccination date:	5/9/2006	**Onset date:**	7/9/2006	**Days later:**	61
Report date:	8/20/2006			**Entry date:**	8/23/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	

SYMPTOMS: Alopecia Skin nodule
the pt had her shot, 2 months later she experienced a small bump at her left hair margin, no real symptoms then her hair fell out within a week or two at site. The area is now a bonafide Alopecia area.

VAERS ID:	**299381**	**Age:**	15	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	12/11/2007			**Entry date:**	12/12/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Convulsion

Information has been received from a physician, via a company representative, concerning a 15 year old female student with a history of dizziness and syncope "in general," who on an unspecified date was vaccinated with the second dose of Gardasil (lot # not provided). Following the vaccination the patient was "fine," however, the next day, she had a seizure while at school. The physician reported that the student's condition had improved, though no other details were provided. Upon internal review, "the next day at school she had a seizure" was considered to be serious as an other important medical event. Additional information has been requested.

VAERS ID:	**297983**	**Age:**	15	**Sex:**	F
Vaccination date:	11/12/2007	**Onset date:**	11/12/2007	**Days later:**	0
Report date:	11/27/2007			**Entry date:**	11/28/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Chest discomfort Cough Oedema mouth Rash generalised

Information has been received from a physician, concerning a 15 year old female patient with drug hypersensitivity to methylphenidate (RITALIN) (involved rash, swollen mouth, chest tightness and cough), allergies (not specified), who on 11-SEP-2007 was vaccinated IM with the first dose of Gardasil (lot # invalid) with no reaction reported, and on approximately 12-NOV-2007, was vaccinated with the second dose of Gardasil (lot # 655165/1425F). Concomitant therapy included cetirizine hydrochloride (ZYRTEC). Following the second dose on 12-NOV-2007 the patient developed a rash all over her body, swelling of the mouth, tightness of her chest and coughing (treatment not specified). At the time of this report, the patient was recovering from the events. The reporting physician felt that rash all over body, swelling of the mouth, tightness of chest and coughing were considered to be immediately life-threatening. She noted that the patient had a "similar reaction" to methylphenidate (RITALIN). Additional information has been requested.

VAERS ID:	**215105**	**Age:**	15	**Sex:**	F
Vaccination date:	4/21/2003	**Onset date:**	4/21/2003	**Days later:**	0
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: DIZZINESS PALLOR SWEAT

This case was reported by a nurse and described the occurrence of pallor in a 15 year old female pt who received hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The pt's medical history, concurrent conditions and concurrent medications were not reported. On 04/21/03 the pt received the 1st dose of Engerix-B. Approximately 3 hours post-immunization, on 04/21/03, the pt experienced pallor, clamminess and dizziness. A health professional was consulted regarding the events, but no medical treat

VAERS ID:	**237821**	**Age:**	15	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2005			**Entry date:**	5/23/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL RASH ULCER SKIN

Information has been received from a certified medical assistant concerning a 15 year old female with no pertinent medical history who was vaccinated with a dose of varicella virus vaccine live. There was no concomitant medication. Subsequently, the patient developed 39-45 chicken pox lesions 21 days later. She was treated with diphenhydramine hydrochloride and calamine lotion. The patient recovered. Unspecified medical attention was sought. There was no product quality complaint. There were no laboratory d

VAERS ID:	**288151**	**Age:**	15	**Sex:**	F
Vaccination date:	8/14/2007	**Onset date:**	8/14/2007	**Days later:**	0
Report date:	8/15/2007			**Entry date:**	8/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
MNQ	SANOFI PASTEUR	0
TDAP	SANOFI PASTEUR	

SYMPTOMS: Anxiety Cyanosis Eye rolling Malaise Musculoskeletal stiffness Pallor

About a few minutes after vaccine administration (Tdap, Menactra and Hep A), pt noted to be pale. Pt given water and candy. About 10 minutes after giving vaccine, she said she didn't feel well, put her head on her hands then suddenly stiffened up, head extended, eyes rolled backwards with stiffening of arms and legs, mild circumoral cyanosis lasted 5 seconds. Pt regained consciousness. BP 90/62, Pulse Ox = 98%, 911 called. Transferred to ER. Patient already slightly apprehensive prior to vaccination.

VAERS ID:	**279662**	**Age:**	15	**Sex:**	F
Vaccination date:	4/23/2007	**Onset date:**	4/23/2007	**Days later:**	0
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Cyanosis Dizziness Injection site pain Loss of consciousness No reaction on previous exposure to drug

Information has been received from a physician concerning a 15 year old female. The patient received her first dose of Gardasil and had no adverse reaction. On the week of 23-APR-2007 the patient was vaccinated with Gardasil second dose. Immediately after receiving her second dose, the patient's arm which received the injection began to hurt, the patient became dizzy and passed out. Her lips turned blue. Unspecified medical attention was sought. The patient was not given any other vaccines on the day she was given her second dose of Gardasil. Subsequently, the patient recovered from the arm pain, dizziness, passing out and lips turning blue. Additional information has been requested.

VAERS ID:	**271820**	**Age:**	15	**Sex:**	F
Vaccination date:	1/31/2007	**Onset date:**	2/1/2007	**Days later:**	1

Report date:	2/2/2007			**Entry date:**	2/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE BIOLOGICALS	1
MNQ	AVENTIS PASTEUR	0

SYMPTOMS: Abdominal pain Erythema Pruritus Tongue disorder

None seen here, took to medical center from school via ambulance, as per school nurse c/o ABD pain, itchy tongue and red skin.

VAERS ID:	**267997**	**Age:**	15	**Sex:**	F
Vaccination date:	9/22/2006	**Onset date:**	9/23/2006	**Days later:**	1
Report date:	11/29/2006			**Entry date:**	11/29/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Arrhythmia Chest X-ray normal Computerised tomogram normal Confusional state Disorientation Drug screen negative Dysmorphism Electrocardiogram Glucose urine present Glycosylated haemoglobin increased Grand mal convulsion Hypoglycaemia Mental status changes Pregnancy test negative Urine analysis Urine ketone body present

Patient awoke morning after vaccination with grand mal seizure. Her mother took her to a local hospital and she was transferred to another hospital and then to another.

VAERS ID:	**209624**	**Age:**	15	**Sex:**	F
Vaccination date:	9/23/2003	**Onset date:**	9/23/2003	**Days later:**	0
Report date:	9/23/2003			**Entry date:**	9/24/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1
MMR	MERCK & CO. INC.	1

SYMPTOMS: CONVULS PALLOR SYNCOPE

Passed out immediately after giving MMR, HBV, PPD. Had one tonic-clonic seizure, pale, urinated. Lasted less than 1 minute and recovered spontaneously. Sent to ER for evaluation.

VAERS ID:	198724	Age:	15	Sex:	F
Vaccination date:	2/18/2003	Onset date:	2/18/2003	Days later:	0
Report date:	2/23/2003			Entry date:	3/4/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	SMITHKLINE BEECH	0

SYMPTOMS: ASTHENIA FEVER HEADACHE PAIN ABDO PHARYNGITIS STOOL ABNORM

2/18/03 2pm lower rt quadrant abdominal pain, headache, low grade fever. 5pm pain in abdomen worsens, headache 99.5 F. 10pm pain severe. 2/19/03 fatigue, 99.5 F, pain abates. 4pm white, chalky stool. 2/20/03 fatigue only. 2/21/03 fatigue only. 2/22/03 99.5, fatigue. 2/23/03 99.5, pain, fatigue, throat feels swollen.

VAERS ID:	226608	Age:	15	Sex:	M
Vaccination date:	9/10/2004	Onset date:	9/10/2004	Days later:	0
Report date:	9/10/2004			Entry date:	9/14/2004
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPA	MERCK & CO. INC.	1

SYMPTOMS: DEPERSONAL EYES GAZE UPWARD HYPOTONIA TREMOR TWITCH

Pt became limp, held his hand and verbalized he felt "funny." Pt started shaking / having jerky movements, eyes rolled back-- this lasted all of 15sec. Pt was lying down: legs elevated, became conscious. Took apple juice.

VAERS ID:	250175	Age:	15	Sex:	F
Vaccination date:	6/24/2005	Onset date:	8/30/2005	Days later:	67
Report date:	12/30/2005			Entry date:	1/9/2006
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR, INC.	

SYMPTOMS: Pain

Patient started complaining of legs being tired and aching. Patient is involved in sports never had problems running. After vaccine symptoms occurred.

VAERS ID:	293164	Age:	15	Sex:	M

Vaccination date:	10/4/2007	**Onset date:**	10/5/2007	**Days later:**	1
Report date:	10/5/2007			**Entry date:**	10/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Fatigue Headache Influenza like illness Myalgia Peripheral coldness Skin warm

Fatigue, cold legs, flu like symptoms, heavy feeling in head and neck, body feels warm. P 8, BP 96/58. Dx: imm. associated myalgia. Watch for GBS Syndrome. 10/07/07-spoke with reporter, patient had a full recovery, no adverse effects other than myalgia. No GBS.

VAERS ID:	**290640**	**Age:**	15	**Sex:**	F
Vaccination date:	9/12/2007	**Onset date:**	9/12/2007	**Days later:**	0
Report date:	9/14/2007			**Entry date:**	9/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	1
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Injection site erythema Injection site pain Injection site warmth

Redness, Pain, and Heat below injection site - Left arm 4.5" x 5"

VAERS ID:	**288879**	**Age:**	15	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Condition aggravated Loss of consciousness

Information has been received from a physician concerning a 15 year old female with a history of passing out upon vaccination who was vaccinated with a dose of Gardasil. Concomitant therapy included MENACTRA. Subsequently, the patient passed out. Unspecified medical attention was sought. The patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**278791**	**Age:**	15	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	

Report date:	5/16/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Convulsion

Information has been received from a physician concerning a 15 year old female who was vaccinated with Gardasil. Subsequently the patient experienced seizures. Upon internal review, seizure was determined to be an Other Important Medical Event. Additional information is not expected.

VAERS ID:	**215134**	**Age:**	16	**Sex:**	M
Vaccination date:	7/22/2003	**Onset date:**	7/23/2003	**Days later:**	1
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: EYE DIS MYASTHENIA PARALYSIS FACIAL

This case was reported by a physician and described the occurrence of Bell's palsy in a 16 year old male pt who received hep B vaccine recombinant (Engerix B) for prophylaxis. On 7/22/03 the pt received the 2nd dose of Engerix B. One day post-immunization, on 7/23/03, the pt presented to the physician with weakness in the left side of the face, including difficulty opening and closing the left eye and the inability to flex the left side of his forehead. He also had a "drooping smile." The physician made a d

VAERS ID:	**246515**	**Age:**	16	**Sex:**	M
Vaccination date:	10/21/2005	**Onset date:**	10/24/2005	**Days later:**	3
Report date:	11/1/2005			**Entry date:**	11/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: HEADACHE PARALYSIS FACIAL PARESTHESIA TONGUE DIS

10/24- Numbness of tongue & headache 5 pm. 10/25-School nurse called, numbness of the right side of face. Took patient to the doctor diagnosis, was Belle's Palsy 12 pm. Blood test ordered for Lyme.

VAERS ID:	**259500**	**Age:**	16	**Sex:**	M
Vaccination date:	8/11/2005	**Onset date:**	1/10/2006	**Days later:**	152
Report date:	7/10/2006			**Entry date:**	7/13/2006

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: MNQ
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Alopecia

The patient had, unknown to him until seen by a dermatologist, a pre-existing but static site of alopecia for years on his lower left leg. Sometime after December 2005, he noticed hair loss on his head. It progressed and he was seen on 3/3/06 by the reporting physician. The hair loss has progressed steadily since then.

VAERS ID:	**300834**	**Age:**	16	**Sex:**	F
Vaccination date:	6/14/2007	**Onset date:**	7/11/2007	**Days later:**	27
Report date:	12/14/2007			**Entry date:**	12/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: Alanine aminotransferase increased Arthralgia Cytomegalovirus antibody negative Epstein-Barr virus antibody negative Febrile infection Laboratory test Liver function test abnormal Parvovirus B19 serology negative Ultrasound abdomen

Information has been received from a physician concerning a 16 year old female with oesophageal acid reflux, heartburn and peanut allergy and a history of parvovirus infection who on 01-MAY-2007 was vaccinated with her first dose of Gardasil. Concomitant therapy included naproxen and PREVACID. On 14-JUN-2007 the patient received her second dose of Gardasil. On approximately 11-JUL-2007 "around the second week of July 2007", the patient experienced a febrile illness. She had diffuse arthralgia, elevations in her liver function tests "(70's and 90's)", elevations in alanine aminotransferase (ALT) and aspartate aminotransferase (AST). On 26-JUL-2007 laboratory tests showed AST 97 and ALT 97. On 26-OCT-2007 AST was 237, ALT 257, and gamma-glutamyl transferase (GGTP) was 97. On 07-NOV-2007 the AST was 218, ALT was 227 and GGTP was 28. An abdominal ultrasound was performed, results not reported. The outcome for febrile illness was not reported. The elevation in liver enzymes AST and ALT was not recovered. Diffuse arthralgia was improved. Unspecified medical attention was sought with "a few doctors/specialists" that included a gastroenterologist. Additional information has been requested.

VAERS ID:	**294382**	**Age:**	16	**Sex:**	F
Vaccination date:	1/10/2007	**Onset date:**	1/10/2007	**Days later:**	0
Report date:	10/24/2007			**Entry date:**	10/25/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Chemotherapy Lymphoma Malaise Radiotherapy

Information has been received from a physician concerning a female who on 10-JAN-2007 was vaccinated with Gardasil (Lot # 655617/1447F). There was no concomitant medication. It was reported that after receiving the vaccination she was not feeling well and one month after vaccination she was diagnosed with lymphoma (onset reported as January 2007). Patient has received chemotherapy and radiation. The patient's lymphoma persisted. Lymphoma was considered to be immediately life-threatening. The records of testing prior to release of the lot in question have been rechecked and found to be satisfactory. The lot met the requirements of an agency and released by the regulatory agency. Additional information has been requested.

VAERS ID:	**281622**	**Age:**	16	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Herpes zoster

Information has been received from a consumer concerning her 16 year old daughter with no allergies or medical history who in 1997 was vaccinated IM with a first dose of Varivax. There was no concomitant medication. On 16-OCT-2006, the patient developed shingles. Unspecified medical attention was sought. No diagnostic laboratory tests were performed. At the time of the report, the patient had not recovered. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	**198652**	**Age:**	16	**Sex:**	F
Vaccination date:	2/6/2003	**Onset date:**	2/9/2003	**Days later:**	3
Report date:	3/3/2003			**Entry date:**	3/3/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

SYMPTOMS: AGITATION CONVULS FEVER INFECT VIRAL MOVEMENT DIS NAUSEA RHINITIS VASODILAT

Client received third hepatitis b vaccine in the afternoon of Thursday, February 6, 2003. No s/s illness at that time. (Two previous vaccines given at private MD office with no reported adverse effects on 8/1/02 and 9/26/02) Mother reports that at approximately 1AM on Sunday morning, February 9, Alisha thought that she was calling out to mother and "could not get up" and lost continence. Moments later when she could get up, she was flushed and crying and went to awake mother. Mother says Alisha was fright

VAERS ID:	**200388**	**Age:**	16	**Sex:**	F
Vaccination date:	3/17/2003	**Onset date:**	3/20/2003	**Days later:**	3
Report date:	3/27/2003			**Entry date:**	3/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: HEADACHE HEM RETINAL RETINAL DIS VISION ABNORM
A nurse reported that her 16 year old daughter developed venostasis retinopathy after receiving hepatitis B vaccine recombinant for prophylaxis. The subject had no known medical history or allergies to food or medicine. The subject received no concurrent vaccines. The subject's concurrent medications included unspecified vitamins. The subject experienced arm soreness following unspecified previous immunizations. On 3/17/03, 71 hrs post immunization, the subject experienced "lines or flashing in and out" of

VAERS ID:	**205496**	**Age:**	16	**Sex:**	M
Vaccination date:	5/30/2003	**Onset date:**	5/30/2003	**Days later:**	0
Report date:	6/2/2003			**Entry date:**	6/26/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1

SYMPTOMS: EAR DIS FEVER
5/30/03 6:30 PM 103 fever until 10:30 PM. 6/2/03 to PMD Dx ear infection on Augmentin.

VAERS ID:	**209423**	**Age:**	16	**Sex:**	F
Vaccination date:	7/22/2003	**Onset date:**	7/24/2003	**Days later:**	2
Report date:	9/18/2003			**Entry date:**	9/19/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: ALLERG REACT EDEMA FACE INFECT VIRAL LAB TEST ABNORM LEUKOPENIA LYMPHADENO PHARYNGITIS SGOT INC
This case described the occurrence of an allergic reaction in a 16-year-old female pt who received hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. This report was received from the pt's mother and has been verified by a physician. The mother submitted a report directly to VAERS. On 07/22/2003 at 15:30, the pt reportedly received the 1st dose of Engerix-B (lot ENG5386A2). On 07/24/2003 at 08:00, two days post-immunization, the pt experienced swollen eyes and a sore throat. On 07/25/2003, the pt

VAERS ID:	**209751**	**Age:**	16	**Sex:**	F
Vaccination date:	3/17/2003	**Onset date:**	3/20/2003	**Days later:**	3
Report date:	8/11/2003			**Entry date:**	9/29/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: HEADACHE VISION ABNORM
Headache-back of head; subsided in a few visual problems in right eye (line obscuring vision). Flashing light; subsided in 72 hours. Retinal bleeding on eye exam 03/21/2003. No longer evident 04/18/2003.

VAERS ID:	**269215**	**Age:**	16	**Sex:**	F
Vaccination date:	11/8/2006	**Onset date:**	11/9/2006	**Days later:**	1
Report date:	12/14/2006			**Entry date:**	12/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Rash
Information has been received from a physician concerning a 16 year old female with no known drug allergies who on 08 Nov 2006, at 4:00 PM, was vaccinated IM with the first dose of HPV vaccine. On 09 Nov 2006, the patient developed a drug rash. The patient sought unspecified medical attention. On 14 Nov 2006, the patient was recovered from the drug rash. Additional information is not expected.

VAERS ID:	**291407**	**Age:**	16	**Sex:**	F
Vaccination date:	9/10/2007	**Onset date:**	9/10/2007	**Days later:**	0
Report date:	9/17/2007			**Entry date:**	9/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Bradycardia Dizziness Mental status changes
dizziness, bradycardia, change of mental status no loss of consciousness, no anaphylactic vasovagal O2 given and IVF referred to ER recovered successfully.

VAERS ID:	**280624**	**Age:**	16	**Sex:**	F
Vaccination date:	4/21/2006	**Onset date:**	5/4/2006	**Days later:**	13
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Dizziness Headache Injection site rash Pyrexia Skin lesion

Information has been received from a registered nurse concerning a 16-year-old female with no pertinent medical history and with an allergy to EXTENDRYL and RAD who on 21-APR-2006 was vaccinated with a 0.5mL dose of Varivax (Lot # 652722/1127R). There was no concomitant medication. ON 04-MAY-2006 the patient experienced a rash at the injection site and two lesions on her abdomen and one on back. No treatment was required. There were no lab diagnostic studies performed. The outcome was reported as recovering. Unspecified medical attention was sought. There was no product quality complaint involved. Follow up information from the nurse indicated that the patient had a rash at the injection site, 2 lesions on the abdomen and one on the back, a fever of 101.5, a headache and dizziness. It was reported that the patient recovered. Additional information is not expected.

VAERS ID:	**275961**	**Age:**	16	**Sex:**	F
Vaccination date:	2/28/2007	**Onset date:**	3/18/2007	**Days later:**	18
Report date:	4/10/2007			**Entry date:**	4/10/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
HPV4	MERCK & CO. INC.	0
TDAP	GLAXOSMITHKLINE BIOLOGICALS	5

SYMPTOMS: Electroencephalogram abnormal Grand mal convulsion Headache Hypoaesthesia Nausea

22 Days after receiving the above vaccines, she experienced numbness in her right hand and a headache and nausea. The next morning those symptoms were resolved. After being awake for 10 minutes she had a grand mal seizure. Duration 2-3 minutes. Emergency evaluation revealed a normal exam. PMH - significant for epilepsy. Dx 11/05 on Lamictal last seizure 1/06.

VAERS ID:	**274737**	**Age:**	16	**Sex:**	F
Vaccination date:	2/21/2007	**Onset date:**	2/21/2007	**Days later:**	0
Report date:	3/14/2007			**Entry date:**	3/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Headache

Information has been received from a health professional concerning her 16 year old daughter who on 21-FEB-2007 was vaccinated with a first dose of Gardasil. On 21-FEB-2007 the patient experienced a bad headache. She was given two ADVIL and her headache went away the following day. On 21-FEB-2007, the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**238611**	**Age:**	16	**Sex:**	M
Vaccination date:	5/6/2005	**Onset date:**	5/15/2005	**Days later:**	9
Report date:	5/24/2005			**Entry date:**	5/31/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	2
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: ASTHMA BRONCHITIS CONVULS COUGH INC DIARRHEA INFECT VIRAL MENINGITIS THINKING ABNORM VOMIT

5/6/05 HBV and Menactra were administered. 5/11/05 bronchitis, treated with Biaxin/Albuterol and Prednisone; 5/14/05 Diarrhea, vomiting; 5/15/05 generalized seizure, ER, Dx: viral meningitis. Pt 15 yo child was seen in our office on 5/6/05 for well visit. He was given HBV and Menactra. No calls received from parents regarding any side effects. On 5/11/05 child was seen for cough, wheezing. He was diagnosed bronchitis/RAD, started on Biaxin XC, Albuterol Inhaler and Prednisone for 5 days. As per mom, he deve

VAERS ID:	**277788**	**Age:**	16	**Sex:**	F
Vaccination date:	4/6/2007	**Onset date:**	4/9/2007	**Days later:**	3
Report date:	4/11/2007			**Entry date:**	5/2/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Antinuclear antibody negative Electroencephalogram abnormal Grand mal convulsion Laboratory test normal Loss of consciousness Nuclear magnetic resonance imaging brain abnormal Nuclear magnetic resonance imaging brain normal Pain in extremity Partial seizures Postictal state Scan brain Tonic clonic movements Tremor

16 year old s/p receiving HPV #2 on 4/6/07. Presented 4/9/07 with possible focal seizure (contracture right hand) sent to ER then admitted with Grand Mal seizure episode that evening. Patient placed on Dilantin discharged home on Dilantin PO. No FMH of seizure episodes.

VAERS ID:	**303858**	**Age:**	16	**Sex:**	F
Vaccination date:	1/22/2008	**Onset date:**	1/22/2008	**Days later:**	0
Report date:	1/22/2008			**Entry date:**	1/29/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0
TDAP	SANOFI PASTEUR	5

SYMPTOMS: Convulsion Gaze palsy Muscle rigidity Syncope Tremor

After 2 vaccines were given to pt. she started to pass out (faint). Mom shouted pt was having a seizure. Pt. was shaking, rigid & eyes were rolling back for very short time 4-5 seconds.

VAERS ID:	**207780**	**Age:**	16	**Sex:**	F
Vaccination date:	7/22/2003	**Onset date:**	7/24/2003	**Days later:**	2

Report date:	8/8/2003			**Entry date:**	8/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: EDEMA FACE LYMPHADENO

Swollen eyes noticed on 7/24. Became worse as the day progressed. Took pt to MD on 7/25, had blood work done. Diagnosed as viral infection. Pt went to the shore and on return on 8/2 condition was much worse. Went to clinic on 8/3. Given Prednisone and Zyrtec. Diagnosed as an allergic reaction (Family history of autoimmune disease in the family-nephew (21) has MS, niece (20) arthritis). Still some swelling and swollen lymph nodes.

VAERS ID:	**232221**	**Age:**	16	**Sex:**	F
Vaccination date:	10/12/2004	**Onset date:**	12/23/2004	**Days later:**	72
Report date:	1/13/2005			**Entry date:**	1/13/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
IPV	AVENTIS PASTEUR,	0
MMR	MERCK & CO. INC.	0
TD	AVENTIS PASTEUR,	0

SYMPTOMS: PARALYSIS FACIAL PARESTHESIA

Child from out of country, no shot records avail. Must have Imms to attend school. 9/10/04 received MMR, HepB1,IPV1,Td1 9/15/04 Patient had + PPD @ 20mm 9/23/04 Cxr/LFTs OK. Daily INH prophylaxis start. 10/12/04 received MMR2, HepB2, IPV2,TD2 10/16/04 LFTs WNL 10/20/04 exam WNL Continues INH daily 12/23/04 presented with right facial droop & Numbness. Stopped INH, started eye lubrication & protection. Diagnosed Bell's Palsy. No history of tick bite. 12/24 labs WNL 1/3/05 about 50% resolution of symptoms. 1

VAERS ID:	**269204**	**Age:**	16	**Sex:**	F
Vaccination date:	11/8/2006	**Onset date:**	11/9/2006	**Days later:**	1
Report date:	12/14/2006			**Entry date:**	12/18/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Urticaria

Information has been received from a physician concerning a 16 year old female who on 08 Nove 2006 was vaccinated intramuscularly with the first dose of Gardasil (yeast) (Lot # not provided). On 09 Nov 2006 it was reported that the patient developed hives. Unspecified medical attention was sought. At the time of this report it was unknown if the patient had recovered. Additional information has been requested.

VAERS ID:	**264788**	**Age:**	16	**Sex:**	F

Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning a 16 year old female patient who on an unspecified date was vaccinated with a dose of HPV rL1 6 11 16 18 VLP vaccine (yeast). Subsequently, the patient developed headache and fever. Her outcome was not reported. Additional information has been requested.

VAERS ID:	**298986**	**Age:**	16	**Sex:**	F
Vaccination date:	11/30/2007	**Onset date:**	12/3/2007	**Days later:**	3
Report date:	12/4/2007			**Entry date:**	12/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
HPV4	MERCK & CO. INC.	0
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Induration

4 cm by 2 cm induration on left upper arm

VAERS ID:	**288722**	**Age:**	16	**Sex:**	F
Vaccination date:	6/16/2007	**Onset date:**	6/16/2007	**Days later:**	0
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	
HPV4	MERCK & CO. INC.	

SYMPTOMS: Fall Head injury Laboratory test Neck pain Syncope Urine analysis

Information has been received from a physician concerning a 16 year old female who on 16-JUN-2007 was vaccinated with a dose of Gardasil. Concomitant therapy included Vaqta also given on 16-JUN-2007. On 16-JUN-2007. On 16-JUN-2007 after being administered the vaccines the patient fainted and fell forward and hit her head. Unspecified medical attention was sought. Unspecified blood and urinary tests were performed, results not reported. At the time of the report her head and neck hurts (its' sore). Additional information has been requested.

VAERS ID:	**299071**	**Age:**	16	**Sex:**	F
Vaccination date:	12/6/2007	**Onset date:**	12/7/2007	**Days later:**	1
Report date:	12/8/2007			**Entry date:**	12/8/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV	UNKNOWN MANUFACTURER	1
TDAP	UNKNOWN MANUFACTURER	

SYMPTOMS: Crying Headache Pain in extremity Pain in extremity Pyrexia

C/O pain in both arms and legs, severe headache and fever....crying...gave tylenol and slept for 16 hours

VAERS ID:	**225308**	**Age:**	17	**Sex:**	F
Vaccination date:	8/4/2004	**Onset date:**	8/5/2004	**Days later:**	1
Report date:	8/9/2004			**Entry date:**	8/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: PHARYNGITIS RASH RHINITIS

08/04/04: Vaccine. 08/05/04-08/06/04: Stuffiness, sore throat. 08/07/04: Sore throat, rash on buttocks. 08/08/04: Throat soreness, intense.

VAERS ID:	**266335**	**Age:**	17	**Sex:**	M
Vaccination date:	10/24/2006	**Onset date:**	10/27/2006	**Days later:**	3
Report date:	10/30/2006			**Entry date:**	11/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MEA	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Dermatitis Dizziness Vertigo

10/27/06 noticed Left forearm/hand dermatitis, intermittent lightheadedness/vertigo symptoms

VAERS ID:	259499	Age:	17	Sex:	F
Vaccination date:	7/11/2005	Onset date:	12/1/2005	Days later:	143
Report date:	7/10/2006			Entry date:	7/13/2006
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Alopecia

Patient had pre-existing small spot of vitiligo for 3 years on the right chest. Patient got vaccine on 7/11/2005 in the left arm, five months later patient got 2 areas of alopecia on back of head, with increasing patches of hair loss and generalized hair thinning over the next 6 months.

VAERS ID:	286422	Age:	17	Sex:	M
Vaccination date:	5/1/2007	Onset date:	5/1/2007	Days later:	0
Report date:	7/27/2007			Entry date:	8/1/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
MNQ	SANOFI PASTEUR	6

SYMPTOMS: Borrelia burgdorferi serology negative Computerised tomogram normal Culture throat negative Dizziness Dizziness Drug screen negative Fatigue Headache Hypoaesthesia Immediate post-injection reaction Loss of consciousness Nuclear magnetic resonance imaging normal Paraesthesia Streptococcal identification test positive Urine analysis normal

Initial report received on 19 July 2007 from a consumer, who is the patient's parents. A 17 year old male patient, with no medical history, received Menactra (lot# unknown) (route/site of administration were unknown) on 01 May 2007. Immediately after vaccination, the patient had passed out. Approximately in June 2007, ("approximately 3 weeks ago") the patient experienced headache and lightheadedness that had been increasing with time. The patient had been evaluated by a physician and was hospitalized for approximately 4 days, however no diagnosis was made. MRI and CT scans were negative. No other vaccines were given at the same time. The patient had no illnesses at vaccination time and was not on any medications. Treatment was not reported. Prior exposure to Menactra was not reported. The patient had not recovered at the time of the report.

VAERS ID:	279174	Age:	17	Sex:	F
Vaccination date:	12/4/2006	Onset date:	1/1/2007	Days later:	28
Report date:	5/14/2007			Entry date:	5/17/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Basilar migraine Dizziness Electroencephalogram normal Fall Gait disturbance Haematology test normal Nausea Nuclear magnetic resonance imaging normal Syncope vasovagal Visual disturbance

Information has been received from a physician concerning a 17 year old female patient with headache who on 09-OCT-2006 was vaccinated with a first dose 0.5 mL of Gardasil and on 04-DEC-2006 with a second dose 0.5 mL of Gardasil. In last week of January 2007, patient was dizzy, felt paralyzed, fell and needed to hold onto something to walk. This lasted for 5 minutes. This was immediately followed with nausea and a "wavy like vision that looked like a kaleidoscope." This lasted for 30 minutes, possible vasovagal reaction. On 04-DEC-2004 she also had her ears pierced. She was seen by her internist and then a neurologist. She had blood tests, magnetic resonance imaging (MRI) and electroencephalography (EEG), all were negative. Patient's diagnosis was basal artery migraine. She was treated with Periactin. The patient was reported as recovering. Additional information has been requested.

VAERS ID:	**304425**	**Age:**	17	**Sex:**	M
Vaccination date:	1/28/2008	**Onset date:**	1/28/2008	**Days later:**	0
Report date:	1/30/2008			**Entry date:**	2/6/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Chills Fatigue Pain Pain in extremity Pain in extremity Pyrexia

Patient received Menactra and Tdap - started having sore arms that night, then next day. Low grade fever, chills. Also pain, fatigue.

VAERS ID:	**305256**	**Age:**	17	**Sex:**	F
Vaccination date:	12/6/2007	**Onset date:**	2/5/2008	**Days later:**	61
Report date:	2/20/2008			**Entry date:**	2/20/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Abdominal distension Abdominal pain upper Abdominal tenderness Acute lymphocytic leukaemia Biopsy bone marrow abnormal Blast cell count increased Blood alkaline phosphatase increased Blood bilirubin increased Blood culture negative Blood lactate dehydrogenase increased Blood uric acid increased Body temperature increased Chemotherapy Chest X-ray normal Chest discomfort Cough Decreased appetite Dyspnoea Ear pain Fatigue

Very fatigued since 2.5.2008. Seen by me, pediatrician on 2.8.08 and 2.11.08. Blood work done 2.12.08 showed occasional blasts and patient had blood marrow done. Now DX to have A.L.L. and chemo Rx started. 2/26/08 Reviewed pcp medical records & vax records. FINAL PCP DX: Acute lymphocytic leukemia (pre B-cell). Received HPV #1 0680U on 9/18/07 at GYN office & Menactra U2385BA on 8/7/07 Fluzone U2451AA on 1/4/2008 at pcp office. Seen 11/07 for cough, sinus pressure, fever, tight chest, ear ache, HA; sibling w/similar symptoms 10 days prior. Dx w/sinusitis, otalgia & cough. Tx w/antibiotics. Returned to office 1/4/08 w/o complaints for flu shot. Returned to office 2/8/08 c/o of extreme fatigue beginning approx 2/5/08, stomach pain & intermittent hiccups. Dx w/malaise & fatigue, r/o mono. Referred for labs. Returned to office 2/11/08 w/continued fatigue, pallor, feeling miserable, SOB, nausea, decreased appetite, earache. Temp 100.7 at that time.

2/13/08 notified by lab of abnormal CBC & referred to hospital. 2/18/08 Received call from parent w/dx of ALL (pre-B cell). Admitted 2/13-2/23/08. Placed in study & will receive most tx as outpatient. 3/11/08 Reviewed hospital medical records for admission 2/13-2/23/2008. FINAL DX: acute lymphocytic leukemia Patient experienced extreme fatigue, excessive sleepiness, SOB, low grade fever, abdominal distention w/tenderness, petechiae on LEs, pancytopenia & hepatosplenomegaly. Consults done by heme/onc. Transfused x 2.

VAERS ID:	**204221**	**Age:**	17	**Sex:**	M
Vaccination date:	5/19/2003	**Onset date:**	5/19/2003	**Days later:**	0
Report date:	5/21/2003			**Entry date:**	6/4/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: SYNCOPE

Pt given Hepatitis B vaccine #1 Lot #1208M exp 4/11/05, also given Montoux PPD Lot #C1114A exp 9/14/04. Pt left office to parking lot, had fainting episode. Brought back to office. Blood pressure and pulse taken, BP 62, systolic pulse 60. After ammonia inhalant administered by MD, BP fallen again 112/68 and pulse 72. 911 called. Pt taken for evaluation. Probably not related vasovagal episode - to hepatitis or vax.

VAERS ID:	**300566**	**Age:**	17	**Sex:**	F
Vaccination date:	10/11/2007	**Onset date:**	10/11/2007	**Days later:**	0
Report date:	10/12/2007			**Entry date:**	12/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Back pain Neck pain Pyrexia

This case was reported by a health professional on 12 October 2007. A 17-year-old female patient, with a history of chondromalacia of the knee and allergies to morphine and aspirin, received an intramuscular right deltoid injection of Menactra (lot number U2428AA) and an intramuscular left deltoid injection of Gardasil (Merck, lot number 1265U) on 11 October 2007. Approximately eight hours later, she developed a low grade fever and pain at the back of the neck, which traveled down her spine. Her mother took her to the emergency room, where she was seen and sent home. Per the reporter, no tests were performed, and the symptoms recovered completely by noon on 12 October 2007. Concomitant medication included Wellbutrin daily.

VAERS ID:	**282162**	**Age:**	17	**Sex:**	F
Vaccination date:	6/13/2007	**Onset date:**	6/13/2007	**Days later:**	0
Report date:	6/13/2007			**Entry date:**	6/18/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HEP	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Blood pressure Grand mal convulsion

Approximately 4 to 5 minutes after administered of vaccines. Patient experienced tonic/clonic seizure. Patient recovered immediately v/s stable transported to E.D.

VAERS ID:	**276867**	**Age:**	17	**Sex:**	F
Vaccination date:	3/12/2007	**Onset date:**	3/13/2007	**Days later:**	1
Report date:	4/13/2007			**Entry date:**	4/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Body temperature increased Pyrexia

Information has been received from a registered nurse concerning a 17 year old female with no pertinent medical history or drug reactions/allergies who on 12-MAR-2007 was vaccinated with Gardasil (yeast) (lot # 657006/0188U). Concomitant therapy included FLONASE and PONSTEL. On 13-MAR-2007 the patient experienced a fever of 104F. Unspecified medical attention was sought. The patient missed school and was treated with acetaminophen (TYLENOL). Subsequently, the patient recovered from the fever. Additional information has been requested.

VAERS ID:	**271160**	**Age:**	17	**Sex:**	F
Vaccination date:	12/4/2006	**Onset date:**	12/5/2006	**Days later:**	1
Report date:	1/16/2007			**Entry date:**	1/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Rash pruritic

Information has been received from an office manager concerning a 16 year old female who on 04 Dec 2006 was vaccinated IM, into the left deltoid, with 0.5 ml second dose of Gardasil (lot #653736/0868F). On 05 Dec 2006 the patient developed an itchy rash on her arm. The patient was treated with Benadryl and the rash was gone the on the night of 05 Dec 2006. On 06 Dec 2006, the patient recovered. The office manger reported that there was no adverse reaction after the patient's first dose of Gardasil. Additional information has been requested.

VAERS ID:	**276047**	**Age:**	17	**Sex:**	M
Vaccination date:	4/4/2007	**Onset date:**	4/4/2007	**Days later:**	0
Report date:	4/11/2007			**Entry date:**	4/11/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**

TDAP SANOFI PASTEUR 0

SYMPTOMS: C-reactive protein increased Drug screen positive Electrocardiogram ST segment elevation Electrocardiogram abnormal Myocarditis Pleuritic pain Protein urine present Pyrexia Rash macular Red blood cell sedimentation rate increased Troponin I increased Viral test

PLEURITIC CHEST PAIN, MACULAR CHEST RASH 45 MIN. TO ONE HOUR AFTER ADM. OF Tdap (ADACEL). TREATED IN ED WITH NEBULIZED LEVALBUTEROL AND DIPHENHYDRAMINE WITH RESOLUTION OF SYMPTOMS; PREDNISONE TABLETS

VAERS ID:	**204141**	**Age:**	17	**Sex:**	F
Vaccination date:	8/30/2000	**Onset date:**	9/9/2002	**Days later:**	740
Report date:	5/28/2003			**Entry date:**	6/3/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEPA MERCK & CO. INC. 1

SYMPTOMS: LAB TEST ABNORM NO DRUG EFFECT

Information has been received from a registered nurse concerning a 17 year old female who on 06/09/1999 and on 08/30/2000 was vaccinated with a first and second dose of hepatitis A virus vaccine inactivated. It was reported that one or both of the vaccinations was from a recalled lot. Serology testing performed on 09/09/2002 showed her hepatitis A immunity status was determined to be "borderline." The patient sought unspecified medical attention. Follow-up information received on 02/20/2003 from a docto

VAERS ID:	**215086**	**Age:**	17	**Sex:**	M
Vaccination date:	3/1/2003	**Onset date:**	3/1/2003	**Days later:**	0
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEP GLAXOSMITHKLINE

SYMPTOMS: LAB TEST ABNORM LYMPHADENO LYMPHOCYTOSIS

A physician reported the occurrence of mononucleosis in a 17 year old male who was vaccinated with hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were unknown. In March 2003, the subject received his first injection of Engerix-B. Two weeks later, in mid-March, the subject presented to the physician's office with lymphadenopathy. A monospot test was positive for mononucleosis. As of 04/04/03, the outcome of th

VAERS ID:	**215665**	**Age:**	17	**Sex:**	M
Vaccination date:	7/22/2002	**Onset date:**	7/26/2002	**Days later:**	4
Report date:	1/27/2004			**Entry date:**	1/27/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAP	UNKNOWN MFR	3
HIBV	UNKNOWN MFR	3
MMR	UNKNOWN MFR	0
OPV	UNKNOWN MFR	2

SYMPTOMS: FEVER RASH MAC PAP SPEECH DIS

4 days after vaccine rec'd awoke with 103.5 temp and measles rash over back, chest, all 4 extremities. Was febrile for about 4 days. Rash slowly dissipated over a 2 week period. Speech ceased with the measles rash. Pt now has a diagnosis on the ASD (in process of differntiating PDD vs. Aspergers)

VAERS ID:	259341	Age:	17	Sex:	F
Vaccination date:	7/3/2006	Onset date:	7/3/2006	Days later:	0
Report date:	7/5/2006			Entry date:	7/10/2006
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Pallor Syncope

Seriousness Criteria: Other Medically Significant (OMIC). Initial report received on 7/3/06 from a health care professional. A 17 year old female pt had received an ID, left forearm injection of Tubersol 5 TU, lot C23649AA); and an IM, left deltoid, first dose injection of Menactra lot U2107AA. On 7/3/06, within 5 minutes after receiving the tuberculin test, the pt "became pale and passed out for a few seconds". Her blood pressure was 80/60. The pt had no past medical history. Other medications included bir

VAERS ID:	300496	Age:	17	Sex:	F
Vaccination date:	11/19/2007	Onset date:	11/20/2007	Days later:	1
Report date:	12/14/2007			Entry date:	12/18/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Dizziness

Information has been received from a physician concerning a 17 year old female who on approximately 19-Nov-2007 was vaccinated with the second dose of Gardasil. On 20-Nov-2007, within 24 hours of receiving the vaccine, the patient experienced dizziness. The patient was subsequently admitted to the hospital, however the length of stay was unknown. The reporting physician that had heard of this event is not this patient's physician. At the time of this report, the outcome of the event was unknown. No further information is available.

VAERS ID:	286478	Age:	17	Sex:	F
Vaccination date:	7/31/2007	Onset date:	7/31/2007	Days later:	0
Report date:	8/1/2007			Entry date:	8/1/2007
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Erythema Insomnia Nodule Pain Pruritus Rash Sensation of heaviness

Shortly after Gardasil (HPV) vaccine was given in the right shoulder, she developed heaviness in that arm. At work she could only work with her left arm. About an hour later she started to develop large "bumps" al over her right arm which became itchy and painful. She later bought Benadryl but said she still could hardly sleep. She was seen in the office the next day. She had large erythematous nodules all over her right arm and forearm only. Not anywhere else. They were pruritic. She was given an Epinephrine injection subcutaneously immediately and prescribed hydroxyzine orally and triamcinolone 0.1% cream topically. She was instructed to go to the Emergency room if she developed signs of respiratory difficulty or if any of the symptoms worsened.

VAERS ID:	285693	Age:	17	Sex:	F
Vaccination date:	6/29/2007	Onset date:	6/30/2007	Days later:	1
Report date:	7/20/2007			Entry date:	7/24/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Abnormal behaviour Affect lability Affective disorder Agitation Alcoholism Amnesia Bipolar disorder Confusional state Crying Hallucination, auditory Insomnia Judgement impaired Mania Neurological examination Nuclear magnetic resonance imaging Psychiatric symptom Psychomotor hyperactivity Speech disorder Thinking abnormal

Within one day of dose, pt developed psychiatric symptoms (disorganized thoughts, speech, etc.) and ended up admitted 5 days after dose to psychiatric inpatient facility for 12 days.

VAERS ID:	281766	Age:	17	Sex:	F
Vaccination date:	8/20/1996	Onset date:	1/1/2005	Days later:	3056
Report date:	5/16/2007			Entry date:	5/24/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Antibody test negative

Information has been received from a physician concerning his 26 year old daughter with no known allergies and no pertinent medical history, who on 15-JUL-1996 and 20-AUG-1996 was vaccinated SC with first (lot # "03893") and second (lot # 612222/0241D) doses of varicella virus live vaccine live (Oka/Merck) respectively. There was no concomitant medication. Routine lab work was done by the patient's OB/GYN physician in January 2005 in which it was found that she had no immunity. It was reported that the patient has not gotten the chickenpox since receiving the two doses of varicella virus vaccine live (Oka/Merck). the patient suffered no ill effect. No further information was available. There was no product quality complaint involved. Additional information is not expected.

VAERS ID:	288818	Age:	17	Sex:	F
Vaccination date:	6/21/2007	Onset date:	6/22/2007	Days later:	1
Report date:	8/17/2007			Entry date:	8/23/2007
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Chills Pain in extremity Pyrexia

Fever to 102, chills and arm pain lasting 24+ hours.

VAERS ID:	277286	Age:	17	Sex:	M
Vaccination date:	4/16/2007	Onset date:	4/17/2007	Days later:	1
Report date:	4/19/2007			Entry date:	4/24/2007
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR	
TDAP	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Arthralgia Headache Myalgia Neck pain Pyrexia

Had Menactra and Boostrix on 4/16 at 11 am. Went to sleep that evening and woke up at 3 AM on 4/17 with low grade fever, headache, neck pain and joint muscle pain. Parent gave Tylenol at 3 AM and again in early AM on 4/17. Pediatrician contacted and recommended Advil 600 mg Q 6 hrs. Parent contacted on 4/19. Child returned to school today after missing 2 days of school.

VAERS ID:	244672	Age:	18	Sex:	F
Vaccination date:	7/25/2005	Onset date:	8/8/2005	Days later:	14
Report date:	9/29/2005			Entry date:	9/29/2005
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: DYSPHAGIA DYSPNEA GAIT ABNORM GUILLAIN BARRE SYND HEADACHE HYPOTONIA HYPOXIA INJURY ACCID MYASTHENIA PAIN PARESTHESIA REFLEXES DEC SPEECH DIS VOMIT

Guillain-Barre Syndrome - symptoms started within 2 weeks after being given the vaccine Menactra. At first, my daughter complained about trouble going up a flight of stairs. Within 2 weeks of difficulty going up the stairs (she participates in the sport CREW so her legs and body are in excellent condition so these complaints were odd) she then started saying that her legs were hurting a great deal and she had pins and needles in her feet. The next day she had trouble standing and taking steps - she start

VAERS ID:	**264695**	**Age:**	18	**Sex:**	F
Vaccination date:	8/30/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Injection site pain

Information has been received from a physician assistant concerning an 18 year old female with on 8/30/06 was vaccinated with the first dose of HPV (lot 653650/0702F). The physician assistant reported that the pt received the first dose of HPV, about 12 days ago, and she still experiencing injection site pain. The pt sought unspecified medical attention. It was reported that the pt was being treated with ibuprofen (Advil). At the time of this report, the pt had not recovered from the event. The reporter con

VAERS ID:	**258139**	**Age:**	18	**Sex:**	M
Vaccination date:	3/15/2006	**Onset date:**	3/15/2006	**Days later:**	0
Report date:	5/12/2006			**Entry date:**	6/5/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	1
TDAP	GLAXOSMITHKLINE	0

SYMPTOMS: Bone pain Chills Diarrhoea Headache Laboratory test abnormal Nausea Paraesthesia Pyrexia White blood cell count increased

This case was reported by a nurse practitioner and described the occurrence of bone pain in an 18 yr old male subject who was vaccinated with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed (Boostrix) plus a separate injection of hep A vaccine inactivated (Havrix). Medical history included acne. Concurrent medication included Isotretinoin (Accutane). On 15Mar06 the subject received 1st dose of Boostrix (lotAC52B005AA). On 15Mar06, the subject also received the 2nd dose of

VAERS ID:	**270373**	**Age:**	18	**Sex:**	F
Vaccination date:	8/18/2006	**Onset date:**	10/1/2006	**Days later:**	44
Report date:	12/31/2006			**Entry date:**	1/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR	0

SYMPTOMS: Hypotrichosis Laboratory test abnormal

Loss/thinning of hair top of head from anterior to posterior (crown)=2 1/2 months after shot.

VAERS ID:	**303100**	**Age:**	18	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/8/2008			**Entry date:**	1/16/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Hepatitis B antibody negative Vaccination failure

This case was reported by the mother of a consumer and described the occurrence of a 18-year-old male subject not responding to therapy following vaccination with Engerix B for prophylaxis. A physician or other health care professional has not verified this report. Concurrent medical conditions included asthma, decreased igg and plastic bronchitis. Concurrent medications included Salbutamol sulphate (Albuterol). In 1991 the subject completed the standard dosing schedule for vaccination with Engerix B (unknown). A blood test for titer detection performed on 22 June 2007 revealed non-detectable titers for hepatitis B. The subject was considered to have not responded to therapy. At the time of reporting the event was unresolved. No additional details expected.

VAERS ID:	**217905**	**Age:**	18	**Sex:**	M
Vaccination date:	2/27/2004	**Onset date:**	3/11/2004	**Days later:**	13
Report date:	3/16/2004			**Entry date:**	3/16/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	1
MMR	UNKNOWN MFR	1
SMALL	WYETH LABORATORI	0
TD	AVENTIS PASTEUR,	1
YF	UNKNOWN MFR	1

SYMPTOMS: PRURITUS RASH URTICARIA

patient presented w/ urticaria, seeming to stem from the right tricep area; no fever; felt ok except for pruritis; the rash has resolved and patient had no respiratory sx; rash covered scalp to waist, ant & post

VAERS ID:	**229800**	**Age:**	18	**Sex:**	M
Vaccination date:	10/6/2004	**Onset date:**	10/7/2004	**Days later:**	1
Report date:	11/20/2004			**Entry date:**	11/29/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	0

SYMPTOMS: RASH VESIC BULL

A varicella like type of eruption occurred 24 hours after administration of vaccine, was seen at ER at hospital and was given prednisone. Eruptions slowly disappeared through a two week course.

VAERS ID:	236874	Age:	18	Sex:	F
Vaccination date:	4/28/2005	Onset date:	4/28/2005	Days later:	0
Report date:	5/2/2005			Entry date:	5/2/2005
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MEN	AVENTIS PASTEUR,	0

SYMPTOMS: DYSPNEA HEADACHE

This pt reports that on the day that the vaccination test were administered she had the following symptoms: headache at approx 5:00PM (3 hrs after vaccination test), shortness of breath at approx 7:00PM (5 hrs after vaccination test). Pt went to the ER. Pt reports that in the approx 3-4 hrs all symptoms resolved.

VAERS ID:	240462	Age:	18	Sex:	M
Vaccination date:	6/15/2005	Onset date:	6/15/2005	Days later:	0
Report date:	5/17/2005			Entry date:	6/27/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: DYSPNEA

difficulty breathing sent to ER got epinephrim shot and recovererd

VAERS ID:	261525	Age:	18	Sex:	M
Vaccination date:	4/20/2006	Onset date:	4/20/2006	Days later:	0
Report date:	5/31/2006			Entry date:	8/14/2006
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

IPV	AVENTIS PASTEUR, INC.
RAB	CHIRON CORPORATION

SYMPTOMS: Decreased appetite Diarrhoea Dyspepsia Gastroenteritis Nausea

Initial report receive from a nurse practitioner on 5/25/06. An 18 year old male pt developed nausea, indigestion, loss of appetite, loose stools and dizziness the day after receiving the injection of Imovax rabies, dose one lot number not reported, Ipol, lot number not reported, and hepatitis A vaccine lot number and manufacturer not reported on 4/20/06. The route and site and administrations for all vaccines was not provided. Per reporter, it is not known if the pt had any illness at the time of vaccinati

VAERS ID:	**260308**	**Age:**	18	**Sex:**	M
Vaccination date:	6/20/2006	**Onset date:**	6/28/2006	**Days later:**	8
Report date:	7/16/2006			**Entry date:**	7/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	GLAXOSMITHKLINE	0

SYMPTOMS: Thrombocytopenic purpura

Developed Idiopathic thrombocytopenic purpura.

VAERS ID:	**299569**	**Age:**	18	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/14/2007			**Entry date:**	11/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	UNKNOWN MANUFACTURER	
HPV4	MERCK & CO. INC.	

SYMPTOMS: Inappropriate schedule of drug administration Lymphadenopathy Medication error

Information has been received from a physician concerning an 18 year old female who was vaccinated on an unspecified day with HPV rL1 6 11 16 18 VLP vaccine (yeast) and diphtheria toxoid (+) pertussis acellular vaccine (unspecified) (+) tetanus toxoid(manufacturer unknown). The patient experienced swollen glands the day after the vaccination and went to the ER for unspecified medical treatment. Per the doctor the patient recovered. Additional information has been requested.

VAERS ID:	**298848**	**Age:**	18	**Sex:**	F
Vaccination date:	9/10/2007	**Onset date:**	9/10/2007	**Days later:**	0
Report date:	10/12/2007			**Entry date:**	10/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HPV4 MERCK & CO. INC.

SYMPTOMS: Blood glucose increased Blood pressure Dizziness Headache Heart rate normal Hyperhidrosis Nausea

Information has been received from a physician concerning an 18 year old female with an allergy to sulfa and a history of lightheadedness, nausea, sweating and headache (but, not related to vaccination), who on 10-SEP-2007 was vaccinated with the first dose of Gardasil (Lot# 658560/1062U) in the left deltoid IM. Concomitant therapy included meningococcal vaccine (unspecified). Within a minute of the vaccine, the patient experienced lightheadedness, nausea, sweating and headache. The patient's blood sugar was 101, blood pressure was 110/70 and pulse rate was 64. The patient waited in the office for 20 minutes, felt better and went home recovered. The patient was seen in the office 2 days later and was fine. Additional information has been requested.

VAERS ID:	**291307**	**Age:**	18	**Sex:**	F
Vaccination date:	7/16/2007	**Onset date:**	7/16/2007	**Days later:**	0
Report date:	8/15/2007			**Entry date:**	9/25/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Dizziness Headache Pyrexia

Headache, fever, dizziness x 2-3 days

VAERS ID:	**288073**	**Age:**	18	**Sex:**	F
Vaccination date:	8/3/2007	**Onset date:**	8/3/2007	**Days later:**	0
Report date:	8/8/2007			**Entry date:**	8/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Blood glucose normal Face injury Laceration Syncope

Shortly after having received the vaccines, the patient fainted face down in my office and struck her chin and sustained a laceration on her chin which required sutures.

VAERS ID:	**285868**	**Age:**	18	**Sex:**	F
Vaccination date:	6/22/2007	**Onset date:**	6/22/2007	**Days later:**	0
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Immediate post-injection reaction Pain Syncope

Information has been received from a licensed practical nurse concerning an 18 year old female with no pertinent medical history who on 22-JUN-2007 was vaccinated intramuscularly into the left arm with 0.5 ml of the first dose of the Gardasil (Lot 3 653735/0688F). There was no concomitant medication. Immediately after receiving the vaccination, the patient felt pain and fainted. Unspecified medical attention was sought by the patient. No laboratory or diagnostic tests were performed. The patient was observed for 1/2 hours and then was recovered and sent home. Additional information has been requested.

VAERS ID:	**284727**	**Age:**	18	**Sex:**	F
Vaccination date:	7/2/2007	**Onset date:**	7/7/2007	**Days later:**	5
Report date:	7/14/2007			**Entry date:**	7/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	

SYMPTOMS: Computerised tomogram normal Grand mal convulsion Laboratory test normal Urinary incontinence

Grand Mal seizures w/urinary incontinence observed on 7-7-07 while at dinner table

VAERS ID:	**282856**	**Age:**	18	**Sex:**	F
Vaccination date:	6/22/2007	**Onset date:**	6/22/2007	**Days later:**	0
Report date:	6/26/2007			**Entry date:**	6/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Lip swelling Swelling face

Menactra administered at approximately 2:30 pm on 6/22/07 Facial swelling 1st noted at 7:30 pm on 6/22/07 after patient awoke from nap. mother reported peri-oral swelling/lip swelling/and swelling of bilateral forehead region above both eyes. No respiratory symptoms/ No shortness of breath. Patient was referred to local emergency department for evaluation.

VAERS ID:	**279620**	**Age:**	18	**Sex:**	F
Vaccination date:	5/8/2007	**Onset date:**	5/10/2007	**Days later:**	2
Report date:	5/24/2007			**Entry date:**	5/24/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	
HEPAB	GLAXOSMITHKLINE BIOLOGICALS	1
TYP	SANOFI PASTEUR	

SYMPTOMS: Injection site pain Mass

Hard lump a 12 mm right ua. C/O mild pain at site.

VAERS ID:	**306029**	**Age:**	18	**Sex:**	F
Vaccination date:	1/21/2008	**Onset date:**	1/22/2008	**Days later:**	1
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Injection site rash

Information has been received from a physician concerning an 18 year old female, who on 21-JAN-2008 was vaccinated with a 0.5mL first dose of Gardasil (lot# 659439/1267U). On 22-JAN-2008 the patient developed an injection site rash. The patient sought unspecified medical attention. The patient recovered on an unspecified date. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**214072**	**Age:**	18	**Sex:**	M
Vaccination date:	7/26/2002	**Onset date:**	8/15/2003	**Days later:**	385
Report date:	12/10/2003			**Entry date:**	12/16/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	3
TD	AVENTIS PASTEUR,	
YF	AVENTIS PASTEUR,	0

SYMPTOMS: AMBLYOPIA MYASTHENIA MYELITIS NEURITIS OPTIC NEURITIS RETROBULBAR PAIN EYE PARESTHESIA

8/22/02: complained of burred vision for 1 week with both eyes hurting. Saw opthalmologist 8/22/02; symptoms worsened: diagnosed with retrobulbar neuritis. 8/25/02 Admitted to hospital and diagnosed with Devic's Syndrome. Inter optic neuritis and myelitis. Responded dramatically to IV steroid treatment. Remained on such for time after outpatient. Follow up to neurologist/rehab medicine. Patient to regain full mobility and balance. Symptoms: bilateral vision deterioration, inability to void, decreased sensat

VAERS ID:	**236599**	**Age:**	18	**Sex:**	M
Vaccination date:	8/12/2004	**Onset date:**	8/19/2004	**Days later:**	7

Report date:	4/18/2005			**Entry date:**	4/26/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
MMR	MERCK & CO. INC.	1
TD	AVENTIS PASTEUR,	0

SYMPTOMS: ARRHYTHMIA TACHYCARDIA

Pt states he had a reaction 3-7 days after vaccine doses of 8/12/04. Treated at ER and hospitalized for tachycardia and arrhythmia. Treated several months with anticoagulants by cardiologist.

VAERS ID:	**214338**	**Age:**	18	**Sex:**	M
Vaccination date:	12/22/2003	**Onset date:**	12/22/2003	**Days later:**	0
Report date:	12/22/2003			**Entry date:**	12/22/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	3
HBHEPB	MERCK & CO. INC.	2
IPV	AVENTIS PASTEUR,	2
PNC	LEDERLE LABORATO	3

SYMPTOMS: EDEMA NERVOUSNESS

CHILD HAD IRRITABILITY, SWELLING OF LEFT EXTREMITY HIP DEC ROM AND SWELLING OF LEFT KNEE

VAERS ID:	**233988**	**Age:**	18	**Sex:**	F
Vaccination date:	2/11/2005	**Onset date:**	2/14/2005	**Days later:**	3
Report date:	2/14/2005			**Entry date:**	2/17/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MEN	AVENTIS PASTEUR,	0

SYMPTOMS: DREAM ABNORM INSOMNIA

Difficulty sleeping, nightmares

VAERS ID:	241720	Age:	18	Sex:	F
Vaccination date:	7/20/2005	Onset date:	7/21/2005	Days later:	1
Report date:	7/25/2005			Entry date:	7/25/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MNQ	AVENTIS PASTEUR,	0

SYMPTOMS: EDEMA FACE EDEMA INJECT SITE FEVER INJECT SITE REACT MYALGIA PAIN

Pt's an 18 year old, status post meningitis shot, 2 days ago, had pain L arm. Also had generalized body aches. Arm site got swollen. Had fever yesterday of 101F with chills. No pain before shot. Today has pain underneath arm to shoulder joint. On exam, eyes slightly swollen. Dx'd with reaction to Menactra. Tx: Motrin Q6 hours and follow up is new symptoms.

VAERS ID:	243602	Age:	18	Sex:	F
Vaccination date:	8/29/2005	Onset date:	8/29/2005	Days later:	0
Report date:	8/30/2005			Entry date:	8/30/2005
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MEN	UNKNOWN MFR	0

SYMPTOMS: ANOREXIA DIZZINESS DRY MOUTH FEVER GAIT ABNORM HEADACHE NAUSEA PAIN

severe painful headache, very bad fever, pain in left leg (was limping on it if forced to walk), nausea, unable to eat, dry mouth. i felt light headed almost immediately after given the shot..but did not feel the other symptoms until the day progressed (id say an onset of 5:00 of when they began). My brother is experiencing the same symptoms (who is 20 years and 5 months).

VAERS ID:	253267	Age:	18	Sex:	F
Vaccination date:	3/16/2006	Onset date:	3/23/2006	Days later:	7
Report date:	3/23/2006			Entry date:	3/27/2006
Administered by:	PVT	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TDAP	GLAXOSMITHKLINE	0

SYMPTOMS: Amnesia

One week after boostrix child reported loss of memory. Went to school nurse. Told to see her usual physician. 3/23/06

VAERS ID:	**275351**	**Age:**	18	**Sex:**	M
Vaccination date:	12/14/2006	**Onset date:**	12/14/2006	**Days later:**	0
Report date:	3/7/2007			**Entry date:**	3/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	1

SYMPTOMS: Blood glucose increased Convulsion Pallor Tremor Unresponsive to stimuli

Information has been received from a woman in a physician's office concerning an 18-year-old male student who on 14-DEC-2006, at 1230, was vaccinated in the right deltoid with the second dose of Recombivax HB (Lot #655810/1022F) (1st dose noted to be given "years ago"). At the time of vaccination, the patient was noted to be depressed and had not eaten for approximately 24 hours as a friend had died the previous day. It was reported that on 14-DEC-2006, at 1245, the patient was brought back to the physician office after he had been shaking and unresponsive. The patient had a seizure at the office lasting for 30 seconds and was very pale. The physician and nurse monitored the patient's vitals (results not provided), blood sugar (116), had him lie down and gave him orange juice. It was noted that the patient would not receive any further doses of Recombivax HB. At the time of this report, the outcome was unknown. Upon internal review, seizure was determined to be an other important medical event. Additional information has been requested.

VAERS ID:	**303475**	**Age:**	18	**Sex:**	F
Vaccination date:	7/25/2007	**Onset date:**	12/17/2007	**Days later:**	145
Report date:	1/23/2008			**Entry date:**	1/24/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	0

SYMPTOMS: Areflexia Borrelia burgdorferi serology Cerebellar syndrome Demyelination Electromyogram abnormal Eye pain Full blood count normal Gait disturbance Guillain-Barre syndrome Headache Hypoaesthesia IIIrd nerve paresis Immunoglobulins Laboratory test normal Miller Fisher syndrome Nerve conduction studies abnormal Nuclear magnetic resonance imaging brain normal Nystagmus Paraesthesia Red blood cell sedimentation rate normal

Initial and follow up information has been received from a registered nurse, concerning a 19 year old female patient with a history of left sided Bell's palsy (year unknown), who on 25-JUL-2007 was vaccinated with the first dose of Gardasil (lot # 658100/0525U). Concomitant therapy included birth control pills (unspecified manufacturer). On approximately 17-DEC-2007, the patient "developed symptoms" and on 31-DEC-2007 she was hospitalized with "probable Miller-Fisher variant of Guillain Barre syndrome." Her symptoms included ophthalmoparesis and areflexia with stocking-glove distribution. Treatment included immunoglobulin, IgG. On 01-JAN-2008 (previously reported as 07-JAN-2008), the patient was discharged from the hospital. The nurse indicated the patient had a follow up visit scheduled with a neurologist on 07-JAN-2008, though she had no knowledge of the results or findings from the visit. The nurse mentioned that the patient had not received subsequent doses of Gardasil, due to concern about the administration of IgG while in the hospital. At the time of this report, the outcome of the event was unknown. Additional information has been requested. 1/25/08 Follow up initiated at request of CDC. 1/25/08 Received vax record which reveals patient received Menactra U2380BA & Gardisil 0525U on 7/25/07. Admitted to hospital 12/31/07 after outpatient vs to neurologist. Numbness & tingling in hand started approx 2 wks prior & spread to left arm. Developed difficulty focusing, eye pain & numbness in both feet. Exam revealed ophthalmoparesis, areflexia &

stocking/glove sensory disturbance. MRI of brain reviewed which was WNL. Nerve conduction studies done which was abnormal. Neuro hospital admit dx: probable Miller Fisher variant of Guillain-Barre syndrome. 2/5/08 Reviewed hospital medical records which reveal patient experienced numbness & tingling of hand & feet, difficulty focusing & eye pain starting approx 12/16/2007. On admit had limited extraocular movements w/left lateral gaze nystagmus, dysmetria on fin

VAERS ID:	**301629**	**Age:**	18	**Sex:**	M
Vaccination date:	1/3/2008	**Onset date:**	1/3/2008	**Days later:**	0
Report date:	1/3/2008			**Entry date:**	1/3/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE BIOLOGICALS	0
YF	SANOFI PASTEUR	0

SYMPTOMS: Dyspnoea Erythema

3:40 PM Telephone call from father - said his son just returned home and his ears are turning red and he is having trouble breathing. I immed put RN on phone. RN spoke with parent, instructed to go to ER. Immediately to closest ER. Father gave Benadryl.

VAERS ID:	**305952**	**Age:**	18	**Sex:**	F
Vaccination date:	12/26/2007	**Onset date:**	12/27/2007	**Days later:**	1
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Pruritus Swelling face

Information has been received from a health professional concerning an 18 year old female patient with no medical history who on 31-OCT-2007, was vaccinated into the right deltoid with a first dose of Gardasil (Lot# 0530U). On 26-DEC-2007, the patient was vaccinated into the left deltoid with a second dose of Gardasil (Lot# 655154/1210U). On 27-DEC-2007, the patient complained of her face being very swollen and itchy. She was advised to take BENADRYL 50 mg PO and if it did not get any better to go to the emergency room. No laboratory diagnostic tests were performed. At the time of this report, the patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**196393**	**Age:**	18	**Sex:**	F
Vaccination date:	1/1/1994	**Onset date:**	1/1/1994	**Days later:**	0
Report date:	1/9/2003			**Entry date:**	1/17/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	

SYMPTOMS: EDEMA INJECT SITE FEVER INJECT SITE REACT

In 1994, the vaccinee received an injection of Engerix-B. An unspecified time, post vax, the vaccinee experienced fever greater than 100.5F and an injection site reaction characterized by swelling. She was reportedly confined to bed for 4 days. She was not hospitalized; treatment was not specified. The IZ series was discontinued. The reporter stated that currently, the vaccinee's immune status is negligible. The events resolved after an unspecified period of time. The reporter stated that the events were pr

VAERS ID:	**258930**	**Age:**	18	**Sex:**	M
Vaccination date:	6/19/2006	**Onset date:**	6/20/2006	**Days later:**	1
Report date:	6/26/2006			**Entry date:**	6/28/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	0
TDAP	AVENTIS PASTEUR, INC.	

SYMPTOMS: Asthenia Dizziness Nausea Pyrexia Vomiting

Nausea, vomiting, dizziness, fever, weakness.

VAERS ID:	**215593**	**Age:**	19	**Sex:**	M
Vaccination date:	1/9/2004	**Onset date:**	1/12/2004	**Days later:**	3
Report date:	1/26/2004			**Entry date:**	1/26/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	1
MMR	MERCK & CO. INC.	0
TD	AVENTIS PASTEUR,	0
YF	AVENTIS PASTEUR,	0

SYMPTOMS: RASH RASH MAC PAP

Pt developed a facial rash three days after receiving the vaccination. The rash was a papular rash and was located on the right side of the face. The patient was issued shaving restrictions. By January 26, the rash had improved somewhat on the R side but had spread to the L side of the fack and the anterior neck. The malar region of the face, chin and anterior neck are erythematous and there are scattered papules and pustules.

VAERS ID:	**215787**	**Age:**	19	**Sex:**	M
Vaccination date:	1/16/2004	**Onset date:**	1/27/2004	**Days later:**	11
Report date:	1/30/2004			**Entry date:**	1/30/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

SMALL	WYETH LABORATORI	0

SYMPTOMS: PRURITUS RASH RASH MAC PAP

Patient started with a rash on the dordum of the hands and the distal legs on 1/27/04. By the morning of 1/28/04, the rashhad spread to the entire body sparing the plantar surfaces of the hands, feet and the face. The rash is a macular papular rash on most of the body. On the distal legs, the rash is a large erythematous, indurated placque. The rash is pruritic. The patient has been afebrile. The expiration date of the yllow fever vaccine is 2/17/04.

VAERS ID:	**216460**	**Age:**	19	**Sex:**	F
Vaccination date:	7/27/2000	**Onset date:**	5/11/2003	**Days later:**	1018
Report date:	2/13/2004			**Entry date:**	2/13/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ASTHENIA CHILLS FLU SYND HEADACHE LAB TEST ABNORM VASODILAT VERTIGO

Symptoms are: extreme fatigue, headaches,hot/cold flashes, vertigo, and flu-like symptoms

VAERS ID:	**297527**	**Age:**	19	**Sex:**	F
Vaccination date:	2/1/2007	**Onset date:**	4/1/2007	**Days later:**	59
Report date:	11/20/2007			**Entry date:**	11/23/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Abdominal pain Abortion spontaneous Drug exposure during pregnancy Intra-uterine death Laboratory test

Information has been received through the Merck pregnancy registry, from a physician, concerning a 19 year old female who in March 2007, was vaccinated with a second dose of Gardasil. Subsequently the patient received her two doses of the vaccine and then became pregnant. Unspecified medical attention was sought. Follow up information received from the mother of the patient, indicated that in September 2006, her daughter received the first dose of Gardasil, on an unknown date the second dose, and in February 2007 the third dose of Gardasil (lot #'s not provided). She reported her daughter became pregnant in April 2007. In November, when 7 months pregnant, her daughter was admitted to the hospital for abdominal pain, and on 04-NOV-2007, she "lost her baby." The child "had no heartbeat and was dead for a week in her womb. The child was not fully formed." She added that the fetus's eyes, ears and nose were not fully developed. Her daughter remained in the hospital for "about a week." At the time of this report, she was recovering from the event. Additional information has been requested.

VAERS ID:	**275693**	**Age:**	19	**Sex:**	F
Vaccination date:	2/16/2007	**Onset date:**	0000-00-00	**Days later:**	

Report date:	4/15/2007			**Entry date:**	4/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Abdominal pain Culture stool negative Diarrhoea Laboratory test Limb discomfort Musculoskeletal discomfort Pain Pain in extremity Red blood cell sedimentation rate increased

c/c-pain-odd sensation in legs-first dose-adm by Gyn (MD) November 2006. 2nd dose-adm by PMD-Feb 2007- Symptoms-started Feb2-have increased since

VAERS ID:	**305850**	**Age:**	19	**Sex:**	F
Vaccination date:	7/17/2007	**Onset date:**	8/1/2007	**Days later:**	15
Report date:	2/5/2008			**Entry date:**	2/27/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Blood test Computerised tomogram Convulsion Electroencephalogram normal Hypoaesthesia Hypoaesthesia facial Migraine Nuclear magnetic resonance imaging Nuclear magnetic resonance imaging brain normal Paraesthesia Paraesthesia Syncope

Fainting, seizure like symptoms, migraines, numbness and tingling in arms, legs, hands, feet and face. (Seen in ER twice once by ambulance). Had MRI of brain, neck, CT, EEG and blood tests.

VAERS ID:	**238379**	**Age:**	19	**Sex:**	F
Vaccination date:	6/15/2004	**Onset date:**	6/28/2004	**Days later:**	13
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: HYSN INJECT SITE INFECT VIRAL RASH RASH VESIC BULL

Information has been received from a registered nurse concerning a 18 year old female who on 6/15/04 was vaccinated in the left deltoid with a first dose of varicella virus vaccine live (lot # 645575/0436N). There was no illness at the time of vaccination. On 6/28/04, the patient experienced atypical chicken pox with vesicular lesions around the injection site. On 6/30/04, the patient's parent called the office to report that she had raised bumps under her breast and on her back. Unspecified medical attenti

VAERS ID:	**259801**	**Age:**	19	**Sex:**	F

Vaccination date:	7/12/2006	**Onset date:**	7/12/2006	**Days later:**	0
Report date:	7/20/2006			**Entry date:**	7/20/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Blood pressure decreased Chills Dizziness Headache Nausea Tremor Vomiting

Call received from parent stating that her daughter experienced headache, nausea, vomiting, shaking chills and dizziness the evening after vaccination. Symptoms lasted all night into the next day when they visited her private physician for evaluation and physical. They are unsure if she was febrile during this time. Also stated that she was pale. Immediately after vaccination, c/o feeling dizzy and slight nausea. She was pale, BP 88/50 P56. After brief period of lying down,the symptoms subsided and she was

VAERS ID:	**257910**	**Age:**	19	**Sex:**	M
Vaccination date:	7/18/2005	**Onset date:**	7/19/2005	**Days later:**	1
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0

SYMPTOMS: Rash macular

Information has been received from a registered nurse concerning a 19 year old Asian male with an allergy to procaine hydrochloride (NOVOCAIN) and no other pertinent medical history who on 18-JUL-2005 at 15:00 was vaccinated SC with a first dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live. There was no concomitant medication. There was no illness at the time of vaccination. On 19-JUL-2005 at 11:00 the patient returned to the office with a generalized flat mac

VAERS ID:	**255919**	**Age:**	19	**Sex:**	F
Vaccination date:	5/12/2006	**Onset date:**	5/13/2006	**Days later:**	1
Report date:	5/17/2006			**Entry date:**	5/19/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Unevaluable event

On 5/13/06-///

VAERS ID:	**288232**	**Age:**	19	**Sex:**	M
Vaccination date:	8/1/2007	**Onset date:**	8/2/2007	**Days later:**	1

Report date:	8/12/2007			**Entry date:**	8/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MNQ
Manufacturer: SANOFI PASTEUR
Dose: 0

SYMPTOMS: Body temperature increased Cellulitis Erythema

Rec'd Menactra vaccine 8/1/07 developed tactile temperature and redness (evening) 8/2/07 seen in our office 8/3/07 Diagnosed with cellulitis post reaction to Menactra. Treated with Keflex

VAERS ID:	**279673**	**Age:**	19	**Sex:**	F
Vaccination date:	4/30/2007	**Onset date:**	4/30/2007	**Days later:**	0
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Immediate post-injection reaction Loss of consciousness

Information has been received from a physician, via a company representative, concerning a 19 year old female patient who on 30-APR-2007 was vaccinated with the first dose of Gardasil. The physician reported that the patient "passed out immediately after receiving first dose of Gardasil; "she added that that patient had not eaten all day prior to receiving the vaccination. The patient recovered on 30-APR-2007, the same day of vaccination. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**274123**	**Age:**	19	**Sex:**	F
Vaccination date:	2/1/2007	**Onset date:**	2/1/2007	**Days later:**	0
Report date:	3/14/2007			**Entry date:**	3/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Injection site rash Rash

Information has been received from a registered nurse concerning a 19 year old female with a penicillin allergy. On 01-FEB-2007, at 11:00 AM, the patient was vaccinated in the left arm with the first 0.5 mL dose of HPV (lot# 655619/1427F). Concomitant therapy included Yasmin. On that same day, at 4:00 PM, the patient developed a rash on her left arm from the injection site to the elbow and a rash also on her right arm (unspecified where on her right arm). The patient sought unspecified medical attention. The physician prescribed over-the-counter Benadryl and contacted the patient the next day for follow up. The patient reported that she was fine. At the time of this report, the patient had recovered from the event (date unknown). Additional information has been requested.

VAERS ID:	**270063**	**Age:**	19	**Sex:**	F

Vaccination date:	12/1/2006	**Onset date:**	12/1/2006	**Days later:**	0
Report date:	1/2/2007			**Entry date:**	1/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 0

SYMPTOMS: Headache Nausea Rash Upper respiratory tract infection Urticaria

12/01/2006 Nausea, headache, urticaria 12/04/2006. URI symptoms developed after rash. Treated with Benadryl, Prednisone, and Zyrtec. Phone call 1 week later, rash completely gone, urticaria due to vaccine VS intercurrent URI.

VAERS ID:	**219136**	**Age:**	19	**Sex:**	F
Vaccination date:	2/25/2004	**Onset date:**	2/26/2004	**Days later:**	1
Report date:	4/8/2004			**Entry date:**	4/16/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: RAB **Manufacturer:** AVENTIS PASTEUR, **Dose:** 0

SYMPTOMS: CONVULS

Suffered seizure with 24 hours of receiving immunation.

VAERS ID:	**198551**	**Age:**	19	**Sex:**	M
Vaccination date:	2/20/2003	**Onset date:**	2/22/2003	**Days later:**	2
Report date:	2/27/2003			**Entry date:**	2/27/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: ANTH **Manufacturer:** BIOPORT CORPORAT **Dose:** 1

SYMPTOMS: ASTHENIA DIZZINESS ENCEPHALITIS FEVER HEADACHE LAB TEST ABNORM PAIN NECK PARESTHESIA SYNCOPE URIN RETENT

The 60 day follow up states pt was transferred to hospital.

VAERS ID:	**218846**	**Age:**	19	**Sex:**	F
Vaccination date:	2/25/2004	**Onset date:**	2/26/2004	**Days later:**	1

Report date:	4/19/2004			**Entry date:**	4/9/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	AVENTIS PASTEUR,	0

SYMPTOMS: CONVULS CONVULS GRAND MAL REACT AGGRAV

From initial information received on 4/6/04 from a health care professional regarding an adverse event occurring in the USA, it was reported that a female patient, age approximately 18 years old, received an IMOVAX RABIES vaccination, lot number W1419-3, route and site of administration unknown, on 2/25/04. The reporter stated that within 24 hours the patient experienced a seizure and would not provide any further information. The physician reporter did not have the patient's file at the time of the report,

VAERS ID:	**229571**	**Age:**	19	**Sex:**	M
Vaccination date:	8/23/2004	**Onset date:**	8/27/2004	**Days later:**	4
Report date:	11/2/2004			**Entry date:**	11/22/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: AMBLYOPIA ASTHENIA EDEMA EDEMA INJECT SITE HEADACHE LYMPHADENO MALAISE PAIN RASH SYNCOPE

Lymphadenopathy, anterior cervical chain. Comment: cervical node swelling and tenderness x 7 days. Headache, general. Fatigue, Malaise <60 Days, Erythema, Edema at injection site 50-120 mm , Tenderness, Lymphadenopathy axillary, Blurred Vision: visual changes including blurring intermittently; describes as black out. ...couldn't see; lasted < 1 minute.

VAERS ID:	**269189**	**Age:**	19	**Sex:**	F
Vaccination date:	11/8/2006	**Onset date:**	11/8/2006	**Days later:**	0
Report date:	12/14/2006			**Entry date:**	12/18/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Anxiety Hyperhidrosis Injection site erythema Injection site swelling Lymphadenopathy Nausea Pain Paraesthesia Pruritus Pyrexia

Information has been received from a physician concerning his daughter, a 19 year old female who at 15:00 on 08-Nov-2006 "was feeling great anxiety" before receiving an intramuscular injection with the vaccination HPV rL1 6 11 16 18 VLP vaccine (yeast) (Lot#654540/0800F). On 08-Nov-2006 after receiving the vaccination the patient experienced throbbing pain, a tingling sensation down length of her arm, elbow, wrist, jaw line and down her neck, fever, swelling and redness at the injection site, was "terribly

VAERS ID:	**261488**	**Age:**	19	**Sex:**	F

Vaccination date:	8/8/2006	**Onset date:**	8/9/2006	**Days later:**	1
Report date:	8/14/2006			**Entry date:**	8/14/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR, INC.	0
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Arthralgia Arthralgia Arthralgia Gait disturbance Hypokinesia Neuropathy Oedema peripheral Pain Pain Pain in extremity Pain in extremity Pain in extremity Rash

Pt received Tdap (LA) and Menactra Vacccines (RA) on 8/8/06. On 8/9/06 she developed left wrist pain that evolved into B/L wrist pain and hand pain by 8/10. Pt was unable to use hands due to pain on 8/11-8/13. Movement of hands caused sig pains. Ice helped to relieve symptoms. By evening of 8/12 hand and wrist pain resolved and knee and upper arm pain emerged. On 8/13 pt described sig pains on moving her upper arms a certain way and a general dull ache otherwise. Pt also limped at that time due to

VAERS ID:	**300551**	**Age:**	19	**Sex:**	F
Vaccination date:	8/1/2007	**Onset date:**	8/13/2007	**Days later:**	12
Report date:	12/19/2007			**Entry date:**	12/20/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Abortion spontaneous Blood human chorionic gonadotropin increased Drug exposure during pregnancy Pregnancy test positive Ultrasound scan abnormal

Information has been received through the pregnancy registry through a nurse concerning a 19 year old female with a history of social smoking, penicillin allergy, and with two previous pregnancies (two elective abortions) who on 01-AUG-2007 was vaccinated intramuscularly with her first dose of Gardasil (Lot # 0469U). There was no concomitant medication. The patient had a blood pregnancy test (date unspecified) which was positive (LMP=13-AUG-2007). The patient sought unspecified medical attention in the office. No symptoms were reported. On 23-OCT-2007 and 30-OCT-2007, the patient had an ultrasound due to elevated beta levels. The ultrasounds showed an empty sac. The reporter indicated that there was a question as to whether there was missed antibodies vs. an ectopic pregnancy, but it was probably missed antibodies. On an unspecified date, the patient had a spontaneous abortion, no further details were provided. Additional information has been requested.

VAERS ID:	**285663**	**Age:**	19	**Sex:**	F
Vaccination date:	3/24/2007	**Onset date:**	3/24/2007	**Days later:**	0
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Abdominal pain upper Drug exposure during pregnancy Metrorrhagia

Information has been received from a consumer concerning her 19 year old daughter with an allergy to Zithromax who on 17-JAN-2007 was vaccinated IM with a 0.5 mL of the first dose of Gardasil. Concomitant therapy included acetaminophen/codeine phosphate (TYLENOL WITH CODEINE) and albuterol. On 24-MAR-2007 the patient was vaccinated with the second dose of Gardasil and is now pregnant. Her LMP is 13-APR-2007. On 18-JUN-2007 the patient experienced light spotting and stomach cramps. The patient's outcome was not reported. Additional information has been requested.

VAERS ID:	**279674**	**Age:**	19	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 0

SYMPTOMS: Amenorrhoea

Information has been received from a physician concerning a 19 year old female who was vaccinated with a dose of Gardasil. Subsequently the patient developed amenorrhea. Unspecified medical attention was sought. It was reported the patient planned to discontinued the series of injections. Additional information has been requested.

VAERS ID:	**255683**	**Age:**	20	**Sex:**	M
Vaccination date:	10/7/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Laboratory test abnormal

Info has been received from a physician concerning a 19 year old male, with no pertinent medical history reported and no drug reactions/allergies, who on 9/7/04 and 10/7/04 was vaccinated with 0.5 ml doses of varicella virus vaccine live. There was no concomitant medication. In 1/05, a titer was 0.48 ISR with less than 0.9 being negative. Outcome reported as not recovered. Unspecified medical attention was sought. No product quality complaint was involved. Additional info has been requested.

VAERS ID:	**282861**	**Age:**	20	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/26/2007			**Entry date:**	6/26/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP **Manufacturer:** GLAXOSMITHKLINE BIOLOGICALS **Dose:**

SYMPTOMS: Transaminases increased

This case was reported by a healthcare professional and described the occurrence of transaminases increased in a 20-year-old male subject who was vaccinated with Engerix B, GlaxoSmithKline for prophylaxis. On an unspecified date the subject received unspecified dose of Engerix B (unknown). In 2007, at an unspecified time after vaccination with Engerix B, the subject experienced transaminases increased. At the time of reporting the event was unresolved. The healthcare professional considered the event was unrelated to vaccination with Engerix B.

VAERS ID:	**210228**	**Age:**	20	**Sex:**	F
Vaccination date:	9/23/2003	**Onset date:**	9/24/2003	**Days later:**	1
Report date:	10/6/2003			**Entry date:**	10/10/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: JOINT DIS PAIN CHEST URTICARIA

Information has been received from a nurse practitioner at a student health center concerning a 20 year old female student with no known drug allergies who on the afternoon of 9/23/03 was vaccinated IM with a fist 10 microgram dose of hepatitis B virus vaccine (lot # 644078/0940M). Concomitant therapy included topiramate, minocycline and fluoxetine HCL. On 9/24/03, the next morning, the patient appeared and had developed hives on her upper and lower extremities and chest tightness. The nurse treated with pa

VAERS ID:	**241432**	**Age:**	20	**Sex:**	M
Vaccination date:	7/13/2005	**Onset date:**	7/14/2005	**Days later:**	1
Report date:	7/18/2005			**Entry date:**	7/18/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MNQ	AVENTIS PASTEUR,	

SYMPTOMS: CHILLS FEVER HEADACHE NECK RIGID PAIN NECK

Neck pain, stiffness, fever 102.6, chills, headache.

VAERS ID:	**259485**	**Age:**	20	**Sex:**	F
Vaccination date:	6/28/2006	**Onset date:**	6/28/2006	**Days later:**	0
Report date:	6/29/2006			**Entry date:**	7/12/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	1

SYMPTOMS: Hypoaesthesia Sensation of heaviness

No local reaction. At 2 PM patient noted (6 hrs after vaccination) numbness in the left leg especially the left big toe. Symptoms resolved in a couple of hours. Next day, 06/29/2006, the left leg feels heavy.

VAERS ID:	**299615**	**Age:**	20	**Sex:**	F
Vaccination date:	11/21/2007	**Onset date:**	11/21/2007	**Days later:**	0
Report date:	12/1/2007			**Entry date:**	12/13/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Dizziness Mydriasis Nausea Tonic clonic movements Unresponsive to stimuli Vomiting

Gardasil given 11:45 L.A. Patient instructed to wait 15 minutes to be observed. 1210 Pt slumped over in chair, not responsive to voice. Lowered to floor-eyes open, pupils dilated, began clonic-tonic movements lasting approximately 10 seconds. Pt awoke immediately; dizziness, nausea, vomiting continued until transported to ER.

VAERS ID:	**291225**	**Age:**	20	**Sex:**	M
Vaccination date:	9/17/2007	**Onset date:**	9/18/2007	**Days later:**	1
Report date:	9/20/2007			**Entry date:**	9/24/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE BIOLOGICALS	2
SMALL	WYETH PHARMACEUTICALS, INC	0
TYP	SANOFI PASTEUR	0
YF	SANOFI PASTEUR	0

SYMPTOMS: Asthenia Chest pain Dizziness Heart rate increased Hypertension Nausea Pyrexia Vomiting

Dizziness, nausea, vomiting, fast heart rate, high blood pressure, weakness, fever, mild chest pain.

VAERS ID:	**294375**	**Age:**	20	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/24/2007			**Entry date:**	10/25/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Condition aggravated Jaundice Spleen disorder

Information has been received from a nurse concerning her daughter in her 20's who on an unspecified date "a few months ago" was vaccinated with a 0.5 mL second dose of Gardasil. Several days later, the patient was hospitalized for jaundice and "spleen issue". Subsequently, the patient recovered. The patient had one similar episode from an unspecified medication. It was reported that the patient had no adverse symptoms post vaccination with the first dose of Gardasil. Additional information has been requested.

VAERS ID:	214909	Age:	20	Sex:	M
Vaccination date:	1/2/2004	Onset date:	1/13/2004	Days later:	11
Report date:	1/14/2004			Entry date:	1/14/2004
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPAB	GLAXOSMITHKLINE	1
MMR	MERCK & CO. INC.	0
SMALL	WYETH LABORATORI	0
TD	UNKNOWN MFR	1
YF	AVENTIS PASTEUR,	0

SYMPTOMS: APPLICAT SITE REACT PRURITUS RASH MAC PAP

2 days of widespread symmetrical pink maculopapular eruption w/ pruritus and burning; started on ankles and has spread to feet, lower legs, hands, wrists, forearms, and sparsely on back and abdomen; includes palms and soles

VAERS ID:	215030	Age:	20	Sex:	F
Vaccination date:	11/26/2002	Onset date:	12/2/2002	Days later:	6
Report date:	1/9/2004			Entry date:	1/16/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: ASTHENIA MALAISE PHARYNGITIS

A nurse reported the occurrence of a sore throat in a 20-year-old female who was vaccinated with hepatitis B vaccine recombinant (Engerix-B) for prophylaxis. The pt's medical history, concurrent conditions and concurrent medications were unknown. The reporting nurse stated that on 11/26/2002, the pt received her 1st Engerix-B injection. On 12/02/2002, the pt's mother called the physician's office to report that the pt was experiencing a sore throat and was "rundown". As of 12/20/2002, the outcomes of the ev

VAERS ID:	219256	Age:	20	Sex:	F
Vaccination date:	12/10/2003	Onset date:	12/12/2003	Days later:	2
Report date:	1/14/2004			Entry date:	4/19/2004
Administered by:	OTH	State:	NJ	Funded by:	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLUN
Manufacturer: MEDIMMUNE, INC./
Dose:

SYMPTOMS: EDEMA FACE FEVER

Orbital Oedema; Pyrexia/Fever. Information regarding Flumist (2003-2004 formula) nasal solution (frozen)) was received from a healthcare professional regarding a 20 year old female patient who experienced peri-orbital edema and fever. At 20 years of age, the patient received a dose on 10-Dec-2003. The patient experienced peri-orbitla edema on 12-Dec-2003. Treatment included zyrtec (certirizine hydrochloriede) but this "did not help". On 17-Dec-2003, the patient developed a "low grade" fever/pyrexia. No addi

VAERS ID:	**223274**	**Age:**	20	**Sex:**	F
Vaccination date:	1/16/2004	**Onset date:**	1/22/2004	**Days later:**	6
Report date:	5/28/2004			**Entry date:**	6/23/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: PAIN

Information has been received from a physician concerning a 20 year old Indian female pt with no past medical history who on 01/16/04 was vaccinated at 15:40 into the left deltoid with a dose of MMRII (Lot # 641627/0666N). There was no illness at the time of vaccination. According to the reporter, the pt was subsequently seen by a dentist for facial pain. On 01/23/04 a dentist's exam was negative and there were no dental problems. The reporting physician questioned if this was possibly parotiditis. Further

VAERS ID:	**254831**	**Age:**	20	**Sex:**	M
Vaccination date:	4/21/2006	**Onset date:**	4/22/2006	**Days later:**	1
Report date:	4/26/2006			**Entry date:**	5/1/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: YF
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Asthenia Diarrhoea Dizziness Dyspnoea Nausea Vomiting

Received Yellow Fever vaccine 4/21/06. Felt ill. 4/22/06. Nausea, vomiting, diarrhea, weakness, SOB and dizziness; advised to go to ER - declined. Given IV fluids. Had U/A and blood work drawn.

VAERS ID:	**285370**	**Age:**	20	**Sex:**	F
Vaccination date:	6/8/2007	**Onset date:**	6/8/2007	**Days later:**	0
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Diarrhoea Influenza like illness Vomiting

Information has been received from a health professional concerning a 20 year old female with no known drug allergies and flu-like symptoms who on 12-JAN-2007 was vaccinated IM with her first dose of Gardasil (Lot # 653650/0696F). There was no concomitant medication. On 08-JUN-2007 the patient was vaccinated with a second dose of Gardasil (Lot # 0210U). The patient had no problems after she received her first dose of Gardasil. Immediately following her second vaccination, she vomited (unknown to the office staff). The patient continued to vomit and had diarrhea throughout the weekend. The patient noted that her whole family was sick with flu-like symptoms. At the time of this report, it is unknown if the patient recovered from the vomiting and diarrhea. Additional information has been requested.

VAERS ID:	284208	Age:	20	Sex:	M
Vaccination date:	6/29/2007	Onset date:	7/3/2007	Days later:	4
Report date:	7/6/2007			Entry date:	7/10/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	UNKNOWN MANUFACTURER	1
SMALL	WYETH PHARMACEUTICALS, INC	0

SYMPTOMS: Axillary pain

pain under Lt arm - by armpit. Pain is caused by anything touching the axilla area. No discharge noted.

VAERS ID:	279553	Age:	20	Sex:	F
Vaccination date:	2/25/2007	Onset date:	0000-00-00	Days later:	
Report date:	5/14/2007			Entry date:	5/17/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	

SYMPTOMS: Amenorrhoea

Information has been received from a physician concerning an approximately 20 year old female who on approximately 25-FEB-2007 was vaccinated with a first dose of Gardasil. Subsequently the patient developed amenorrhea. Unspecified medical attention was sought. It was reported that the patient planned to discontinue the series of injections. At the time of the report, the patient's outcome was unknown. Additional information has been requested.

VAERS ID:	305798	Age:	20	Sex:	F
Vaccination date:	12/31/2007	Onset date:	12/31/2007	Days later:	0
Report date:	2/14/2008			Entry date:	2/19/2008
Administered by:	OTH	State:	NJ	Funded by:	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site pain Injection site swelling

Information has been received from a physician concerning a 20 year old female who in 2007 was vaccinated with the second dose of GARDASIL. On 31-DEC-2007 the patient experienced pain at the injection site, swelling at the injection site and redness at the injection site. The patient sought unspecified medical attention. No further information was available an no lot number was provided. Additional information has been requested.

VAERS ID:	**240712**	**Age:**	20	**Sex:**	M
Vaccination date:	6/22/2005	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/27/2005			**Entry date:**	6/27/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
HEPAB	GLAXOSMITHKLINE	
IPV	UNKNOWN MFR	
MEN	UNKNOWN MFR	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: DYSPNEA FEVER RASH URTICARIA VASODILAT

HIGH FEVER, RASHES (HIVES) UPPER AND LOWER EXTREMETIES WARM TO THE TOUCH AND DEEP RED COLOR, UNUSUAL SHORTNESS OF BREATH DURING LIGHT EXERCISES SUCH AS SIT UPS AND PUSH UPS-PATIENT DENIES

VAERS ID:	**264833**	**Age:**	21	**Sex:**	M
Vaccination date:	9/29/2006	**Onset date:**	10/1/2006	**Days later:**	2
Report date:	10/17/2006			**Entry date:**	10/18/2006
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	
SMALL	WYETH LABORATORIES, INC	

SYMPTOMS: Balance disorder CSF glucose increased CSF protein increased CSF test abnormal CSF white blood cell count Cerebellar syndrome Coordination abnormal Coordination abnormal Dysarthria Dysarthria Encephalitis Encephalitis Facial paresis Gait disturbance Headache Hyporeflexia Nuclear magnetic resonance imaging brain abnormal Tremor Vaccination complication Visual disturbance

Within days of vaccination (smallpox) Pt described constant headache, dysarthria, and incoordination. MRI c/w cerebritis-cerebellitis. Tx IV steroids, Acyclovir, TCN.

VAERS ID:	**257856**	**Age:**	21	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Drug ineffective

Information has been received from a physician concerning a 21 yr old female with no past medical history and no drug allergies who in 1989 and in 1997 was vaccinated with a dose of measles virus vaccine live (Enders-Edmonston) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3). There was no concomitant medication. In 2005 a titer was negative for measles. Unspecified medical attention was sought. The pt was reported to be not recovered. No product quality complaint in

VAERS ID:	**285449**	**Age:**	21	**Sex:**	F
Vaccination date:	5/22/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose: 2

SYMPTOMS: Weight increased

Information has been received from a registered nurse concerning a 21 year old female with no relevant medical history reported who on 04-JAN-2007 was vaccinated with a first dose of Gardasil. On 22-May-2007, the patient was vaccinated Intramuscularly with a 0.5 mL second dose of Gardasil. Concomitant therapy included YASMIN, RITALIN and BENTYL. The nurse reported that the patient's mother called the office stating that the patient gained weight after receiving dose 2 of Gardasil. The patient did not have weight gain with dose one. The patient received dose two of Gardasil on 22-MAY-2007 and was a size two. The patient then went to college and returned as a size 6. The only weight measurements that the office had were that the patient weighed 115 lbs in August 2005 and weighed 122 lbs when she received dose one on 04-JAN-2007. The present weight of the patient was unknown The patient sought unspecified medical attention. At the time of this report, the patient's weight gain persisted. Additional information has been requested.

VAERS ID:	**271162**	**Age:**	21	**Sex:**	F
Vaccination date:	12/27/2006	**Onset date:**	12/27/2006	**Days later:**	0
Report date:	1/16/2007			**Entry date:**	1/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Erythema Injection site pain Injection site rash Rash

Information has been received from an RN concerning a 21 year old female patient who on 23 Oct 2006 was vaccinated IM with her first dose of Gardasil, lot #654540/1162F. On approximately 27 Dec 2006 the patient was vaccinated with her 2nd dose of Gardasil. On 27 Dec 2006 the patient developed a painful injection site after vaccination and also developed a red rash going up and then down her arm and around the injection site. She was given Benadryl and advised to keep an ice pack on it for the rest of the day. As of the report date the patient was recovering. Additional information has been requested.

VAERS ID:	296678	Age:	21	Sex:	F
Vaccination date:	10/23/2007	Onset date:	11/3/2007	Days later:	11
Report date:	11/7/2007			Entry date:	11/14/2007
Administered by:	OTH	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TYP	SANOFI PASTEUR	0
YF	SANOFI PASTEUR	0

SYMPTOMS: Pruritus Urticaria

In evening of 11/3/07, pt noticed itching & hives on upper body & face. No breathing or swallowing difficulty. Seen in ER and Rx'd w/ Benadryl.

VAERS ID:	287383	Age:	21	Sex:	F
Vaccination date:	8/7/2007	Onset date:	8/7/2007	Days later:	0
Report date:	8/8/2007			Entry date:	8/8/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Convulsion Syncope Tremor

Fainted with "shaking" "seizure" activity 2 hrs after injection

VAERS ID:	271645	Age:	21	Sex:	F
Vaccination date:	5/26/2006	Onset date:	5/27/2006	Days later:	1
Report date:	1/29/2007			Entry date:	2/2/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MEA	MERCK & CO. INC.	

SYMPTOMS: Erythema Injection site rash Rash macular

Information has been received from a physician concerning a 21-year-old female with asthma, and allergies to pollen, cats, mold, and dogs, and with a history of heat rash who on 25-May-2006 was vaccinated SC in the left arm with an 0.5 ml dose of measles virus vaccine live (lot#652338/085R). There was no illness at the time of vaccination. Concomitant therapy included vitamins (unspecified) and Zyrtec. On 27-May-2006, the day after vaccination, the patient experienced a transient rash below the injection site of the left arm and patch of redness on other arm and leg. Subsequently, the patient recovered. No treatment was noted. No lab diagnostic studies were performed. There was no product quality complaint. Follow up information received from a physician indicated that a macular rash developed on the left arm below the injection site. The patient recovered on 28-May-2006. Unspecified medical attention was sought. There were no relevant diagnostic tests of laboratory data. No additional information is expected.

VAERS ID:	219938	Age:	21	Sex:	M
Vaccination date:	4/18/2004	Onset date:	4/18/2004	Days later:	0
Report date:	4/20/2004			Entry date:	5/5/2004
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	0
SMALL	WYETH LABORATORI	0

SYMPTOMS: CARDIOVASC DIS MYOCARDITIS PAIN CHEST RHABDO

Pt received smallpox vaccination at 09:00, 04/18/04. Pt reported to tER at 18:00 on 04/08/04 with chest pain. Pt was admitted to hospital with possible myocarditis or myopericarditis. Pt also received Anthrax vaccination.

VAERS ID:	226931	Age:	21	Sex:	M
Vaccination date:	4/18/2004	Onset date:	4/18/2004	Days later:	0
Report date:	9/22/2004			Entry date:	9/22/2004
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
SMALL	WYETH LABORATORI	0

SYMPTOMS: CARDIOVASC DIS DEHYDRAT DIARRHEA LARYNGISMUS PAIN CHEST VOMIT

This is a 21- year-old Caucasian who developed a stomach virus on 16 April 2004.He reports that he had emesis and diarrhea and became dehydrated. He presented for deployment immunizations on 17 April. He was told that since he had been sick the day before he couldn't get his smallpox vaccination, but was given his anthrax vaccination. Prior to getting to receiving the anthrax he reported to the individuals providing immunizations that he has "a pain in the lower chest/upper abdomen area". He described the

VAERS ID:	304736	Age:	21	Sex:	F

Vaccination date:	8/1/2007	**Onset date:**	8/1/2007	**Days later:**	0
Report date:	2/11/2008			**Entry date:**	2/12/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Abortion spontaneous Drug exposure during pregnancy Foetal disorder Pregnancy test positive Ultrasound scan abnormal

Information has been received from a consumer concerning her 21 year old daughter with a history of penicillin allergy who in "the beginning of" August 2007, was vaccinated intramuscularly with her first dose of Gardasil. At "the end of" September 2007, the patient was vaccinated intramuscularly with her second dose of Gardasil. There was no concomitant medication. On 07-OCT-2007, the patient had a pregnancy test which was positive, and showed that she was 6 weeks pregnant. An ultrasound showed that the baby had no kidneys (not further specified). On 22-JAN-2008 the patient experienced a miscarriage and was hospitalized. The reporter also stated there may have been "fluid on the brain". Additional information has been requested.

VAERS ID:	**203562**	**Age:**	21	**Sex:**	M
Vaccination date:	4/25/2003	**Onset date:**	5/4/2003	**Days later:**	9
Report date:	5/8/2003			**Entry date:**	5/22/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	SMITHKLINE BEECH	1
HEPA	SMITHKLINE BEECH	0
SMALL	WYETH LABORATORI	0
TYP	SWISS SERUM BERN	0

SYMPTOMS: RASH

21 year old male with history of pharyngitis within week prior to smallpox vaccination - Day #10 noticed b/l lower bicep rash with pruritis - rash progressed to deltoid area and ear - mildly pruritic.

VAERS ID:	**220076**	**Age:**	21	**Sex:**	M
Vaccination date:	4/18/2004	**Onset date:**	4/25/2004	**Days later:**	7
Report date:	4/29/2004			**Entry date:**	5/10/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: LYMPHADENO

Member has possible swollen lymph node on left clavicle, post smallpox vaccination.

VAERS ID:	**222343**	**Age:**	21	**Sex:**	M
Vaccination date:	2/26/2003	**Onset date:**	2/26/2003	**Days later:**	0
Report date:	2/24/2004			**Entry date:**	6/3/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: FEVER HEADACHE LARYNGISMUS

Headache and fever (99.2) after receiving vaccination, lasted about one day. Also experienced a sensation of having a swollen throat. All symptoms resolved.

VAERS ID:	**236334**	**Age:**	21	**Sex:**	M
Vaccination date:	4/15/2005	**Onset date:**	4/15/2005	**Days later:**	0
Report date:	4/19/2005			**Entry date:**	4/19/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	AVENTIS PASTEUR,	0

SYMPTOMS: DYSPNEA FEVER HEADACHE MYALGIA PRURITUS

Patient indicated that approximately 2 hours after receiving the TD shot he felt achiness, headache, fever, SOB, itchiness of throat area. These symptoms intensified into the next day. The patient did not seek medical attention but reported this on Monday and was feeling fine by then.

VAERS ID:	**242697**	**Age:**	21	**Sex:**	F
Vaccination date:	7/29/2005	**Onset date:**	7/30/2005	**Days later:**	1
Report date:	8/10/2005			**Entry date:**	8/10/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	CHIRON CORPORATI	1

SYMPTOMS: DYSPNEA FEVER HEADACHE

Awoke with pounding headache, fever 102 and felt breath catch (like when you breath in cold air). Given Advil by Mother. Symptoms gone by 12p-1p.

VAERS ID:	**292162**	**Age:**	21	**Sex:**	F
Vaccination date:	9/20/2007	**Onset date:**	9/20/2007	**Days later:**	0
Report date:	9/25/2007			**Entry date:**	10/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Chills Pyrexia Throat tightness

fever, chills, felt like throat was closing up-approx. 7 hr after administration lasting approx. 12 hours

VAERS ID:	**196358**	**Age:**	22	**Sex:**	F
Vaccination date:	2/28/2002	**Onset date:**	3/2/2002	**Days later:**	2
Report date:	1/9/2003			**Entry date:**	1/17/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: ALOPECIA DERM EXFOL HEADACHE PRURITUS

On 2/28/02, the subject received her 1st injection of Engerix-B. On 3/2/02, 2 days post vax, she noticed "a lot" of her hair came out from her temples and the back of her head while in the shower. On 4/29/02, a 2nd injection of Engerix-B was administered and the subject again experienced the recurrence of hair loss, which she described as "hair falling out with flaky, itchy scalp". Additionally, the subject developed "headaches at times". A Hep-B surface antibody (HBsAb) was performed following receipt of t

VAERS ID:	**198312**	**Age:**	22	**Sex:**	M
Vaccination date:	2/13/2003	**Onset date:**	2/20/2003	**Days later:**	7
Report date:	2/24/2003			**Entry date:**	2/24/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: ARTHRALGIA DYSPNEA FEVER MYALGIA MYOCARDITIS PAIN CHEST

vaccine given 13 feb per pt. one week later developed severe joint and muscle aches as well as pleuritic chest pains and fever. By 23 Feb - sx's intolerable and pt presented for evaluation at local emergency room. Per pt, eval consisted of blood work and CXR. Treated for systemic rxn to vaccine with vicodin.

VAERS ID:	**202144**	**Age:**	22	**Sex:**	M
Vaccination date:	4/8/2003	**Onset date:**	4/17/2003	**Days later:**	9
Report date:	4/18/2003			**Entry date:**	4/24/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	

SYMPTOMS: DYSPNEA PRURITUS RASH

Rash all over body, itching, difficulty breathing, Atarax 25 mg PO x 1

VAERS ID:	**236638**	**Age:**	22	**Sex:**	F
Vaccination date:	4/14/2005	**Onset date:**	4/15/2005	**Days later:**	1
Report date:	4/19/2005			**Entry date:**	4/26/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	0
TD	AVENTIS PASTEUR,	5

SYMPTOMS: EDEMA FACE EDEMA INJECT SITE VASODILAT

Awakened at 9AM 4/15/05 with swollen cheeks (face) and eyelids. T:99.3. Cheeks flushed and warm. No erythema, itchiness or rash. No swelling of mucous membranes. Given 50mg PO Benadryl with improvement. Placed on Medrol dose pak with resolution of symptoms. Injection site of Td also swollen.

VAERS ID:	**247124**	**Age:**	22	**Sex:**	F
Vaccination date:	11/1/2005	**Onset date:**	11/1/2005	**Days later:**	0
Report date:	11/7/2005			**Entry date:**	11/9/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN INJECT SITE RASH

Stated felt burning sensation Pneumovax immunization in right arm. On 11/02/2005 had soreness, redness and swelling shoulder, elbow also had rash near elbow area (but not at injection site) Saw MD 11/02/2005 RX Benadryl, Hydrocortisone cefadroxil 500 mg, TC to client states decreased soreness and redness.

VAERS ID:	**288759**	**Age:**	22	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Loss of consciousness

Information has been received from a physician concerning a 22 year old female who on an unspecified date was vaccinated with a first dose of Gardasil (lot # unknown) 0.5mL injection. The physician reported that the patient passed out after receiving the first dose of Gardasil. Medical attention was sought. At the time of reporting on an unspecified date the patient had recovered. The patient is going to receive her second injection. No additional information was provided. Additional information has been requested.

VAERS ID:	**271028**	**Age:**	22	**Sex:**	F
Vaccination date:	1/3/2007	**Onset date:**	1/5/2007	**Days later:**	2
Report date:	1/23/2007			**Entry date:**	1/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TYP	UNKNOWN MANUFACTURER	

SYMPTOMS: Erythema Nausea Pruritus Rash Vomiting

Started with oral typhoid 1/3/07 became nausea. On 1/5/07 took pill #2 vomited pill up, felt very nauseous after 7 hours and then on 1/06/07 noticed rash on lower lip itchy red and raised went to ER.

VAERS ID:	**305676**	**Age:**	22	**Sex:**	F
Vaccination date:	1/11/2008	**Onset date:**	1/11/2008	**Days later:**	0
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Dizziness Dizziness Dizziness Nausea Pyrexia

Initial and follow up information has been received from a healthcare professional, concerning a 22 year old caucasian female patient, with allergies to penicillin, amoxicillin and cefaclor (CECLOR) and a recent unspecified infection with azithromycin (Z-PAK) completed just prior to vaccination, who on 11-JAN-2008 was vaccinated IM, with the first dose, 0.5 ml, of GARDASIL (lot #659055/1522U). Concomitant therapy included YASMIN. After the vaccination, the patient experienced dizziness and lightheadedness. She was placed in a reclined position and observed for 30 minutes, and was then able to leave. However, later in the day, she called to report that she was still dizzy, lightheaded, nausea, and she had a low grade fever (temperature not taken with thermometer). On 14-JAN-2008, the patient felt better and had recovered. Additional information is not expected.

VAERS ID:	**286249**	**Age:**	22	**Sex:**	F
Vaccination date:	7/23/2007	**Onset date:**	7/29/2007	**Days later:**	6
Report date:	7/30/2007			**Entry date:**	7/30/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 1

SYMPTOMS: Convulsion Gaze palsy Musculoskeletal stiffness Unresponsive to stimuli

Had seizure on 7/29/07 - unresponsive, no loss of tone, stiffening upper arms, eyes deviated to left lasted about 1 min, no post-ictal symptoms. Seizure free since 1/2001.

VAERS ID:	**199607**	**Age:**	22	**Sex:**	F
Vaccination date:	3/5/2003	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/14/2003			**Entry date:**	3/14/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: SMALL **Manufacturer:** WYETH LABORATORI **Dose:** 0

SYMPTOMS: LAB TEST ABNORM PREGN UNINTEND

The pt was vaccinated with vaccinia and it was later determined that she was pregnant. LNMP: 1/31/03

VAERS ID:	**205044**	**Age:**	22	**Sex:**	F
Vaccination date:	3/29/2003	**Onset date:**	4/3/2003	**Days later:**	5
Report date:	6/13/2003			**Entry date:**	6/17/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: ANTH **Manufacturer:** BIOPORT CORPORAT **Dose:** 1

HEP	MERCK & CO. INC.	1
SMALL	WYETH LABORATORI	0

SYMPTOMS: REACT UNEVAL

Patient determined to be pregnant May 17, 2003 with E date of conception April 3, 2003. <4 week after vaccine

VAERS ID:	**209615**	**Age:**	22	**Sex:**	F
Vaccination date:	9/16/2003	**Onset date:**	9/17/2003	**Days later:**	1
Report date:	9/19/2003			**Entry date:**	9/24/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	AVENTIS PASTEUR,	

SYMPTOMS: ERYTHEMA MULT PRURITUS RASH

The day after receiving TD vaccine pt developed a very itchy generalized rash (erythema multiforme eruption entire body).

VAERS ID:	**239760**	**Age:**	22	**Sex:**	M
Vaccination date:	4/23/2003	**Onset date:**	4/23/2003	**Days later:**	0
Report date:	6/28/2003			**Entry date:**	6/13/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	

SYMPTOMS: ANOREXIA ARTHRALGIA ASTHENIA HEADACHE NAUSEA VASODILAT

Constant HA, fatigue, joint pains and " hot flashes" since receiving 1st Anthrax vaccine on 04/23/2003. Present Illness: 23 year old active duty Military personnel. Although he admits to been afraid of needles, he states that he was in good health when he received his 1st anthrax vaccination. He has never had any px with previous vaccinations in the past. 04/23/03- Anthrax 1: pain at inj. site. "felt like i blew my triceps out. Some numbness and tingling down into right elbow that lasted about 1-2 days. Th

VAERS ID:	**286059**	**Age:**	22	**Sex:**	M
Vaccination date:	7/16/2007	**Onset date:**	7/25/2007	**Days later:**	9
Report date:	7/26/2007			**Entry date:**	7/26/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Chills Headache Injection site erythema Injection site pain Injection site pruritus Injection site swelling Pain
SM c/o redness, swelling, pain and pruritus at smallpox vaccination site x 1 day. He c/o chills, headache, body ache x2 day - rec'd smallpox on 7/16/07 on lt arm. Was seen by medical provider.

VAERS ID:	**215062**	**Age:**	23	**Sex:**	F
Vaccination date:	2/20/2003	**Onset date:**	2/21/2003	**Days later:**	1
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: PRURITUS RASH RASH MAC PAP
A nurse reported the occurrence of a macular rash in a 23 year old female who was vaccinated with hep b vaccine recombinant (Engerix B) for prophylaxis. The subject had no relevant medical history, no known drug allergies, and no concurrent medications. The subject experienced no adverse events following the first injection of Engerix B, or other previous immunizations. On 2/20/, the subject received her second injection of Engerix B (5338B6). One day later, on 2/21/03, she develo9ped an erythematous prurit

VAERS ID:	**248283**	**Age:**	23	**Sex:**	M
Vaccination date:	9/8/2004	**Onset date:**	9/15/2005	**Days later:**	372
Report date:	11/21/2005			**Entry date:**	11/28/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	MICHIGAN DEPT PU	2
HEP	MERCK & CO. INC.	1

SYMPTOMS: ARTHRALGIA DIARRHEA DIZZINESS EDEMA FLU SYND HEADACHE HYPERTENS HYPOKINESIA MYALGIA PAIN PARESTHESIA PHARYNGITIS RHINITIS SWEAT TACHYCARDIA TINNITUS VASODILAT VISION ABNORM
Reports flu like symptoms following each anthrax vaccine - diarrhea, nausea and vomiting, generalized body aches, fever, and chills ; also experienced sinus congestion, post-nasal discharge, and sore throat. He usually woke up with above symptoms the morning following receipt of the anthrax vaccines ; the symptoms seem to peak around day 3 or 4, and resolved by day 6-7. Reports diarrhea the whole time he was in Iraq until present. In 10/04, experiencing changes in his visual perception. Describes these epis

VAERS ID:	**262081**	**Age:**	23	**Sex:**	M
Vaccination date:	8/2/2006	**Onset date:**	8/3/2006	**Days later:**	1
Report date:	8/24/2006			**Entry date:**	8/24/2006
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORATION	0
TYP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Migraine Photophobia

New onset throbbing migraine headaches with photophobia commencing several hrs after AVA 1 and Typhoid vi. Migraine episodes have continued.

VAERS ID:	291283	Age:	23	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	9/24/2007			Entry date:	9/25/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Neoplasm malignant Smear cervix

Information has been received from a Nurse Practitioner concerning a 23 year old female who on an unspecified date was vaccinated by injection with the first dose of with Gardasil. The Nurse Practitioner reported that the patient was diagnosed with cancer. The patient was in the office to receive her second dose at the time of the diagnosis. The patient had sought unspecified medical attention. The patient had a Papanicolaou test ("pap smear"). At the time of the report, the patient had not recovered and Gardasil had not been reintroduced. Upon internal review, it was determined that cancer was an other important medical event. Additional information has been requested.

VAERS ID:	279543	Age:	23	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/14/2007			Entry date:	5/17/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Axillary pain Musculoskeletal pain Pain in extremity

Information has been received from a physician concerning a 23 year old female who was vaccinated with Gardasil. Subsequently the patient experienced pain in her arm pit and shoulder one week after receiving the vaccine. The patient sought unspecified medical attention. At the time of this report, the patient's pain in arm pit and pain in shoulder persisted. Additional information has been requested.

VAERS ID:	279168	Age:	23	Sex:	F
Vaccination date:	1/19/2007	Onset date:	1/19/2007	Days later:	0
Report date:	5/14/2007			Entry date:	5/17/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Inappropriate schedule of drug administration Injection site erythema Injection site irritation Injection site irritation Injection site pain Smear cervix Urticaria

Information has been received from a nurse concerning a 23 year old female patient with an unspecified food allergy who on 19-JAN-2007 was vaccinated IM with a first dose of Gardasil lot #654702/0011U. Concomitant therapy included Yasmin and Advair. On 19-JAN-2007 the patient experienced some irritation around the injection site after the first injection. She reported soreness, burning, erythema at injection site. On 05-APR-2007 patient's father (a physician) administered the second dose of Gardasil lot #656372/0243U to the patient. Within 24 hours of receiving the second injection she developed hives which covered her entire body. The injection site was red, swollen, and burned. She was prescribed Benadryl. The patient was recovering. Additional information has been requested.

VAERS ID:	204498	Age:	23	Sex:	F
Vaccination date:	3/26/2003	Onset date:	3/28/2003	Days later:	2
Report date:	5/30/2003			Entry date:	6/4/2003
Administered by:	OTH	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	1

SYMPTOMS: HYSN INJECT SITE INFLAM INJECT SITE MASS INJECT SITE VASODILAT

Information has been received from a registered nurse concerning a 23 year old female patient, with allergies to penicillin, sulfa and ciprofloxacin hydrochloride, who on March 26, 2003 at 14:15 (previously reported as Mar 27, 2003) was vaccinated SC into the left upper arm with a second dose of MMR II (lot #644644/1080M). It was reported that the patient was not ill at the time of vaccination. No concomitant medications were reported. The patient received the first dose of MMR II on Aug 13, 1984. On March

VAERS ID:	205784	Age:	23	Sex:	M
Vaccination date:	4/25/2003	Onset date:	4/25/2003	Days later:	0
Report date:	6/11/2003			Entry date:	7/2/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: HEMOPTYSIS LYMPHADENO PHARYNGITIS RASH SWEAT ULCER SKIN VASODILAT

Following morning after immunization, complained of sore throat, feeling hot with sweating (did not take temperature), swollen glands in neck, mild productive cough-positive for blood tingles mucus (pinkish). Denies headache, nausea or vomiting, myalgias or muscle weakness. Three days after injection developed raised, pruritic "hive-like" rash that stared on right lower abdomen (at belt level) that spread across abdomen lower left up to include left upper quadrant with several spots on his right inner thi

VAERS ID:	223283	Age:	23	Sex:	M
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/28/2004			Entry date:	6/23/2004

Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR | **Manufacturer:** MERCK & CO. INC. | **Dose:** 1

SYMPTOMS: HYPERCHOLESTEREM INFECT BACT INFECT VIRAL LAB TEST ABNORM LYMPHOMA LIKE REACT NO DRUG EFFECT PAROTID ENLARGE SIALADENITIS

Information has been received from a health care worker and follow up information from a physician concerning a 23 year old Philippine male college student with no illness at the time of vaccination, no allergies and no past medical history reported who in December 2003 (also reported as 12/03/04), was vaccinated intramuscular with a second dose of measles virus vaccine live + mumps virus vaccine live + rubella virus vaccine live. It was reported that the first dose was given on 17NOV1992. On 03FEB2004 it w

VAERS ID:	**228008**	**Age:**	23	**Sex:**	M
Vaccination date:	10/4/2004	**Onset date:**	10/4/2004	**Days later:**	0
Report date:	10/7/2004			**Entry date:**	10/20/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HEP | **Manufacturer:** GLAXOSMITHKLINE | **Dose:** 4

SYMPTOMS: CONVULS NAUSEA VOMIT

At 15:30 on 10/04/04, employee felt nauseous and started vomiting and was sent home. At 17:15 had a witnessed seizure (by wife), went to ER via ambulance, then had 2 more seizures. Given prescription for Dilantin-still did not fill prescription.

VAERS ID:	**297698**	**Age:**	23	**Sex:**	F
Vaccination date:	11/20/2007	**Onset date:**	11/21/2007	**Days later:**	1
Report date:	11/24/2007			**Entry date:**	11/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV | **Manufacturer:** UNKNOWN MANUFACTURER | **Dose:** 0

SYMPTOMS: Body temperature increased Cellulitis Chills Dizziness Injected limb mobility decreased Injection site erythema Injection site pain Injection site swelling Nausea Vomiting White blood cell count increased

PT WHO IS A NURSE RECEIVED PNEUMONIA VACCINE ON 11/20/07. PT HAD SOME TENDERNESS AT INJECTION SITE THAT EVENING. FOLLOWING MORNING, PT HAD MORE TENDERNESS AT SITE AND SOME SWELLING. FOLLOWING MORNING ON 11/22/07 PT HAD LOW GRADE TEMPS ALL DAY, SWELLING OF UPPER RIGHT ARM WHERE INJECTION WAS GIVEN, TENDERNESS (PT COULD BARELY LIFT UP ARM) AND SLIGHT REDNESS, PT TOOK TYLENOL. 11/23/07 PT HAD TEMP OF 102 AND HIGHER, DIZZINESS, NAUSEA, VOMITING, CHILLS, MORE TENDERNESS OF RIGHT UPPER ARM (PT COULDNT LIFT UP ARM WITHOUT EXCRUCIATING PAIN, AND REDNESS OVER ENTIRE RIGHT UPPER ARM FROM INJECTION SITE TO ELBOW, PT TOOK TYLENOL. PT TAKEN TO ER AND GIVEN ANTI NAUSEA

MEDICATION, MOTRIN, AND ANTIBIOTICS, AND PRESCRIPTION FOR ANTIBIOTICS. PT GIVEN DIAGNOSIS OF CELLULITIS DUE TO PNEUMONIA VACCINE!

VAERS ID:	**291509**	**Age:**	23	**Sex:**	F
Vaccination date:	9/25/2007	**Onset date:**	9/25/2007	**Days later:**	0
Report date:	9/27/2007			**Entry date:**	9/27/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Disorientation Dizziness Dizziness Fall Hyperhidrosis Loss of consciousness

patient came to office for second Gardasil injection on 9/25/07 at 11:00 am. The injection was administered to the patient IM Left deltoid without difficulty by Registered Medical Assistant. Patient was advised to wait 10 minutes in the waiting area after the injection as per protocal after receiving the gardasil injection. Five minutes later triage nurses were paged to the front desk by office staff, patient was found on the floor awake but slightly disoriented, diaphoretic and stating that she felt lightheaded. Front desk staff reports that patient was in the process of checking out and asked for orange juice because she felt a bit dizzy but then immediately passed out, fell forward onto front desk and then fell to the floor. At which time front desk staff called nurses for help. Nurses and Medical Assistants immediately used ammonia salts to help awaken patient and monitored vital signs, which were stable at BP-100/70 P-80 office staff also immediately called 911. Ems arrived less than 10 minutes later and patient was transported to the ER.

VAERS ID:	**222491**	**Age:**	23	**Sex:**	M
Vaccination date:	5/21/2004	**Onset date:**	5/31/2004	**Days later:**	10
Report date:	6/8/2004			**Entry date:**	6/8/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	0
SMALL	WYETH LABORATORI	0
TD	AVENTIS PASTEUR,	0
YF	AVENTIS PASTEUR,	0

SYMPTOMS: ABSCESS CELLULITIS LYMPHADENO

Right axillary lymphadenitis developed 1 week after administration of smallpox vaccination in left deltoid, and MMR, Yellow fever, HepA/HepB, and dT in the right deltoid. Patient developed abscesses that were treated with incision and drainage. Cellulitis was treated with IV and oral antibiotics.

VAERS ID:	**303814**	**Age:**	23	**Sex:**	F
Vaccination date:	11/6/2007	**Onset date:**	11/6/2007	**Days later:**	0
Report date:	1/29/2008			**Entry date:**	1/29/2008
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Convulsion Syncope Unresponsive to stimuli Urinary incontinence

Immediately after vaccine administration patient experienced syncope and seizure lasting 10 seconds during which time patient lost bladder control. Patient was safely contained in chair and amonia inhalent was used to arouse patient after event. Approximately 30 seconds after vaccine administration patient was again responsive with VSS. She reported feeling better and called for sibling to pick her up at the clinic. Was given a referral to be evaluated by primary care physician for seizure disorder as patient explained that she experiences similar events during times of stress.

VAERS ID:	**210455**	**Age:**	23	**Sex:**	F
Vaccination date:	10/4/2003	**Onset date:**	10/5/2003	**Days later:**	1
Report date:	10/7/2003			**Entry date:**	10/16/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	3
FLU	AVENTIS PASTEUR,	3

SYMPTOMS: ARTHRALGIA EDEMA VASODILAT

Swelling, redness, warmth, joint pain in left arm.

VAERS ID:	**237386**	**Age:**	23	**Sex:**	M
Vaccination date:	5/12/2005	**Onset date:**	5/13/2005	**Days later:**	1
Report date:	5/13/2005			**Entry date:**	5/13/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	
TD	AVENTIS PASTEUR,	
TYP	SWISS SERUM BERN	
YF	AVENTIS PASTEUR,	

SYMPTOMS: FEVER FLU SYND HEADACHE MYALGIA

Woke up this AM with headache and achy flu-like symptoms. Fever 100.5 denies nausea/vomiting. Took Advil, to see FMD.

VAERS ID:	**297896**	**Age:**	23	**Sex:**	F
Vaccination date:	11/20/2007	**Onset date:**	11/23/2007	**Days later:**	3

Report date:	11/24/2007			**Entry date:**	11/27/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Body temperature increased Cellulitis Injected limb mobility decreased Injection site erythema Pain in extremity Pyrexia Tenderness White blood cell count increased

Pneumonia vaccine given to pt who is a nurse on 11/20/07. Pt had some tenderness that evening more tenderness the following morning. 11/22/07 in the morning pt developed low grade fever with redness around injection site. By 11/23/07 redness spread to entire arm, temp of 102.6 and arm so tender pt could not lift arm. Pt taken to er, given antibiotics and sent home with diagnosis of cellulitis due to pneumovac

VAERS ID:	**285468**	**Age:**	23	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Rash

Information has been received from a registered nurse concerning a 23 year old female patient who on an unspecified date was vaccinated with Gardasil (lot number unknown). The nurse reported that after receiving Gardasil on an unspecified date the patient developed a rash all over the abdomen. Further information was not provided. The outcome was not reported. Additional information has been requested.

VAERS ID:	**284635**	**Age:**	23	**Sex:**	F
Vaccination date:	6/15/2007	**Onset date:**	7/11/2007	**Days later:**	26
Report date:	7/13/2007			**Entry date:**	7/13/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
IPV	SANOFI PASTEUR	
MMR	MERCK & CO. INC.	
TDAP	SANOFI PASTEUR	

SYMPTOMS: Drug exposure during pregnancy

Patient received Tdap Ipol on 6/11/07. Pt received MMR on 6/15/07. Her mother in law called office on 7/11/07 to report a positive pregnancy test. This would be pregnancy within 28 days of vaccination.

VAERS ID:	**224604**	**Age:**	23	**Sex:**	F

Vaccination date:	7/28/2004	**Onset date:**	7/28/2004	**Days later:**	0
Report date:	7/29/2004			**Entry date:**	8/2/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: RAB
Manufacturer: AVENTIS PASTEUR,
Dose: 0

SYMPTOMS: ALLERG REACT CHILLS EDEMA FEVER HYPERESTHESIA NAUSEA PAIN SOMNOLENCE SPEECH DIS

Swollen arm and pain: 1 hour later. Nausea, fever, chills: 2 hours later. Slurred speech, lethargic: 2.45 minutes later. Hypersensitivity to touch: 5.45 min later.

VAERS ID:	**199820**	**Age:**	24	**Sex:**	F
Vaccination date:	2/20/2003	**Onset date:**	2/22/2003	**Days later:**	2
Report date:	3/18/2003			**Entry date:**	3/18/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 1

SYMPTOMS: EYE DIS PARESTHESIA RASH UVEITIS

On 22 Feb 03 developed "spots before her right eye", no pain , no discharge, no erythema. Seen by opthalmology and given diagnosis of of uveitis of unknown etiology. Various labs and x-rays pending. Currently taking steroid eye gtts with slight improvement. Denies joint pain, might sweats, oral ulcers, alopecia. Reports rash on left cheek x 4 ds which resolved with HC cream. Also c/o tingling in feet / fingers that lasts a few seconds daily sometimes more than 1x/day. Usually occurs when sitting down. FMH

VAERS ID:	**218862**	**Age:**	24	**Sex:**	M
Vaccination date:	3/13/2004	**Onset date:**	3/21/2004	**Days later:**	8
Report date:	4/2/2004			**Entry date:**	4/12/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 0

SYMPTOMS: ANOREXIA DEPERSONAL VOMIT

One week afterwards. I lost all energy to function normally. I had no appetite and did not eat for 4 days. When I forced myself to eat, I could not hold any food down.

VAERS ID:	**299649**	**Age:**	24	**Sex:**	F
Vaccination date:	10/22/2007	**Onset date:**	10/23/2007	**Days later:**	1

Report date:	11/14/2007			**Entry date:**	11/15/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Cold sweat Dizziness Feeling hot

Information has been received from a healthcare professional concerning a 24 year old female who on 04-APR-2007 was vaccinated with HPV rL1 6 11 16 18 VLP vaccine (yeast) (lot# 658563/1063U), 0.5mL IM for prophylaxis. Concomitant therapy included desogestrel/ethinyl estradiol (MIRCETTE). On an unspecified date, the patient received her second dose of HPV rL1 6 11 16 18 VLP vaccine (yeast) (lot # not reported). On 22-OCT-2007 the patient received her third dose of HPV rL1 6 11 16 18 VLP vaccine (yeast) (lot# not reported). On 23-OCT-2007 the patient experienced dizziness and hot and cold sweats. Medical attention was sought. The patient's dizziness and hot and cold sweats persisted. The product quality complaint unit was not involved. Additional information has been requested.

VAERS ID:	**287742**	**Age:**	24	**Sex:**	F
Vaccination date:	5/14/2007	**Onset date:**	5/15/2007	**Days later:**	1
Report date:	7/30/2007			**Entry date:**	8/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Body temperature fluctuation Pyrexia

Information has been received from a practice manager concerning a 24 year old female patient with rash who on 14-MAY-2007 was vaccinated IM in left gluteus with Pneumovax 23 lot# 654977/0888F. The reporter stated that patient was having increasing fevers after getting the Pneumovax 23. The fever started out as mild then went really high. Since 15-MAY-2007 patient had been taking Advil. As soon as the Advil wears off the fever comes back and then goes up. On 16-MAY-2007 patient had a temperature of 103 F then she took Advil and fever went down to 99.2 F then the fever started going up to 102F. The patient's fever persisted. The reporter has requested A lot check on behalf of the physician. The reporter indicated there was "other patients" who received Pneumovax 23 lot#654977/0888F and subsequently "got ill". The records of testing prior to release of the lot in question, having been rechecked and found to be satisfactory. The lot complies with the standards, and was released. Additional information has been requested.

VAERS ID:	**200210**	**Age:**	24	**Sex:**	M
Vaccination date:	3/11/2003	**Onset date:**	3/18/2003	**Days later:**	7
Report date:	3/25/2003			**Entry date:**	3/25/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: EDEMA FACE

A week post admin of the vax PT's right eye (upper eyelid) became slightly swollen. He was treated with Benadryl. It resolved after 2.5 days.

VAERS ID:	**220075**	**Age:**	24	**Sex:**	F
Vaccination date:	4/18/2004	**Onset date:**	4/23/2004	**Days later:**	5
Report date:	4/29/2004			**Entry date:**	5/10/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: PAIN

On 18Apr04 member was administered smallpox vaccine. On 23Apr04, member started experiencing pain in legs, progressing throughout body. Member reported to ER on 27Apr04 and was released same day.

VAERS ID:	**237573**	**Age:**	24	**Sex:**	F
Vaccination date:	7/28/2004	**Onset date:**	7/28/2004	**Days later:**	0
Report date:	9/20/2004			**Entry date:**	5/19/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	AVENTIS PASTEUR,	0

SYMPTOMS: CHILLS EDEMA FEVER HYPERESTHESIA NAUSEA PAIN SOMNOLENCE SPEECH DIS

From initial information received on 7/29/04 from a health care professional regarding an adverse event occurring in the USA, it was reported that a 23 year old female patient received her first dose of IMOVAX RABIES, lot number X0581, administered in the left deltoid at 9:00 AM on 7/28/04. It was not reported whether the patient received the vaccine as part of a pre- or post-exposure series. 2.45 minutes post-administration, the patient developed slurred speech and became lethargic. 5.45 minutes post-admin

VAERS ID:	**291851**	**Age:**	24	**Sex:**	M
Vaccination date:	7/31/2007	**Onset date:**	8/3/2007	**Days later:**	3
Report date:	8/29/2007			**Entry date:**	10/2/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	
SMALL	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Blood test Cardiac enzymes normal Cardiac stress test normal Chest X-ray normal

Chest pain Echocardiogram normal Electrocardiogram normal Fibrin D dimer Full blood count normal Immunisation reaction Musculoskeletal chest pain Myocarditis Myopericarditis Pyrexia
Patient received smallpox vaccine on 31 Jul 07. 4 days later he had dull pain in his chest. Pt went to the ER and was released. The pain got progressively worse and the patient returned to the ER. The ER physician diagnosed him with myocarditis and prescribed meds to reduce the swelling.

VAERS ID:	**245251**	**Age:**	24	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/12/2005			**Entry date:**	10/12/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR,	0

SYMPTOMS: CONVULS FEVER SYNCOPE VOMIT
9/23/05 vaccine given, temp peaking at 101 with assoc vomiting until 9/26/05 symptoms resolved. 10/4/05 fainting spell at work. Seen ER at hosp. Seizure episode in differential although no clonic-tonic movements seen EEG. Neuro consult pending. Pt had full series of DTP as an infant w/o reaction.

VAERS ID:	**260268**	**Age:**	24	**Sex:**	F
Vaccination date:	7/13/2006	**Onset date:**	7/14/2006	**Days later:**	1
Report date:	7/17/2006			**Entry date:**	7/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
HEPA	GLAXOSMITHKLINE	0
TYP	AVENTIS PASTEUR, INC.	0
YF	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Dizziness Heart rate increased Malaise Pyrexia
Client c/o not feeling right, fever 102 on/off increased heart rate, dizziness on 7/14/06 pm out of town. Called on call MD who evaluated, client called on 7/17/06 with all stated info, as per client MD gave aspirin B/P not checked told pt heart rate is 20 times faster then normal must be from vaccines. Instructed to go to ER or MD for complete assessment.

VAERS ID:	**291131**	**Age:**	24	**Sex:**	F
Vaccination date:	9/19/2007	**Onset date:**	9/19/2007	**Days later:**	0
Report date:	9/20/2007			**Entry date:**	9/21/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
ANTH	EMERGENT BIOSOLUTIONS	5

SYMPTOMS: Allergy to vaccine Erythema Pruritus Skin nodule
Sm described area as a "red knot" looks like a pimple and the area is "itchy." Received Gardasil on 9/10/07. Saw provider who stated this was a mild allergy. Benadryl to be taken.

VAERS ID:	283653	Age:	24	Sex:	F
Vaccination date:	6/27/2007	Onset date:	6/27/2007	Days later:	0
Report date:	6/27/2007			Entry date:	7/3/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	EMERGENT BIOSOLUTIONS	
HEPA	GLAXOSMITHKLINE BIOLOGICALS	1
TYP	BERNA BIOTECH, LTD	
UNK	UNKNOWN MANUFACTURER	

SYMPTOMS: Pain
Left arm - (entire) postop vaccines is (+) for pain traveling up to neck, fingers swollen.

VAERS ID:	282329	Age:	24	Sex:	M
Vaccination date:	6/13/2007	Onset date:	6/14/2007	Days later:	1
Report date:	6/16/2007			Entry date:	6/19/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Injection site erythema Injection site erythema Injection site induration Injection site warmth
Anthrax injection site-rt upper arm is hot to touch, erythema present, center of reddened area hard-area is 3 x 3 1/2 cm.

VAERS ID:	210146	Age:	24	Sex:	F
Vaccination date:	9/19/2002	Onset date:	6/20/2003	Days later:	274
Report date:	10/1/2003			Entry date:	10/8/2003
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: CHILLS FEVER FLU SYND MYALGIA

On 10/01/2003, stated that first 2 doses (06/19/2002 & 07/09/2002) left her with flu-like symptoms lasting approximately 1 week. States that she was "sick as a dog". Body aches, fever, chills. This occurred after each dose but did not report it.

VAERS ID:	**286486**	**Age:**	25	**Sex:**	F
Vaccination date:	5/24/2007	**Onset date:**	5/25/2007	**Days later:**	1
Report date:	8/1/2007			**Entry date:**	8/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Cardiac failure Chest pain Cytogenetic analysis Dyspnoea Echocardiogram Electrocardiogram Hypotension Intensive care Palpitations Protein total decreased Pulmonary embolism Shock Tachycardia Ventilation/perfusion scan

Information has been received from a 25 year old female with a penicillin allergy with a history of appendicitis (age five) and shingles (2005) who on 24-MAY-2007 was vaccinated with a first dose of Gardasil. Concomitant therapy included LO/OVRAL. On 25-MAY2007 the patient experienced shortness of breath and was hospitalized. The patient spent four days in the intensive care unit out of the nine days she was hospitalized. On 29-MAY-2007 the patient was diagnosed with a pulmonary embolism and was placed on COUMADIN. It was reported that the patient also developed heart failure "because of the pulmonary embolism". Laboratory data revealed all proteins low. The genetic tests yielded positive results for 2 genetic traits (specific names of the traits are unknown). At the time of report the patient was recovering. No further information is available. 8/15/07-records received DC Summary for DOS 7/23-7/24/07- DC DX: Chest pain not otherwise specified. Palpitations. Hypercoagulable state. Recent pulmonary embolus.VQ Scan low probability for pulmonary embolus. Pain was similar to previous event. Massive pulmonary embolus requiring use of TPA about two months prior. Now on chronic coumadin therapy. DC Summary for DOS 5/29-6/9/07-DC DX Pulmonary embolism with shock, hypotension, syncope and history of oral contraceptive use.

VAERS ID:	**284490**	**Age:**	25	**Sex:**	F
Vaccination date:	4/25/2007	**Onset date:**	5/18/2007	**Days later:**	23
Report date:	6/14/2007			**Entry date:**	6/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Blood test Hypoaesthesia Hypoaesthesia

Information has been received from a physician concerning a 25 year old female patient with no medical history or allergies, who on 25-APR-2007 was vaccinated with a first dose of Gardasil. Concomitant therapy included Zovia 1/50E. It was noted the patient received the vaccine at another practice. On 18-MAY-2007, the patient experienced numbness in the left leg which spread to the left foot. The numbness has since spread to all of her extremities. The numbness was sporadic and there was no pattern to the numbness. The patient was examined by an internist (name unspecified) who has ordered blood tests (unspecified). At the time of this report the patient has not recovered. No product quality complaint was involved. The internist suspected that Gardasil may be responsible for the numbness. Additional information has been requested.

VAERS ID:	**279204**	**Age:**	25	**Sex:**	F
Vaccination date:	3/30/2007	**Onset date:**	3/30/2007	**Days later:**	0
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Incorrect route of drug administration Pain Pain Paraesthesia Vaccination complication

Information has been received from a consumer, a 25 year old female patient with high blood pressure, who on 30-MAR-2007 was vaccinated orally with the first dose, 0.5ml, of Gardasil. There was no concomitant medication. On 31-MAR-2007 the patient reported that she had experienced tingling in her hands and feet after the vaccine was administered. At the time of this report, the patient had not recovered. The patient sought unspecified medical attention. Additional information has been requested. 6/25/07 Received office note from reporter which reveals patient called office on 4/16 to report having been seen in ER for complaints of body aches. Tx w/anti inflammatory meds & felling well now. Refused further HPV vaccine. FINAL DX: Adverse reaction to HPV vaccine.

VAERS ID:	**213306**	**Age:**	25	**Sex:**	F
Vaccination date:	10/29/2003	**Onset date:**	10/29/2003	**Days later:**	0
Report date:	11/5/2003			**Entry date:**	12/2/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: COUGH INC DIZZINESS DYSPNEA LACRIMATION DIS PHARYNGITIS PRURITUS RHINITIS

Approximately 6 minutes after MMR - c/o itchy throat, SOB, dizziness, watery eyes, difficulty breathing, cough, nasal congestion and no hives. Treated in ED with Albuterol and Atrovent intralation, Benadryl 50mg PO, Prednisone 60mg PO and Pepcid 20mg PO. Discharged after 1 1/2 hours to home.

VAERS ID:	**215064**	**Age:**	25	**Sex:**	F
Vaccination date:	1/9/2003	**Onset date:**	1/10/2003	**Days later:**	1
Report date:	1/9/2004			**Entry date:**	1/16/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

A nurse reported the occurrence of an injection site reaction in a 25 year old female who was vaccinated with hep B vaccine recombinant (Engerix B) for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were unknown. On 1/9/03, the subject received her second injection of Engerix B (5285C6). Approximately 24 hrs later, on 1/10/03, the subject experienced an injection site reaction characterized by redness and swelling the "size of a baseball." The subject was seen

VAERS ID:	**234974**	**Age:**	25	**Sex:**	F
Vaccination date:	4/23/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/7/2005			**Entry date:**	3/15/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: ARTHRALGIA MYALGIA PAIN NECK RASH URTICARIA

Information has been received from a RN concerning a 24 year old female who on 23Apr04 was vaccinated with a first dose of hep B virus vaccine rHBsAg (yeast) (lot 645602/0751N) as part of a school requirement. There were no concomitant vaccinations on the same day. The nurse reported that the pt developed urticaria all over the body, myalgias, and neck pain and had to be seen in the ER on 26Apr04. She was started on oral prednisone. It was noted that the rash resolved in a couple days. Per the pt's last off

VAERS ID:	**262523**	**Age:**	25	**Sex:**	F
Vaccination date:	8/21/2006	**Onset date:**	8/30/2006	**Days later:**	9
Report date:	8/31/2006			**Entry date:**	9/1/2006
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORATION	0
SMALL	WYETH LABORATORIES, INC	0

SYMPTOMS: Rash

Rash on neck, trunk and arms. Due to time between vaccination and reaction, not sure if related, but decided to send forth anyway.

VAERS ID:	**300513**	**Age:**	25	**Sex:**	F
Vaccination date:	10/17/2007	**Onset date:**	10/17/2007	**Days later:**	0
Report date:	12/14/2007			**Entry date:**	12/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Erythema Incorrect route of drug administration Injection site reaction Pain Wrong drug administered

Information has been received from a licensed practical nurse concerning 4 females (age not reported) with no pertinent medical history or drug reactions/allergies who on an unspecified date were vaccinated with Gardasil (lot # unknown). There was no concomitant medication. The nurse reported that 4 patients received Gardasil due to a nursing error. Each patient received 0.25 mL dose of Gardasil given subcutaneously near the wrist on 17-Oct-2007. The person who administered the doses split a 0.5 mL dose of Gardasil equally among the 4 patients. They were supposed to receive a tuberculin test. The day after administration, each patient developed an injection site reaction right above the wrist. The injection site was red, hard to the touch and painful. One of these patients was seen by the nurse and the other 3 patients called her office. Medical attention was sought. At the time of reporting the patient had not recovered. Follow-up information was received. A 25 year old white female patient who on 17-Oct-2007 was vaccinated with Gardasil (lot #658282/1263U). On 18-Oct-2007 the patient was given a 1/4 dose of Gardasil by mistake. The patient was to receive a tuberculin test instead. On an unspecified date one week later the patient recovered. Follow-up information was received from a licensed practical nurse. The LPN reported that one vial of purified protein derivative (PPD) was delivered to one office one day. On the following day one vial of Gardasil was delivered to the same office. The medical assistant who was located in the office, in error drew the medication that would be used for the PPD test from the Gardasil vial instead of the prescribed PPD vial. The LPN stated that the error was not due to Product Confusion. As a result of this error, the Gardasil vaccination would only be administered at another office and not in the current office to assure that this error would not occur again. The patient that received Gardasil was treated with cold/warm compresses and recovered. Addition

VAERS ID:	**289533**	**Age:**	25	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Dizziness postural Syncope

Information has been received from a physician concerning a 25 year old female who, on an unspecified date, was vaccinated with a dose of Gardasil. Subsequently, the patient stood up, felt dizzy and then she fainted and was fine after a couple minutes. The patient sought unspecified medical attention. The patient recovered on an unspecified date. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**279923**	**Age:**	25	**Sex:**	M
Vaccination date:	5/26/2007	**Onset date:**	5/27/2007	**Days later:**	1
Report date:	5/29/2007			**Entry date:**	5/29/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
TDAP	SANOFI PASTEUR	

SYMPTOMS: Chills Fatigue Headache Nausea Pain in extremity Vomiting

5-26-07 Tdap administered in ED. Later that day arm sore. 5-27-07 nausea, vomiting, chills, fatigue, headache 5-28-07 same symptoms. 5-29-07 fatigue headache only - feels a little better.

VAERS ID:	197632	Age:	25	Sex:	M
Vaccination date:	1/12/2003	Onset date:	1/12/2003	Days later:	0
Report date:	1/12/2003			Entry date:	2/12/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: PRURITUS RASH VASODILAT

Turned rash/red on upper body, itching, no anaphylaxis but given sub Q epi 0.3 mg with much improvement.

VAERS ID:	203441	Age:	25	Sex:	M
Vaccination date:	3/31/2003	Onset date:	4/14/2003	Days later:	14
Report date:	5/14/2003			Entry date:	5/21/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: GUILLAIN BARRE SYND LAB TEST ABNORM MYASTHENIA

Pt is a 25 year old male who was transferred on 4/18/03 from medical center with a diagnosis of Guillain-Barre Syndrome. The A/I service was consulted due to recent Anthrax and Smallpox vaccinations. The pt developed symptoms of leg weakness during a run on Monday 4/14/03. On 4/15/03 pt had bilateral feet and hand weakness, he presented for his scheduled smallpox vaccination. He states he made the screening physician aware of his symptoms and they were attributed to "exhaustion" from running on the previous

VAERS ID:	202856	Age:	25	Sex:	F
Vaccination date:	4/15/2003	Onset date:	4/16/2003	Days later:	1
Report date:	4/17/2003			Entry date:	5/9/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination:	Manufacturer:	Dose:
SMALL	WYETH LABORATORI	0

SYMPTOMS: GUILLAIN BARRE SYND
Guillain Barré syndrome.

VAERS ID:	**221344**	**Age:**	25	**Sex:**	F
Vaccination date:	10/24/2003	**Onset date:**	11/18/2003	**Days later:**	25
Report date:	5/14/2004			**Entry date:**	5/21/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: INFECT VIRAL NO DRUG EFFECT RASH RASH MAC PAP RASH VESIC BULL
Information has been received from a physician concerning a 25 year old female pt who is from another country and has no known allergies, who on 24OCT2003 was vaccinated SC in the left arm with a first dose of varicella virus vaccine live. The physician reported that on 18NOV2003 the patient had a chickenpox breakthrough. The physician reported the pt had developed itchy reddish papules and vesicles over her scalp (also

VAERS ID:	**223566**	**Age:**	25	**Sex:**	F
Vaccination date:	4/22/2004	**Onset date:**	5/27/2004	**Days later:**	35
Report date:	6/30/2004			**Entry date:**	6/30/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	4

SYMPTOMS: AGITATION ASTHENIA INSOMNIA MYALGIA
Patient has full body myalgia, irritabilty, sleep problems, fatigue, and weakness. Patient is still currently feeling symptoms.

VAERS ID:	**300656**	**Age:**	25	**Sex:**	M
Vaccination date:	12/13/2007	**Onset date:**	12/18/2007	**Days later:**	5
Report date:	12/20/2007			**Entry date:**	12/20/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	3
TYP	SANOFI PASTEUR	

SYMPTOMS: Erythema Induration Pruritus

Noticed a 15cm x 9 cm erythema area on Left upperarm. Two hard lumps contained within the erythemous area. Positive for pruritis.

VAERS ID:	**278703**	**Age:**	25	**Sex:**	F
Vaccination date:	5/12/2007	**Onset date:**	5/12/2007	**Days later:**	0
Report date:	5/14/2007			**Entry date:**	5/16/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	5
UNK	UNKNOWN MANUFACTURER	0

SYMPTOMS: Injection site erythema Injection site induration Injection site pruritus

Soldier c/o itchy whelp with redness and hardness on left deltoid. Soldier received Anthrax.

VAERS ID:	**305909**	**Age:**	25	**Sex:**	F
Vaccination date:	1/15/2008	**Onset date:**	1/15/2008	**Days later:**	0
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Dizziness Smear cervix abnormal

Information has been received from a Registered Nurse concerning a 25 year old female who on 15-JAN-2008 was vaccinated IM with the first dose of Gardasil (Lot #659653/01448U). Concomitant therapy included YASMIN. The patient experienced dizziness on the afternoon of the injection (15-JAN-2008) and on the morning of 16-JAN-2008 and 17-JAN-2008. The patient's outcome was not reported. The patient had an abnormal PAP test (results not reported). Additional information has been requested.

VAERS ID:	**201386**	**Age:**	26	**Sex:**	F
Vaccination date:	3/26/2003	**Onset date:**	4/8/2003	**Days later:**	13
Report date:	4/12/2003			**Entry date:**	4/12/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: PAIN PRURITUS RASH

A red, bumpy rash on palms, soles of feet, knees and elbows. Painful on hands, slightly itchy on other body parts. Appeared about 4 days ago, appears to be spreading. Began on my hands. No unusual headaches or nausea. (No more or less than usual)

VAERS ID:	**286343**	**Age:**	26	**Sex:**	F
Vaccination date:	6/23/2004	**Onset date:**	10/2/2004	**Days later:**	101
Report date:	7/27/2007			**Entry date:**	7/31/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1

SYMPTOMS: Arthralgia Fatigue Headache Nausea

Headaches, joint pain, nausea, fatigue

VAERS ID:	**263232**	**Age:**	26	**Sex:**	F
Vaccination date:	8/21/2006	**Onset date:**	8/21/2006	**Days later:**	0
Report date:	9/14/2006			**Entry date:**	9/19/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Laboratory test abnormal Unevaluable event

Information has been received from an other health professional concerning a 26 year old female in sales with no pre-existing allergies, birth defects or medical conditions reported. On 21-AUG-2006, in the pm, the patient was vaccinated in the left deltoid with the first dose of HPV rLi 6 11 16 18 VLP vaccine (yeast) (lot#653650/0702F). Concomitant therapy included ethinyl estradiol/norgestimate (ORTHO TRI CYCLEN). There were no illness noted at the time of vaccination. On 21-AUG-2006, in the pm, the pat

VAERS ID:	**285653**	**Age:**	26	**Sex:**	F
Vaccination date:	6/19/2007	**Onset date:**	6/19/2007	**Days later:**	0
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Dizziness Dizziness

Information has been received from a registered nurse concerning a 26 year old female with a history of colitis who on 16-ARPR-2007 was vaccinated IM with the first dose of Gardasil (lot # 657621/0387U). On 19-JUN-2007 was vaccinated IM with the second dose of Gardasil (lot # 0211U). Concomitant therapy included FEMCON FE. Immediately after the second dose the patient experienced "extreme lightheadedness and dizziness". Unspecified medical attention was sought. The registered nurse reported the symptoms lasted "within 10 minutes or so". On 19-JUN-2007, the patient recovered from "extreme lightheadedness and dizziness". There were no laboratory or diagnostic tests performed. It was reported that the patient did not experience any symptoms after receipt of the first dose. Additional information has been requested.

VAERS ID:	**279554**	**Age:**	26	**Sex:**	F
Vaccination date:	4/25/2007	**Onset date:**	4/27/2007	**Days later:**	2
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Injection site bruising Injection site haemorrhage Injection site swelling

Information has been received from a physician concerning a 26 year old female patient who on 25-APR-2007 was vaccinated IM in the left deltoid with her second dose of Gardasil. On the Friday after the injection, 27-APR-2007, swelling and bruising appeared at the injection site. On the Saturday after the injection, the injection site began to bleed. The patient stopped the bleeding with a compress and sought medical attention. She was fully recovered on an unspecified date. Additional information has been requested.

VAERS ID:	**284290**	**Age:**	26	**Sex:**	F
Vaccination date:	6/6/2007	**Onset date:**	6/11/2007	**Days later:**	5
Report date:	7/11/2007			**Entry date:**	7/11/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Abscess Abscess drainage Erythema Skin warm Tenderness

Patient developed abcess on left upper arm following Adacel vaccination. Was evaluated at practice office and prescribed antibiotics without relief, 8 cm warmm red tender abcess. 3 days later seen at local Emergency room. admitted to local hospital for irrigation and drainage of abcess

VAERS ID:	**219439**	**Age:**	26	**Sex:**	F
Vaccination date:	4/13/2004	**Onset date:**	4/13/2004	**Days later:**	0
Report date:	4/16/2004			**Entry date:**	4/23/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

RAB	AVENTIS PASTEUR,	3

SYMPTOMS: ALLERG REACT ASTHENIA NAUSEA URTICARIA VASODILAT

1) 2 hours after inoculation felt extremely nauseous warm and fatigue. 2) approximately 26 hours after shot had hives at site of injection. 3) 48 hours after injection had hives all over body- primarily back & arm.

VAERS ID:	**221994**	**Age:**	26	**Sex:**	M
Vaccination date:	9/29/1999	**Onset date:**	3/9/2004	**Days later:**	1623
Report date:	5/14/2004			**Entry date:**	5/26/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: RASH

Information has been received from a registered nurse concerning a 26 year old male patient who on 29SEP1999 was vaccinated with a dose of varicella virus vaccine live. On 09MAR2004, the patient developed 20-30 pimples on his abdomen and groin. No other symptoms were noted. The patient's mother reported that her son had been exposed to another child with chickenpox last week. It was noted that the child was vaccinated by another HCP. There was no treatment required. Unspecified medical attention was sought.

VAERS ID:	**299572**	**Age:**	26	**Sex:**	F
Vaccination date:	10/4/2007	**Onset date:**	10/4/2007	**Days later:**	0
Report date:	11/14/2007			**Entry date:**	11/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Injection site erythema Injection site swelling

Information has been received from a physician concerning a 26 year old female with no pertinent medical history who on 04-OCT-2007 in the a.m. was vaccinated into the left arm with a third dose of HPV rL1 6 11 16 18 VLP (yeast) (Lot #0530U). There was no concomitant medication. On 04-OCT-2007 the patient developed redness and swelling of the left arm around the injection site. There were no laboratory or diagnostic tests performed. At the time of the report the patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**292164**	**Age:**	26	**Sex:**	F
Vaccination date:	9/26/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/1/2007			**Entry date:**	10/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	3

SYMPTOMS: Chills Hyperhidrosis Influenza like illness Nausea Rash
Aprox 24 hr after 3rd Gardasil Nausea Cover in sweat chills-Rash down arm and upper body "I feel like I have the flu"

VAERS ID:	**290163**	**Age:**	26	**Sex:**	M
Vaccination date:	9/5/2007	**Onset date:**	9/6/2007	**Days later:**	1
Report date:	9/6/2007			**Entry date:**	9/7/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Dizziness Injection site induration Injection site irritation Nausea Pain in extremity
Woke up on 9/6/07 - had pain top of shoulder to mid arm, burning sensation, hardness around injection site. SM c/o nausea and dizziness.

VAERS ID:	**284730**	**Age:**	26	**Sex:**	M
Vaccination date:	7/10/2007	**Onset date:**	7/10/2007	**Days later:**	0
Report date:	7/12/2007			**Entry date:**	7/16/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	
TYP	SANOFI PASTEUR	

SYMPTOMS: Abdominal pain Erythema
Had Anthrax rt arm-booster with ensuing area of erythema, (+) pain with any movement of tricpet muscle. No drainage noted #7 annual booster

VAERS ID:	**283021**	**Age:**	26	**Sex:**	M
Vaccination date:	5/10/2007	**Onset date:**	5/29/2007	**Days later:**	19
Report date:	6/19/2007			**Entry date:**	6/27/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	3
TYP	SANOFI PASTEUR	2

SYMPTOMS: Mass Pain
SM received Anthrax vaccination on 5/10/07. c/o of limp and pain upon touch.

VAERS ID:	**282977**	**Age:**	26	**Sex:**	M
Vaccination date:	6/5/2007	**Onset date:**	6/9/2007	**Days later:**	4
Report date:	6/15/2007			**Entry date:**	6/27/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Infection Pain Swelling
Smallpox vaccine placed LT deltoid 05 June 07. Post 4 days increasing swelling and pain. Possible infection was seen by Lt Col who ordered Ibuprofen.

VAERS ID:	**277842**	**Age:**	26	**Sex:**	M
Vaccination date:	4/13/2007	**Onset date:**	4/15/2007	**Days later:**	2
Report date:	5/1/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Injection site pain Injection site pruritus Injection site rash
c/o itching localized to skin rash or sore Anthrax reaction shot in right arm 2 days ago " per health record".

VAERS ID:	**275208**	**Age:**	26	**Sex:**	F
Vaccination date:	2/12/2000	**Onset date:**	8/24/2003	**Days later:**	1289
Report date:	3/27/2007			**Entry date:**	3/29/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Acne Biopsy Inflammation Pruritus Subcutaneous nodule

Patient has anthrax vaccines #2 and denies any significant local or systemic symptoms. After anthrax vaccine #3 in 2000, denies significant systemic symptoms. She did develop a pruritic, subcutaneous nodule that lasted approximately 2 months and then resolved. In August 2003, patient noted what looked like a pimple on her upper left arm where she had received anthrax vaccine #3. It then became about the size of pea that was pruritic and had remained for over 1 year. In January 2004, she noted a similar nodule on her right arm at the site of her previous anthrax vaccine (#2); she continues to have a pruritic, pea-size nodule. The itching decreases/subsides with the application of topical steroids, but returns if use is discontinued.

VAERS ID:	**283443**	**Age:**	27	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/30/2007			**Entry date:**	6/4/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Mumps antibody test negative

Information has been received from a nurse concerning a 27 year old female with colitis ulcerative who was vaccinated with MMR II in the past (date not reported). A recent titer in 2006 showed non-immunity to mumps. Medical attention was sought. The patient's negative mumps titer persisted. Additional information has been requested.

VAERS ID:	**199991**	**Age:**	27	**Sex:**	F
Vaccination date:	2/9/2003	**Onset date:**	2/9/2003	**Days later:**	0
Report date:	3/8/2003			**Entry date:**	3/21/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 1

SYMPTOMS: ASTHENIA DIZZINESS FEVER FLU SYND HEADACHE SYNCOPE VOMIT

Member went to ER with extreme flu-like symptoms; vomiting, fever, passing out, dizziness, headaches and fatigue. Onset of symptoms started around 13:00 on 2/9/03 and progressed throughout the night.

VAERS ID:	**206475**	**Age:**	27	**Sex:**	F
Vaccination date:	8/1/2001	**Onset date:**	8/1/2001	**Days later:**	0
Report date:	7/18/2003			**Entry date:**	7/22/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MU
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: FETAL DIS

Information has been received from a 27 year old pregnant female (LMP date 7/2/01) with no past medical history and no allergies who, four weeks after her last menstrual period, on 8/1/01 was vaccinated with a dose of mumps virus vaccine live. There was no concomitant medication. The pt sought unspecified medical attention. Follow up info was received from a physician's office. The reporter indicated that the pt had no previous pregnancies and that medication taken by the pt during the current pregnancy inc

VAERS ID:	**212420**	**Age:**	27	**Sex:**	M
Vaccination date:	11/15/2003	**Onset date:**	11/15/2003	**Days later:**	0
Report date:	11/16/2003			**Entry date:**	11/16/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
HEP	GLAXOSMITHKLINE	
MEN	AVENTIS PASTEUR,	

SYMPTOMS: ATAXIA DIZZINESS

While waiting for record completion after four shots were administered, Patient experienced lightheadedness and lost his balance. Patient landed in a seated position.

VAERS ID:	**234306**	**Age:**	27	**Sex:**	M
Vaccination date:	1/26/2005	**Onset date:**	2/6/2005	**Days later:**	11
Report date:	2/23/2005			**Entry date:**	2/25/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	

SYMPTOMS: EDEMA PRURITUS ULCER SKIN VASODILAT

27 year old male reports "redness and swelling with bumps on my eyes since Sunday". Referred to vaccine healthcare center for probable autoinoculation following smallpox vaccine. Also, noted new lesions on his trunk and legs last pm. Received primary smallpox vaccine (3 jabs, left arm) on 01/26/2005. His smallpox vaccine site has followed typical progression, with reported pruritis of site. Vaccine site assessed as "major reaction" on 02/02/2005. Systemic tender, swollen gland in his left axilla on 02/

VAERS ID:	**237548**	**Age:**	27	**Sex:**	F
Vaccination date:	4/13/2004	**Onset date:**	4/13/2004	**Days later:**	0
Report date:	5/13/2004			**Entry date:**	5/19/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	AVENTIS PASTEUR,	3

SYMPTOMS: ALLERG REACT ASTHENIA NAUSEA URTICARIA VASODILAT
From initial information received on 4/16/04 from a healthcare professional regarding an adverse event occurring in the USA, it was reported that a 26 year old female patient received an IMOVAX RABIES vaccination, lot number X0581, administered IM in the left arm on 4/13/04 at9:30AM. The same day, at 11:30 AM, the patient felt extremely nauseous, warm, and fatigued. Approximately 26 hours after the vaccination, she developed hives at the site of injection. 48 hours after the vaccination, she developed hives

VAERS ID:	**198764**	**Age:**	27	**Sex:**	M
Vaccination date:	5/13/1999	**Onset date:**	6/2/1999	**Days later:**	20
Report date:	2/14/2003			**Entry date:**	3/4/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	1

SYMPTOMS: ARTHRALGIA ASTHENIA BILIRUBINEM CARDIOVASC DIS CHILLS FEVER DYSPHAGIA ESR INC HERPES SIMPLEX INFECT BACT LEUKOCYTOSIS LEUKOPENIA LYMPHADENO MALAISE MYALGIA PAIN BACK PAIN CHEST PERICARDITIS PHARYNGITIS PRURITUS RASH MAC PAP
The subject received injections of Lymerix on 4/6/99 (LY120D9) and 5/13/99 (LY120D2). In a Statement of Injuries, his attorney alleged that the subject "suffers from joint pain, loss of breath and fatigue. These symptoms required hospitalization. He also experienced a rash". The subject presented to the vaccine provider on 6/3/99. He reported a 2 day history of sore throat, head congestion, feeling "hot/cold", odynophagia, cough productive of white sputum and post-nasal drip. The subject reported that he ha

VAERS ID:	**205504**	**Age:**	27	**Sex:**	M
Vaccination date:	6/12/2003	**Onset date:**	6/14/2003	**Days later:**	2
Report date:	6/25/2003			**Entry date:**	6/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE PAIN ULCER SKIN
Pt developed cluster of raised, hard, painful "pellet-like" lesions left forearm with surrounding erythema 2 days after immunization - not seen in office for follow up til 6/24. Still recovering on examination visible evidence of 6 healing papules with minimal erythema, no warmth. No lymphadenopathy.

VAERS ID:	**270766**	**Age:**	27	**Sex:**	F
Vaccination date:	1/8/2007	**Onset date:**	1/8/2007	**Days later:**	0
Report date:	1/17/2007			**Entry date:**	1/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	

SYMPTOMS: Blood test Grand mal convulsion

Information has been received from a 27 year old female consumer with sulfa drug allergy and pertinent medical history reported as none who on 08 Jan 2007 was vaccainted with HPV vaccine (lot # not reported) 0.5ml injection. Concomitant therapy included Montelukast sodium, fexofenadine hydrochloride (ALLEGRA) and birth control (unspecified). The consumer reported that on 08 Jan 2007, she had a grand mal seizure after receiving HPV Vaccine. Medical attention was sought. Unspecified blood test were performed. At the time of reporting, the outcome was unspecified. Upon internal review, seizure was considered to be an other important medical event. Additional information has been requested.

VAERS ID:	303630	Age:	27	Sex:	F
Vaccination date:	1/22/2008	Onset date:	1/23/2008	Days later:	1
Report date:	1/25/2008			Entry date:	1/25/2008
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
YF	UNKNOWN MANUFACTURER	

SYMPTOMS: Erythema Oedema peripheral Skin warm

Received Y.F. 1/22/08 evening. The next day noticed redness size of 2 fists left upper arm. Took Benadryl at night (1/23/08). On morning of 1/24/08 noticed the redness traveling down left arm to elbow. Area red, swollen & warm to touch. Pt. seen by MD 1/25/08.

VAERS ID:	249316	Age:	27	Sex:	M
Vaccination date:	11/4/2005	Onset date:	11/18/2005	Days later:	14
Report date:	12/12/2005			Entry date:	12/15/2005
Administered by:	OTH	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPA	GLAXOSMITHKLINE	0
YF	AVENTIS PASTEUR,	0

SYMPTOMS: HYSN INJECT SITE INJECT SITE REACT PRURITUS

4-6 days after vaccine administration developed flat, red, itchy rash at the site of the yellow fever injection. Resolved spontaneously.

VAERS ID:	289349	Age:	28	Sex:	F
Vaccination date:	4/1/1999	Onset date:	7/1/2000	Days later:	457
Report date:	8/29/2007			Entry date:	8/29/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Arthritis Confusional state HLA marker study Headache Hypoaesthesia Immunology test Immunology test normal Lyme disease Muscle twitching Myalgia Paraesthesia Polymerase chain reaction Speech disorder Vitreous floaters

arthritis, neurological symptoms-tingling, numbness, brain fog, muscle twithces, muscle pain, headaches, difficulty finding words, increased floaters in eyes

VAERS ID:	**204294**	**Age:**	28	**Sex:**	F
Vaccination date:	5/30/2002	**Onset date:**	5/30/2002	**Days later:**	0
Report date:	5/30/2003			**Entry date:**	6/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	1

SYMPTOMS: ECCHYMOSIS PAIN

Information has been received from a registered nurse and a 28 year old female student who was vaccinated with a first and second dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation) on 05/22/2002 and 05/29/2002 left arm respectively. The pt reported conflicting second vaccination date of 05/30/2002. The first vaccination was administered by the pt's primary care physician and the second vaccination was administered at the student health center.

VAERS ID:	**213389**	**Age:**	28	**Sex:**	M
Vaccination date:	10/17/2003	**Onset date:**	10/24/2003	**Days later:**	7
Report date:	12/2/2003			**Entry date:**	12/2/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH

Rash on Lt forearm arm secondary to varicella administration on 10/17/03

VAERS ID:	**232390**	**Age:**	28	**Sex:**	F
Vaccination date:	12/17/2004	**Onset date:**	12/19/2004	**Days later:**	2
Report date:	1/10/2005			**Entry date:**	1/14/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: HYSN INJECT SITE

Flu shot given on 12/17/04 , two or three days later patient developed redness at site. The patient visited her PMD and was given Cephalexin 500mg BID for 10 days. Follow up on 01/10/05, the patient states site is without complication.

VAERS ID:	**239496**	**Age:**	28	**Sex:**	M
Vaccination date:	8/11/2004	**Onset date:**	8/11/2004	**Days later:**	0
Report date:	5/27/2005			**Entry date:**	6/3/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	
MMR	MERCK & CO. INC.	0

SYMPTOMS: FEVER INFECT VIRAL LYMPHADENO PRURITUS RASH MAC PAP VASODILAT

Initial and follow up information has been received from a health professional and a physician concerning a 27 year old male student with no past medical history, who on 11Aug04 at 2:15PM was vaccinated IM in the left deltoid with the first dose of the measles virus vaccine live (Moraten) (+) mumps virus vaccine live (Jeryl Lynn) (+) rubella virus vaccine live (Wistar RA 27/3) (lot 646124/0615N). Concomitant therapy included hep B virus vaccine rHBsAg (yeast) in the right deltoid. On 23Aug04 (previously r

VAERS ID:	**284207**	**Age:**	28	**Sex:**	M
Vaccination date:	7/2/2007	**Onset date:**	7/3/2007	**Days later:**	1
Report date:	7/5/2007			**Entry date:**	7/10/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1
SMALL	WYETH PHARMACEUTICALS, INC	

SYMPTOMS: Rash

Rash - Ears, Face, Back

VAERS ID:	**281347**	**Age:**	28	**Sex:**	F
Vaccination date:	7/25/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug exposure during pregnancy Injection site reaction Ultrasound scan

Information has been received through a pregnancy registry from a physician and a 28 year old white female with no known allergies or pertinent medical history and a history of one full-term birth and no history of birth defects, stillbirth, or miscarriage who on 25-JUL-2006 and 22-AUG-2006 was vaccinated with a first and second dose of Varivax (lot# 653360/0361F) respectively. Concomitant therapy included ZYRTEC and FLOVENT. It was noted that the patient was not tested for varicella antibodies before vaccination. Subsequently, "right after the second dose," the patient discovered that she was pregnant. The date of her last menstrual period was 14-JUL-2006 and her estimated date of delivery is 22-MAY-2007. It was reported that an ultrasound was performed. Results were not provided. On an unspecified date in approximately July 2006 the patient developed a local reaction at the vaccination site. No further information was available. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**300413**	**Age:**	29	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/29/2007			**Entry date:**	12/5/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RUB	MERCK & CO. INC.	

SYMPTOMS: Arthralgia Dyspnoea Rash

Information has been received from a physician concerning a 29 year old female "two days post delivery", still hospitalized after giving birth, who was vaccinated with a dose of MERUVAX II (manufacturer unknown). As standard protocol, she did not have evidence of immunity to rubella. Concomitant therapy included MOTRIN. "Within 12 hours" of vaccination the patient developed a rash on her side. The next day the patient developed arthralgia and difficulty breathing. She went to the ER for medical attention and was given oral and IV steroids. It was reported that the patient's experience improved on therapy (steroid treatment). No further information was provided. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**306449**	**Age:**	29	**Sex:**	M
Vaccination date:	12/4/2006	**Onset date:**	2/14/2007	**Days later:**	72
Report date:	1/30/2008			**Entry date:**	2/26/2008
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1

SYMPTOMS: Fluctuance Inflammation Injection site pain Injection site swelling Mass Tenderness Ultrasound scan abnormal

Physician reported that subject reported swelling and pain at the injection site in mid-February. Right deltoid had a 4 x 5 cm area of localized inflammation, fluctuant and tender. Raised 1/2 cm in height. Ultrasound showed inflammatory reaction. 3/7/07 - Patient states bump "really never went away" after immunization when asked about date of onset of symptoms. 3/15/07 - Patient left message clarifying anthrax vaccination dates.

VAERS ID:	**217662**	**Age:**	29	**Sex:**	F
Vaccination date:	3/3/2004	**Onset date:**	3/5/2004	**Days later:**	2
Report date:	3/10/2004			**Entry date:**	3/10/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	4

SYMPTOMS: EDEMA PRURITUS VASODILAT

SWELLING/REDNESS/PRURITUS OF LT ARM 2 DAYS AFTER VACCINATION. REDNESS AND SWELLING EXTENDED TO FOREARM

VAERS ID:	**220551**	**Age:**	29	**Sex:**	M
Vaccination date:	3/19/2003	**Onset date:**	4/4/2003	**Days later:**	16
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH RASH VESIC BULL ULCER SKIN

Information has been received from a registered nurse concerning a 29 year old male with no known drug allergies and no past medical history who on 19Mar2003 was vaccinated SC with a first dose of varicella virus vaccine live. There was no illness at the time of vaccination. On 04Apr2003 the patient developed a rash on his face that spread to his chest, back and groin area on 05Apr2003. The reporter indicated that "there were about 15 lesions." It was also noted that the patient had a "negative titer". Unsp

VAERS ID:	**222583**	**Age:**	29	**Sex:**	M
Vaccination date:	5/15/2004	**Onset date:**	5/16/2004	**Days later:**	1
Report date:	6/10/2004			**Entry date:**	6/10/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	4

SYMPTOMS: ASTHENIA ASTHMA COUGH INC DIARRHEA DYSPNEA FEVER FLU SYND MYALGIA RHINITIS

AVA # 1 01 Feb 03 Does not recall anything significant. AVA # 2 14 Feb 03 No problems reported AVA # 3 03 Mar 03 The next day he experienced diarrhea for a couple of days. It resolved without any problems. He was told he had contaminated water. Approx 15 out of 125 people in his unit also experienced diarrhea. He denied fever and blood. AVA # 4 01 Nov 03 The next day he noticed mild flu like symptoms with chest and nasal congestion, body aches, and a dry cough with wheezing and shortness of breath. He denie

VAERS ID:	**222931**	**Age:**	29	**Sex:**	M
Vaccination date:	5/24/2004	**Onset date:**	5/25/2004	**Days later:**	1
Report date:	6/21/2004			**Entry date:**	6/21/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	6

SYMPTOMS: EDEMA HYSN INJECT SITE PREV REACT PRURITUS VASODILAT

Patient is a 29 year old male who developed extensive arm redness and swelling within 48 hrs of receipt of AVA # 8. He reported only minor swelling and redness with previous anthrax immunizations. Patient reports that during the first 24 hrs he had minor redness and swelling and that on the following day the redness and swelling extended form elbow to wrist. He did have itching at the site. Stated his skin felt hot. He denied fever or chills. On 28 May he went to his doctor who then contacted the VHC. The

VAERS ID:	**223590**	**Age:**	29	**Sex:**	F
Vaccination date:	6/24/2004	**Onset date:**	6/24/2004	**Days later:**	0
Report date:	6/30/2004			**Entry date:**	7/1/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: DIZZINESS PARESTHESIA SWEAT VASC DIS PERIPH

6/24/04 c/o dizzy 10:10AM. 11:25AM dizziness and tingling sensation left arm and fingers. 11:30AM left hand cold and clammy. Monitor vital signs BP tray Resp asset by MD at ER.

VAERS ID:	**259261**	**Age:**	29	**Sex:**	F
Vaccination date:	6/15/2006	**Onset date:**	6/16/2006	**Days later:**	1
Report date:	6/23/2006			**Entry date:**	7/6/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RAB	CHIRON CORPORATION	4

SYMPTOMS: Arthralgia Pain Pyrexia Serum sickness

Patient had received 3 doses of RabAvert 2 months earlier in order to work as a vet tech and had no problem. She was exposed to a rabid cat at work and presented for 2 more vaccines. 12 hours post vaccine, she developed fever, aches, myalgia, joint pains lasting 12 hours. No rash/respiratory distress. Serum sickness like reaction reported with 2nd vaccine.

VAERS ID:	**288996**	**Age:**	29	**Sex:**	F
Vaccination date:	7/23/2007	**Onset date:**	7/24/2007	**Days later:**	1
Report date:	8/26/2007			**Entry date:**	8/26/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
YF	SANOFI PASTEUR	

SYMPTOMS: Influenza like illness Injection site erythema Injection site pruritus Injection site swelling Rhinorrhoea Sneezing

Injection site swell up to 14mm surround area was red and itching. Also had flu-like symptoms (runny nose, sneezing) for 2 days after injection

VAERS ID:	**199110**	**Age:**	29	**Sex:**	M
Vaccination date:	2/27/2003	**Onset date:**	2/9/2003	**Days later:**	-18
Report date:	3/9/2003			**Entry date:**	3/9/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: ARTHRALGIA CELLULITIS FEVER MYALGIA PAIN RASH MAC PAP RASH PURPUR VASCULITIS

Patient c/o fevers, myalgias, arthralgias 9 days following smallpox vaccination. on 10th day, pt developed purpuric macular rash on bilat lower ext (L). Pt c/o painful burning sx where rash worst on left medial ankle. Pt with robust take on left arm with viral cellulitis apparent and tender axillary lymph nodes on left side. No mucosal lesions. UA and CBC wnl. Chemestries/LFTs wnl. Pt will be followed closely for what appears to be L.E. vasculitis, r/o progression to HSP. Pt started on Indocin and

VAERS ID:	**281282**	**Age:**	29	**Sex:**	F
Vaccination date:	4/6/2006	**Onset date:**	8/31/2006	**Days later:**	147
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Antibody test negative

Information has been received from a health professional concerning a 30 year old female, with allergies to penicillin and aspirin, who was vaccinated with a first and second 0.5 ml dose of Varivax (Lot# 649993/0896R) on 23-FEB-2006 and 06-APR-2006, respectively. Concomitant therapies included hormonal contraceptives (unspecified) and ZOLOFT. On 31-AUG-2006 a titer was done and came back negative. It was noted that the patient had no symptoms. Unspecified medical attention was sought. No product quality complaint was involved. No other information was provided. Additional information has been requested.

VAERS ID:	**209370**	**Age:**	30	**Sex:**	F
Vaccination date:	6/26/2000	**Onset date:**	6/1/2001	**Days later:**	340
Report date:	8/5/2003			**Entry date:**	9/17/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
LYME GLAXOSMITHKLINE

SYMPTOMS: ARTHRITIS RHEUMAT

Rheumatoid arthritis. I am currently taking Naproxen 500 mg tablet and see a rheumatologist regularly.

VAERS ID:	**253907**	**Age:**	30	**Sex:**	F
Vaccination date:	4/3/2006	**Onset date:**	4/4/2006	**Days later:**	1
Report date:	4/10/2006			**Entry date:**	4/10/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC. 0

SYMPTOMS: Back pain Cough Depressed level of consciousness Labyrinthitis Muscle twitching Pain Pyrexia Sinusitis Tinnitus

I DEVELOPED A FEVER, COUGH, BACK PAIN, ACHINESS AND COUGH WITHIN 24 HOURS. A DAY LATER I HAD RINGING IN THE EARS. BY DAY THREE I HAD WORSENING OF RINGING IN THE EAR ACCOMPANIED BY HEARING LOSS AND SYMPTOMS EXCEPT FOR BACK PAIN. I ALSO DEVELOPPED A TWITCH AND DECREASED SENSATION ON THE LEFT SIDE OF MY FACE. I STARTED ANTIBIOTICS AND HAD NO RELIEF. I RETURNED TO THE DOCTOR ON DAY SEVEN- TODAY AND WAS TOLD I HAD VARICELLA IN MY EAR AFFECTING MY FACIAL NERVE RESULTING IN MY SYMPTOMS. THE DOCTOR PRESCRIBED

VAERS ID:	**299451**	**Age:**	30	**Sex:**	F
Vaccination date:	11/13/2006	**Onset date:**	11/14/2006	**Days later:**	1
Report date:	11/21/2006			**Entry date:**	11/14/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

FLU SANOFI PASTEUR

SYMPTOMS: Cough Headache Pharyngolaryngeal pain Sinus congestion Sneezing

Initial report received on 16 November 2006, from a consumer, the patient. A 30 year old female patient received on 13 November 2006, in the afternoon, Fluzone (lot number unknown) (unknown site, dose and route of administration). She had a sore throat that morning (13 November 2006), prior to vaccination. She continued to experience the sore throat after the vaccination. She also experienced after vaccination, cough, sneezing, sinus congestion and headache. At the time of the report, 16 November 2006, the signs and symptoms were still persisting and the patient had not recovered. No corrective treatment was reported. The patient did not receive any concomitant vaccines or medications. No information on prior exposure was reported.

VAERS ID:	**198445**	**Age:**	30	**Sex:**	F
Vaccination date:	11/26/2002	**Onset date:**	11/26/2002	**Days later:**	0
Report date:	2/1/2003			**Entry date:**	2/27/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEPAB SMITHKLINE BEECH 0

SYMPTOMS: ANOREXIA ASTHENIA DIZZINESS NAUSEA PAIN PAIN CHEST PHARYNGITIS

Anerexia, dizziness, chest pain. Called ER on 12/02/2002. Evaluated on 12/10/2002 with complaints of having had nausea, tiredness, fatigue, sore throat, dizziness, left side pain.

VAERS ID:	**233518**	**Age:**	30	**Sex:**	F
Vaccination date:	6/8/2004	**Onset date:**	6/9/2004	**Days later:**	1
Report date:	1/31/2005			**Entry date:**	2/8/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
TD MASS. PUB HLTH B

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PRURITUS

The patient experiences swelling, redness and itchiness in the site of injection, within 24 hours after Td vaccine was administered. Follow up on 06/18/04: Patient's doctor was contacted and stated that the patient recovered.

VAERS ID:	**295415**	**Age:**	30	**Sex:**	F
Vaccination date:	10/26/2007	**Onset date:**	10/26/2007	**Days later:**	0
Report date:	11/2/2007			**Entry date:**	11/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	GLAXOSMITHKLINE BIOLOGICALS	10

SYMPTOMS: Pruritus Urticaria

Received Flu vaccine on 10/26/07 during day. On 10/29/07 reported she developed hives on the evening of 10/26/07. 10/29/07 hives observed on both arms with itching. Tr: Medrol dose pack, Claritin, Benadryl. Resolved.

VAERS ID:	**198512**	**Age:**	30	**Sex:**	M
Vaccination date:	5/2/2000	**Onset date:**	6/21/2001	**Days later:**	415
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRALGIA ASTHENIA DEPRESSION FLU SYND LAB TEST ABNORM

Report A0359491A describes joint pain in a 30 year old male who received Lyme disease vaccine recombinant OspA. This report was received as part of the litigation proceedings, with forwarding of medical records. The subject's medical history included chronic epididymitis (1995), lipomas (1998), numbness and paresthesias of the hands (2000), and upper back pain (3/9/01) treated with chiropractic. In December 1996, the subject sustained a broken right fibula and a dislocated right ankle and required surgery.

VAERS ID:	**216964**	**Age:**	30	**Sex:**	F
Vaccination date:	7/28/2000	**Onset date:**	12/1/2000	**Days later:**	126
Report date:	2/5/2004			**Entry date:**	2/26/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	1

SYMPTOMS: ARTHRALGIA ARTHRITIS RHEUMAT EDEMA EDEMA FACE LAB TEST ABNORM VASODILAT

This report described the occurrence of joint pain and swelling in the face in a female patient who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings, and has not been verified by a physician or other health care professional. The patient received her first dose of LYMErix "in June of 2000. Subsequent vaccination dates are not known by the client." On 03 September 2003, the patient's attorney alleged that the patient "suffere

VAERS ID:	**224771**	**Age:**	30	**Sex:**	F
Vaccination date:	7/12/2003	**Onset date:**	7/12/2003	**Days later:**	0
Report date:	7/30/2004			**Entry date:**	8/4/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA FEVER LYMPHADENO MASS INJECT SITE RASH

Information has been received from a registered nurse concerning a 30 year old female pt who in the am of 12JUL2003 was vaccinated with dose of pneumococcal vaccine 23 polyvalent. In the afternoon of 12JUL2003, the pt returned to the medical office with a swollen arm. Unspecified medical attention was sought. A product quality complaint was not involved. Follow up information received from a different RN indicated that the pt was a 30 year old female teacher with no allergies no past medical conditions. The

VAERS ID:	231587	Age:	30	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	12/26/2003			Entry date:	12/28/2004
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	

SYMPTOMS: MYALGIA PAIN

Pain in arm From initial information received on 11/Dec/2003 from the patient, who is a nurse, regarding an adverse event occurring in U. S. A., it was reported that the 30-year-old female received a first dose of Fluzone SV 2003-2004 USP, lot number not reported, administered in the deltoid on 08/Dec/2003. Within several hours (also reported as onset date of 10/Dec/2003), the patient developed arm soreness, which was described as becoming "very painful and tender with pain down the arm". The patient repo

VAERS ID:	257872	Age:	30	Sex:	F
Vaccination date:	0000-00-00	Onset date:	4/26/2005	Days later:	
Report date:	5/19/2006			Entry date:	5/22/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	1

SYMPTOMS: Drug ineffective

Info has been received from an RN concerning a 30 year old female pt with no known drug allergies who in 1992 and 2002 was vaccinated with 2 doses of MMRII. at other facilities. There was no concomitant medication. On 4/26/05, titer was drawn and the client failed to seroconvert to measles only. The pt sought unspecified medical attention. There was no product quality complaint involved. Additional info has been requested.

VAERS ID:	284729	Age:	30	Sex:	M
Vaccination date:	7/10/2007	Onset date:	7/11/2007	Days later:	1
Report date:	7/13/2007			Entry date:	7/16/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

ANTH	EMERGENT BIOSOLUTIONS	3
TYP	SANOFI PASTEUR	

SYMPTOMS: Full blood count Injection site erythema Injection site induration Injection site warmth
Day after the Anthrax shot, sm noticed area of upper rt arm was red hot to touch burning sensation, skin was "hard to touch"

VAERS ID:	**228631**	**Age:**	31	**Sex:**	M
Vaccination date:	12/14/1999	**Onset date:**	7/1/2000	**Days later:**	200
Report date:	11/1/2004			**Entry date:**	11/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	SMITHKLINE BEECH	

SYMPTOMS: ARTHRALGIA LIVER FUNC ABNORM PARESTHESIA URIN FREQUENCY
joint pain , high level enzyme liver numbness. Frequent urination.

VAERS ID:	**276848**	**Age:**	31	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/13/2007			**Entry date:**	4/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Incorrect route of drug administration Rash
Information has been received from a physician concerning a 31 year old female who was vaccinated with Gardasil. Subsequently the patient developed a severe rash. The patient was vaccinated in the biceps and possibly subcutaneouusly. The patient was not given a second dose to the previous rash. As of 20-MAR-2007, the patient was recovering from the severe rash. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**220902**	**Age:**	31	**Sex:**	F
Vaccination date:	6/21/2003	**Onset date:**	7/1/2003	**Days later:**	10
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH VESIC BULL
Information has been received from a RN concerning her 41 year old Asian female who works with computers with no allergies and no medical history who on 21Jun2003 was vaccinated IM with a first dose of varicella virus vaccine live. There was no concomitant medication. ON 01Jul2003, 8-10 days after the initial vaccination, the pt developed a rash, swelling at the site and 3 blisters on her chest. On 07Jul2003 the pt was seen in the physician's office and the physician noted healing of the blisters, and some

VAERS ID:	**221147**	**Age:**	31	**Sex:**	F
Vaccination date:	9/11/2003	**Onset date:**	10/1/2003	**Days later:**	20
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: LAB TEST ABNORM NO DRUG EFFECT
Information has been received from a LPN concerning a 31 year old female adult pt who on 09/11/03 was vaccinated SC once with a 0.5mL dose of varicella virus vaccine live (Lot # not available). Today, on 10/01/03 the pt came to the office with "3 lesions of chickenpox". The LPN reported that the pt developed the chickenpox after being vaccinated on 09/11/03, and confirmed the rash started on 10/01/03. The LPN indicated the pt had received the vaccination at another location. It was noted the pt recovered f

VAERS ID:	**266334**	**Age:**	31	**Sex:**	F
Vaccination date:	8/29/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/8/2006			**Entry date:**	11/8/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash
Varicella rash post vaccine on 9/14/06 seen in office visit.

VAERS ID:	**265481**	**Age:**	31	**Sex:**	F
Vaccination date:	10/17/2006	**Onset date:**	10/17/2006	**Days later:**	0
Report date:	10/26/2006			**Entry date:**	10/27/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	

SYMPTOMS: Cough Myalgia Pharyngolaryngeal pain Pyrexia Vaccination complication

Wheezing
At approx 2-3 hours after receiving the vaccine began to have a dry cough, sore throat , Wheezing, temp went to 103. Took Benadryl, went to ED had IV, Tylenol, chest X ray and Labs.

VAERS ID:	**206619**	**Age:**	31	**Sex:**	F
Vaccination date:	7/9/2003	**Onset date:**	7/20/2003	**Days later:**	11
Report date:	7/23/2003			**Entry date:**	7/23/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: UNKNOWN MFR
Dose:

SYMPTOMS: ASTHENIA FEVER RASH RASH VESIC BULL
Patient came to my office 13 days after receiving varicella at a clinic. She developed a pruritic rash 3 days prior to seeing me. Also fatigue, low grade temps at home. Rash was vesicular in appearance - total of 5 lesions the majority on her torso. Pruritic

VAERS ID:	**237831**	**Age:**	31	**Sex:**	F
Vaccination date:	3/6/2004	**Onset date:**	3/29/2004	**Days later:**	23
Report date:	5/16/2005			**Entry date:**	5/23/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT PAIN PAIN INJECT SITE PRURITUS
Information has been received from a healthcare professional concerning a 31 year old female with no past medical history and no known allergies who on 06Mar04, also reported as 19Mar04, at 9:30AM was vaccinated in the deltoid with a first dose of varicella virus vaccine live (lot 645288/0689). On 29Mar04, ten days later, the pt experienced an area on her upper arm that was a half dollar size with a blister. The area was sore and itchy, and the pt was afebrile. The pt was treated with diphenhydramine hydroc

VAERS ID:	**209529**	**Age:**	31	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/22/2003			**Entry date:**	9/22/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: UNK
Manufacturer: UNKNOWN MFR
Dose:

SYMPTOMS: EDEMA PERIPH FEVER RASH VASODILAT

Swelling, warmth, erythema right deltoid. Fever 9/18-9/22.

VAERS ID:	**221441**	**Age:**	31	**Sex:**	F
Vaccination date:	5/23/2003	**Onset date:**	5/24/2003	**Days later:**	1
Report date:	10/10/2003			**Entry date:**	5/24/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: EDEMA INJECT SITE FEVER HYSN INJECT SITE PAIN CHEST

From initial information received on 29/May/2003 from a health care professional regarding an adverse event occurring in the U.S.A., it was reported that a 31 year old female patient received TDS ADS adult, lot number U)833AA, administered intra-muscularly in the left deltoid on 23/May/2003. The next day, the patient developed a fever, which lasted for four days (temperature ranging from 100 to 101 degrees Fahrenheit), chest tightness and a swollen, red area at the injection site. Treatment included Ibuprof

VAERS ID:	**260309**	**Age:**	31	**Sex:**	F
Vaccination date:	7/14/2006	**Onset date:**	7/14/2006	**Days later:**	0
Report date:	7/18/2006			**Entry date:**	7/26/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TD
Manufacturer: MASS. PUB HLTH BIOL LAB
Dose:

SYMPTOMS: Disorientation Fatigue Nausea Pyrexia

Pt reported adverse reaction to DT vaccine on 7/18/06. Pt stated she felt very fatigued, nausea, feverish. Disoriented as if she had a hangover. These symptoms lasted for 3 days. Started approx 1 hr after vaccine was given on 07/14/06 and lasted until late in day 7/18/06. Pt states she now feels fine.

VAERS ID:	**198758**	**Age:**	32	**Sex:**	F
Vaccination date:	3/1/2000	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2003			**Entry date:**	3/4/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: ASTHENIA EDEMA HEADACHE HYPERTONIA INFECT PARA JOINT DIS NAUSEA PHARYNGITIS

Report A0372018A describes Lyme disease in a 32 year old female who received Lyme disease vaccine recombinant OspA. This report was received from the vaccinee and has not been verified by a physician or other health care professional. Medical history and concurrent conditions were not specified. Concurrent medications included Synthroid and "Cetemil." The vaccinee reported that she received the third injection of LYMErix was administered in March 2000. In March 2000, post-immunization, the vaccinee experien

VAERS ID:	**231843**	**Age:**	32	**Sex:**	M
Vaccination date:	1/13/2004	**Onset date:**	2/16/2004	**Days later:**	34
Report date:	9/10/2004			**Entry date:**	1/3/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	0
HEP	UNKNOWN MFR	1
TYP	UNKNOWN MFR	0

SYMPTOMS: ALOPECIA

Developed alopecia in mid-Feb04 starting on both sides of head above the ears and spreading to approx 20 bald spots on top and back of scalp. Kenalog cream prescribed on 03Mar04. Received injections of 0.4cc of Kenalog in 2 spots on 31Mar04.

VAERS ID:	**236961**	**Age:**	32	**Sex:**	M
Vaccination date:	4/6/2005	**Onset date:**	4/7/2005	**Days later:**	1
Report date:	4/21/2005			**Entry date:**	5/4/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: PRURITUS RASH MAC PAP TASTE PERVERS

Pruritus (1 day post vaccination), generalized macular rash trunk, extremities. No fever, arthralgia, shortness of breath or cough. Metallic taste in mouth.

VAERS ID:	**257434**	**Age:**	32	**Sex:**	F
Vaccination date:	6/18/2001	**Onset date:**	6/18/2001	**Days later:**	0
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Drug ineffective Ear pain Injection site pain Pharyngitis Rhinitis Stomach

discomfort
Information has been received from a 36 yr old female health professional with no medical history and no allergies who on 18Jun01 was vaccinated IM in the left arm with a first dose of varicella virus vaccine live (lot632044/0947K). There was no concomitant medication. On 01Aug01 a second dose of varicella virus vaccine live was given. A titer done on 02Jan06 showed no varicella antibodies. A third dose of varicella virus vaccine live was given on 13Feb06 and resulted in arm soreness that day. The following

VAERS ID:	**291450**	**Age:**	32	**Sex:**	F
Vaccination date:	5/23/2007	**Onset date:**	5/24/2007	**Days later:**	1
Report date:	7/19/2007			**Entry date:**	9/20/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Cough Injection site erythema Injection site reaction Injection site urticaria Myalgia
Initial report received from a patient on 29 May 2007. A 32 year old female patient (with a history of no known allergies and was 6 weeks post partum) developed a large red welt around the injection site, 24 hours after she received Adacel (lot number unknown) intramuscularly in the left deltoid on 23 May 2007. She also had muscle aches and repetitive - nonproductive cough that began 5 days post immunization. She did not have any illness at the time of vaccination. At the time of the report, she states the cough subsides during the days and she has the same coughing as her infant. She has not recovered. Follow-up information received on 02 July 2007. Adacel lot number C2734AA was provided. Additional information was not provided.

VAERS ID:	**290061**	**Age:**	32	**Sex:**	M
Vaccination date:	8/21/2007	**Onset date:**	8/23/2007	**Days later:**	2
Report date:	8/28/2007			**Entry date:**	9/6/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Cyst Pain Tenderness
Cysts like bump on left forearm, tender, hurts when pressed on.

VAERS ID:	**280602**	**Age:**	32	**Sex:**	F
Vaccination date:	4/21/2006	**Onset date:**	5/8/2006	**Days later:**	17
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

VARCEL MERCK & CO. INC.

SYMPTOMS: Rash papular Rash vesicular Skin lesion

Information has been received from a physician concerning a 32 year old white female, with allergies to amoxicillin and sulfa, who "two weeks ago" on 21 Apr 2006, was vaccinated (route unknown) with a first dose of Varivax. There was no illness at the time of vaccination. The physician reported that the patient was vaccinated at another practice two weeks ago and on 08 May 2006 she developed a vesiculopapular rash with about 10-15 lesions on her trunk and arms. It was noted that the patient had no fever. The patient's status was reported as not recovered. Unspecified medical attention was sought, but no treatment was required at this time. Additional information has been requested.

VAERS ID:	**200488**	**Age:**	32	**Sex:**	F
Vaccination date:	1/31/2003	**Onset date:**	2/15/2003	**Days later:**	15
Report date:	3/27/2003			**Entry date:**	3/29/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

SMALL WYETH LABORATORI

SYMPTOMS: BRONCHITIS DYSPNEA ECG ABNORM FEVER PAIN CHEST

Seen in ER and evaluated for chest pain and difficulty breathing. Lungs clear, fever of 104F. Abnormal EKG but cardiac enzymes normal. Received breathing treatment which helped. Released with a DX of bronchitis; treated with antibiotic and inhaler. Felt ill X 7 days. Repeat X-ray, 2 1/2-3 weeks later, was normal.

VAERS ID:	**230008**	**Age:**	32	**Sex:**	F
Vaccination date:	6/15/2004	**Onset date:**	6/15/2004	**Days later:**	0
Report date:	11/29/2004			**Entry date:**	12/3/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

RUB MERCK & CO. INC.

SYMPTOMS: ARTHRALGIA ASTHENIA EDEMA INJECT SITE FEVER HEADACHE HYSN INJECT SITE NAUSEA RASH

Information has been received from a nurse practitioner concerning a 31 year old female with an allergy to codeine and no illness at the time of vaccination who on 15Jun04 was vaccinated SC in the left tricep with a dose of rubella virus vaccine live (Wistar RA 27/3) (lot 6470370796N). Concomitant therapy included rofecoxib (MSD). Immediately post vaccination on 15Jun04, the pt complained of a headache. On 16Jun04, the pt developed redness and swelling at the injection site, fatigue, and nausea. On 25Jun04,

VAERS ID:	**246579**	**Age:**	32	**Sex:**	F
Vaccination date:	10/26/2005	**Onset date:**	10/27/2005	**Days later:**	1
Report date:	11/1/2005			**Entry date:**	11/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	1

SYMPTOMS: RASH

Rash on neck, back, arms, within 18 hours. Then progressed to torso and thighs within 5 days. 12/04 shows mild rash.

VAERS ID:	**254226**	**Age:**	32	**Sex:**	F
Vaccination date:	4/13/2006	**Onset date:**	4/14/2006	**Days later:**	1
Report date:	4/18/2006			**Entry date:**	4/18/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
TD	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injury Loss of consciousness

Loss of consciousness x 2 times. Sustained laceration in chin. Brought to the ER. Treated with IV fluids and discharged.

VAERS ID:	**223612**	**Age:**	32	**Sex:**	F
Vaccination date:	11/20/2003	**Onset date:**	12/20/2003	**Days later:**	30
Report date:	6/24/2004			**Entry date:**	7/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: ALOPECIA

Hair began falling out in small amounts at first but after 3rd vaccination, a large amount comes out daily

VAERS ID:	**271706**	**Age:**	32	**Sex:**	F
Vaccination date:	10/13/2006	**Onset date:**	10/13/2006	**Days later:**	0
Report date:	10/23/2006			**Entry date:**	2/5/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Musculoskeletal pain
Pain in left shoulder since 10/13/06 (date of vaccine administration). Seems to be getting increasingly worse.

VAERS ID:	**216167**	**Age:**	33	**Sex:**	F
Vaccination date:	12/12/2003	**Onset date:**	12/13/2003	**Days later:**	1
Report date:	12/19/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: MYALGIA PHARYNGITIS RHINITIS
Information regarding Flumist nasal solution was received from a consumer regarding a 33 year old female patient who experienced cold like symptoms, runny nose, sore throat and feeling achy. At 33 years of age, the patient received a dose on 12/12/03. The patient had no relevant medical history. Indication for Flumist was immunization. Product was administered on 12/12/03. Dose regimen was 0.5mL (IN). Patient was not taking concomitant therapy. On 12/13/03, 1 day post immunization, the patient experienced c

VAERS ID:	**220301**	**Age:**	33	**Sex:**	F
Vaccination date:	5/17/2000	**Onset date:**	5/18/2000	**Days later:**	1
Report date:	5/8/2004			**Entry date:**	5/14/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	1

SYMPTOMS: ARTHRALGIA HEADACHE JOINT DIS MYALGIA
Immediately following all vaccines, muscle aches, joint tightness and pain, headaches stiffness and soreness. These symptoms are constant and do not go away. I am being treated by a neurologist and awaiting to see a Rheumatoid Arthritis doctor.

VAERS ID:	**258748**	**Age:**	33	**Sex:**	F
Vaccination date:	4/10/2006	**Onset date:**	4/10/2006	**Days later:**	0
Report date:	4/28/2006			**Entry date:**	6/22/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR, INC.	

SYMPTOMS: Face oedema Hypoaesthesia Injection site oedema Vomiting

Initial report received from a health care professional on 04/11/2006. A 33 year old female patient with a significant history of allergies developed swelling of her left upper arm, swelling of her face, left cheek and jaw, numbness and vomiting nine hours after receiving the intramuscular injection of Adacel, lot number C2454AA (expiry date 06/28/2008) in the left deltoid on 04/10/2006. The patient received in concomitant the intramuscular injection of Hepatitis B vaccination (lot number D040F). Site of ad

VAERS ID:	**304142**	**Age:**	33	**Sex:**	M
Vaccination date:	1/24/2008	**Onset date:**	1/24/2008	**Days later:**	0
Report date:	2/2/2008			**Entry date:**	2/2/2008
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	UNKNOWN MANUFACTURER	0
HEP	UNKNOWN MANUFACTURER	
MMRV	UNKNOWN MANUFACTURER	
UNK	UNKNOWN MANUFACTURER	

SYMPTOMS: Cough Dizziness Fatigue Fatigue Sinus headache Sinusitis

The same day I received the shot I began to feel tired, light headed and fatigued. The next day I also began to feel sinus pressure and began coughing. When I returned home on 1/27/08 I took otc medication to relieve my symptoms but got no relief. On 1/29/08 I went to see my doctor and she prescribed antibiotics believing that I had a sinus infection however, I have now finished that treatment and still have the same symptoms.

VAERS ID:	**248122**	**Age:**	33	**Sex:**	F
Vaccination date:	11/11/2005	**Onset date:**	11/12/2005	**Days later:**	1
Report date:	11/18/2005			**Entry date:**	11/23/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: ALLERG REACT EDEMA FACE PRURITUS RASH MAC PAP

11/11/05 shot administered, 11/12/05 pm felt itchy took Benadryl for 24 hours, 11/13/05 lips, face, swollen, blotchy, ED steroids Benadryl, 11/14/05 worse blotches, 11/16/05 PMD Zantac, Zyrtec given, 11/17/05 felt worse saw allergist possible Naprosyn reaction.

VAERS ID:	**210418**	**Age:**	33	**Sex:**	M
Vaccination date:	1/8/2003	**Onset date:**	2/14/2003	**Days later:**	37
Report date:	10/14/2003			**Entry date:**	10/14/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: ECZEMA RASH
Received Anthrax #1 on 08 Jan 03 and one month later developed a rash on bilateral elbows, knees, between fingers, and in the genital area. This was initially diagnosed as contact dermatitis. When it started recurring in the same areas, he was diagnosed with eczema/atopic dermatitis. Rx: Kenalog creme Continues to have monthly recurrences. Denies any similar occurrences prior to receipt of Anthrax.

VAERS ID:	**220547**	**Age:**	33	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	4/5/2003	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: NO DRUG EFFECT
Information has been received from an X-ray technician concerning a 33-year old adult female who was vaccinated with the first and second doses of varicella virus vaccine live. On 05-Apr-2003 a titer was drawn and the patient failed to seroconvert. Unspecified medical attention was sought. No other information was available. Additional information has been requested.

VAERS ID:	**244612**	**Age:**	33	**Sex:**	M
Vaccination date:	9/15/2005	**Onset date:**	9/24/2005	**Days later:**	9
Report date:	9/27/2005			**Entry date:**	9/27/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: RASH PUST
Diffuse Pustulosis.

VAERS ID:	**250706**	**Age:**	33	**Sex:**	M
Vaccination date:	8/9/2005	**Onset date:**	9/16/2005	**Days later:**	38
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

SYMPTOMS: Drug ineffective

This case was reported by a nurse and described a 33 year old male subject who did not respond to immunization to the hepatitis B vaccine recombinant immunization series. There were no concurrent medications. On 02/08/2005 the subject received the 1st dose of Engerix-B. On 03/17/2005 the subject received the 2nd dose of Engerix-B. On 08/09/2005, the subject received the 3rd dose of Engerix-B. On 09/16/2005, a hepatitis B surface antibody titer was less than 2 mIU/ml.

VAERS ID:	**195768**	**Age:**	33	**Sex:**	M
Vaccination date:	12/11/2002	**Onset date:**	12/25/2002	**Days later:**	14
Report date:	1/3/2003			**Entry date:**	1/3/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: CHILLS FEVER PRURITUS RASH ULCER SKIN

12-25-02 CHILLS AND TEMPERATURE 102. 12-26-02 GENERALIZED ITCHING, RED RAISED RASH- FIRST ON BACK, THEN CHEST, FACE AND NECK. FEW ON LOWER EXTREMITIES. FEW VESICLES NOTED ON BACK. LESIONS IMPROVING, DRIED AND FEELING BETTER 12-30-02. TEMP ONLY FOR 2 DAYS.

VAERS ID:	**225978**	**Age:**	33	**Sex:**	M
Vaccination date:	2/3/2003	**Onset date:**	2/5/2003	**Days later:**	2
Report date:	8/23/2004			**Entry date:**	8/30/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: ASTHENIA DYSPNEA EDEMA INJECT SITE FEVER HEADACHE HYPOVENTIL MALAISE MASS INJECT SITE MYALGIA PAIN CHEST PAIN INJECT SITE POS RECHAL RHINITIS

Reproducible shortness of breath with AVA #1 and #2. 02/03/03: The day of injection he developed a painful knot in the vaccinated arm the size of a quarter. Within 2 days his entire upper arm and left axilla was exquisitely painful and prevented exercising for 2 weeks. Within 2 days he developed chest pain that increased in severity with taking a deep breath. He felt he could only do "shallow breathing" otherwise the pain would worsen. The pain did not worsen with lying down but he cannot remember the exac

VAERS ID:	**197748**	**Age:**	34	**Sex:**	F
Vaccination date:	2/2/2003	**Onset date:**	2/3/2003	**Days later:**	1
Report date:	2/13/2003			**Entry date:**	2/13/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MEN SMALL	AVENTIS PASTEUR, WYETH LABORATORI	2

YF	AVENTIS PASTEUR,	1

SYMPTOMS: AMNESIA HEADACHE MYALGIA NAUSEA PAIN PRURITUS SKIN DIS THINKING ABNORM ULCER SKIN

I was vaccinated for Smallpox on Feb 2, 2003. On Feb 3rd, I developed a lesion about the size of a quarter under my left arm (injection arm). The lesion was approximate size of a nickle and was oval in shape with a dry feel to it. Resembles ringworm. In the following days, more lesions appeared away from vaccination site, predominately under arm, on chest, abdomin, under arms and neck. Other symptoms include ongoing headaches, muscle aches and pains, itching, painful lymphnodes bilateral, diminshed men

VAERS ID:	**273867**	**Age:**	34	**Sex:**	F
Vaccination date:	2/10/2007	**Onset date:**	2/20/2007	**Days later:**	10
Report date:	2/27/2007			**Entry date:**	3/13/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Pruritus Rash erythematous

Where the vaccine was administered, the site became a raised red itchy bump. (2-20-07) on February 24th 2007 in the morning, awoke to find red itchy bumps on stomach, right arm, lower back, face and legs.

VAERS ID:	**271053**	**Age:**	34	**Sex:**	M
Vaccination date:	1/10/2007	**Onset date:**	1/11/2007	**Days later:**	1
Report date:	1/12/2007			**Entry date:**	1/24/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	5
TYP	AVENTIS PASTEUR	4

SYMPTOMS: Injection site erythema Injection site swelling

Redness from deltoid to mid forearm, 100% circumferented included initially, 2 days later redness spontaneously starting to regress. Positive swelling also regressing on 12 Jan 07.

VAERS ID:	**219944**	**Age:**	34	**Sex:**	F
Vaccination date:	11/2/2002	**Onset date:**	11/2/2002	**Days later:**	0
Report date:	2/8/2004			**Entry date:**	5/5/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

FLU	WYETH LABORATORI	1
HEPA	MERCK & CO. INC.	1
TD	AVENTIS PASTEUR,	

SYMPTOMS: ALLERG REACT ASTHENIA DIZZINESS EDEMA EDEMA FACE EDEMA PERIPH EDEMA TONGUE HYPOXIA LARYNGISMUS PARESTHESIA PRURITUS RASH URTICARIA

See attached clinical summary. Reports being in good health with no prior adverse reactions to any previous immunization until November 2, 2002. She received 3 immunizations and a PPD (Hepatitis A #2, Influenza and Td) the morning of November 2nd, without apparent incident. States that approximately 30 minutes later recalls, a tingling feeling, a slight itchy in the throat and feeling tired, so went to lie down. Later that afternoon, @2:30PM noted itchiness on arms and neck followed by a generalized rash wi

VAERS ID:	**265584**	**Age:**	34	**Sex:**	M
Vaccination date:	10/18/2006	**Onset date:**	10/18/2006	**Days later:**	0
Report date:	10/24/2006			**Entry date:**	10/30/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	CHIRON CORPORATION	
PPV	MERCK & CO. INC.	0

SYMPTOMS: Injection site erythema Injection site oedema Injection site pain Urticaria

Immediate severe pain associated with pneumococcal vaccine redness, swelling, hive on the medial aspect of the injection site.

VAERS ID:	**271311**	**Age:**	34	**Sex:**	F
Vaccination date:	11/1/2006	**Onset date:**	11/1/2006	**Days later:**	0
Report date:	11/13/2006			**Entry date:**	1/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	CHIRON CORPORATION	0

SYMPTOMS: Dysphagia Hypoaesthesia oral Rash

Half an hour after administration, felt numbness in the mouth and difficulty swallowing and rash. Treatment-Benadryl, steroids (oral)

VAERS ID:	**210635**	**Age:**	34	**Sex:**	F
Vaccination date:	10/4/2003	**Onset date:**	10/4/2003	**Days later:**	0
Report date:	10/9/2003			**Entry date:**	10/20/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	6
TYP	CONNAUGHT LABORA	0

SYMPTOMS: EDEMA INJECT SITE

Swelling right arm for 5 days.

VAERS ID:	**225285**	**Age:**	34	**Sex:**	F
Vaccination date:	8/5/2004	**Onset date:**	8/6/2004	**Days later:**	1
Report date:	8/10/2004			**Entry date:**	8/10/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: CONJUNCTIVITIS INFECT BACT

Administered vaccination on Thursday August 5th at approximately 11 am. Woke up Friday morning with a yeast infection and a stye in my left eye. The Employee Health Dept administered it because they recommended the Hepititis B Vaccination - I don't which one specifically there is a whole list below.

VAERS ID:	**238213**	**Age:**	34	**Sex:**	F
Vaccination date:	5/16/2002	**Onset date:**	5/7/2004	**Days later:**	722
Report date:	5/16/2005			**Entry date:**	5/26/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: NO DRUG EFFECT

Information has been received from a registered nurse concerning a 35 year old female patient with an allergy to sulfa and no pertinent medical history who on 4/5/02 and 5/16/02 was vaccinated with a first and second dose of varicella virus vaccine live (641159/1301L). There was no concomitant medication. On 5/7/04, the patient had a titer drawn for antibodies. The laboratory test, Varicella Zoster V AB, IgG, Varicella zoster IgG results reported that she tested negative. The nurse reported that the patient

VAERS ID:	**248587**	**Age:**	34	**Sex:**	F
Vaccination date:	10/12/2005	**Onset date:**	10/26/2005	**Days later:**	14
Report date:	11/4/2005			**Entry date:**	12/2/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	0

SYMPTOMS: ACNE VASODILAT

MEDI-0003810 is a non serious spontaneous case from a consumer involving red pimple like dots around nose. The reporter causality is not provided to FluMist. A 34 year old female reported that she experienced red pimple like non-pruritic dots around the nose 2 weeks after receiving FluMist on 12Oct05. There was no medical intervention. The patient has not yet recovered. The patient's husband also experienced the same red pimple like dots a week after they both received the FluMist at their children's pediat

VAERS ID:	257861	Age:	34	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/19/2006			Entry date:	5/22/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective

Information has been received from a physician concerning a 34 year old female who as a child was vaccinated with MMR vaccine live. Subsequently, the patient wanting to get pregnant had titers done. The measles titer was reportedly low. The patient's OB/GYN requested that she receive MMR again. Unspecified medical attention was sought. No product quality complaint involved. Additional information has been requested.

VAERS ID:	256860	Age:	34	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/12/2006			Entry date:	5/17/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Laboratory test abnormal

Antibody test negative; inappropriate schedule of drug administration. Information has been received from a health professional concerning a 34 year old female who was vaccinated with a first and second dose of varicella virus vaccine live (Oka/Merck) in April 2002 and in June 2003 respectively. Subsequently the patient did not seroconvert according to an antibody titer. Medical attention was not sought. There was no product quality complaint involved.

VAERS ID:	284219	Age:	34	Sex:	M
Vaccination date:	7/8/2007	Onset date:	7/9/2007	Days later:	1
Report date:	7/9/2007			Entry date:	7/10/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

ANTH	EMERGENT BIOSOLUTIONS	5
TYP	SANOFI PASTEUR	

SYMPTOMS: Blister Chest X-ray Erythema
Sm had PPD placed on 7/8/07 lt forearm. He now presents with a 20 mm blister in the center of a 45 mm erythema area.

VAERS ID:	**294150**	**Age:**	34	**Sex:**	F
Vaccination date:	10/22/2007	**Onset date:**	10/22/2007	**Days later:**	0
Report date:	10/23/2007			**Entry date:**	10/23/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	CSL LIMITED	

SYMPTOMS: Asthenia Dizziness Dyspnoea Heart rate increased Musculoskeletal stiffness Pyrexia
immediately after the vaccination: dizziness, fast herat beat, short of breath, weakness, stiff neck - couple hrs later: weakness, slightly feverish

VAERS ID:	**251500**	**Age:**	35	**Sex:**	M
Vaccination date:	2/1/1999	**Onset date:**	12/1/2003	**Days later:**	1764
Report date:	2/14/2006			**Entry date:**	2/14/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORATION	0

SYMPTOMS: Influenza like illness Nasal congestion
12/2003 Flu like symptoms. Chest congestion. Self medicated with over the counter cold medicine. 1/2003 Symptoms became worse. Primary Doctor began treatment for Bronchitis. 3/2003 suspected Asthma. Treated with numerous inhalers. 8/2003 referred to Pulmonologist. Have been under his care to date. All test are negative. Symptoms persist

VAERS ID:	**250681**	**Age:**	35	**Sex:**	F
Vaccination date:	6/20/2005	**Onset date:**	6/21/2005	**Days later:**	1
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HEP GLAXOSMITHKLINE

SYMPTOMS: Rash

This case was reported by a physician and described the occurrence of rash in a 34 year old female subject who was vaccinated with hepatitis B vaccine recombinant for prophylaxis. Concurrent medical conditions included allergy to erythromycin and eczema. Concurrent medications included Multivitamins for dietary supplementation and Pseudoephedrine hydrochloride for an unspecified medical condition. On 06/20/2005 the subject received the 1st dose of Engerix-B in the left arm. On 06/21/2005, 1 day after vac

VAERS ID:	**270745**	**Age:**	35	**Sex:**	F
Vaccination date:	1/11/2006	**Onset date:**	1/12/2006	**Days later:**	1
Report date:	1/11/2007			**Entry date:**	1/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Headache Incorrect dose administered Myalgia

Headache, Myalgia, Incorrect dose administered This case was reported by a nurse and described the occurrence of headache in a 35-year-old female subject who was vaccinated with hepatitis B vaccine recombinant (Engerix-B, GlaxoSmithKline) for prophylaxis. The subject had no pre-existing medical conditions. There were no concurrent medications. On 11 January 2006 the subject received 1st dose of Engerix-B in the left arm (lot AHBVB125AA). The subject received the .5 mL, pediatric dose of Engerix-B. The .5 mL, pediatric dose is recommended for immunizing individuals 19 years of age and younger. On 12 January 2006, "24 hours" after vaccination with Engerix-B, the subject experienced headache and muscle pain. The muscle aches resolved on an unspecified date on or before 10 February 2006. At the time of initial reporting, 10 February 2006, the headache was ongoing. The nurse considered the headache and muscle aches to probably be related to vaccination with Engerix-B.

VAERS ID:	**216180**	**Age:**	35	**Sex:**	M
Vaccination date:	1/27/2004	**Onset date:**	1/27/2004	**Days later:**	0
Report date:	2/5/2004			**Entry date:**	2/5/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0
TYP	UNKNOWN MFR	1

SYMPTOMS: ANAPHYL ASTHMA DIZZINESS DYSPNEA HEADACHE NAUSEA PAIN ABDO PAIN CHEST RASH SYNCOPE URTICARIA VASODILAT VOMIT

After receiving vaccinations, Anthrax #1 and Typhoid #2 at approximately 1400, patient took the bus with friends to go shopping. At about 1415, pt noted a headache and some nausea. At 1430 he began vomiting up his lunch and decided to take the bus back to the barracks. At about 1500 he felt dizzy so he laid down. He then noted a rash on his chest, abdomen and upper arms. He stated at that point the room started spinning, his chest got very tight and he got very warm. Does not remember anything after that po

VAERS ID:	**220421**	**Age:**	35	**Sex:**	M
Vaccination date:	6/30/2003	**Onset date:**	6/30/2003	**Days later:**	0
Report date:	5/11/2004			**Entry date:**	5/18/2004

Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: DIARRHEA DIZZINESS NAUSEA PAIN ABDO VASODILAT VOMIT

Approximately 8-12 hour following receipt of vaccine, felt nauseated, dizzy, feverish and experienced vomiting, diarrhea and abdominal cramping. After anthrax vaccine #3 on 8/7/03; experienced same symptoms within 8-12 hours, admitted on 8/8/03 for 1.5 days (no records available.) See attached clinical study.

VAERS ID:	**224956**	**Age:**	35	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/30/2004			**Entry date:**	8/5/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT PAIN INJECT SITE

Information has been received from a physician concerning a 35 year old female who was vaccinated with a first dose of pneumococcal 23v polysaccharide vaccine. The reporter indicated that the pt recently developed a site reaction after vaccination. The reaction was marked by redness, swelling and pain at the injection site. The pt did not have an extended recovery period. Unspecified medical attention was sought. A product quality complaint was not involved. Additional information has been requested. The ph

VAERS ID:	**229889**	**Age:**	35	**Sex:**	F
Vaccination date:	11/16/2004	**Onset date:**	11/16/2004	**Days later:**	0
Report date:	12/1/2004			**Entry date:**	12/1/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: PRURITUS SPEECH DIS VOICE ALTERAT

Aproximately 40 minutes after receiving the vaccine, patient felt "itchy all over." Her throat was hoarse and she eventually had difficulty speaking. Diphenhydramine 25mg IM and had no effect. Patient was taken to the ER where she received Solu-medrol. Patient recovered.

VAERS ID:	**248636**	**Age:**	35	**Sex:**	M
Vaccination date:	11/7/2002	**Onset date:**	11/8/2005	**Days later:**	1097
Report date:	11/21/2005			**Entry date:**	12/2/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	1
PPV	MERCK & CO. INC.	0

SYMPTOMS: CHILLS HEADACHE HYPOKINESIA MYALGIA PAIN SWEAT VASODILAT

Full body ached could hardly move, had a pounding headache for several days, skin hurt to the touch. Right arm was red and sore for several days, had chills and cold sweats. Body was flush.

VAERS ID:	**216154**	**Age:**	35	**Sex:**	F
Vaccination date:	12/6/2003	**Onset date:**	12/9/2003	**Days later:**	3
Report date:	12/16/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: FEVER MALAISE

Information regarding Flumist (2003-2004 formula)(influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) was received from a consumer regarding a 35 year old female pt who experienced low grade fever and cold like symptoms. At 35 years of age, the pt received a dose on 12/06/03. Relevant medical history was not provided. Indication for Flumist (2003-2004 formula) was immunization. Product was administered on 12/06/03. Dose regimen was 1 dose (IN). Concomitant therapy incl

VAERS ID:	**217479**	**Age:**	35	**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/5/2004			**Entry date:**	3/9/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	

SYMPTOMS: THROMBOCYTOPENIA

Information has been received from a physician concerning a 35 year old pt who was vaccinated with a dose of hep B virus vaccine. The reporter indicated that the pt may have developed a thrombocytopenia and noted that "the pt's platelet count of one year ago was approximately 160K while this year was a few thousand below our lab's normal of 150K." It was noted that the pt is otherwise unremarkable. Unspecified medical attention. Additional info has been requested.

VAERS ID:	**201898**	**Age:**	35	**Sex:**	M
Vaccination date:	3/24/2003	**Onset date:**	3/24/2003	**Days later:**	0
Report date:	4/11/2003			**Entry date:**	4/21/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
HEPA	SMITHKLINE BEECH	0
MEN	AVENTIS PASTEUR,	
TD	AVENTIS PASTEUR,	

SYMPTOMS: CHILLS COUGH INC EDEMA FEVER MYALGIA PRURITUS RASH VESIC BULL ULCER SKIN VASODILAT

6 hours after immunizations had increased swelling R shoulder to elbow, 12 hours later skin turned bright red, developed pupules and vesicles and itching. Also had myalgias, fever, cough, chills. Developed the lesion in area where shots had been given. Will have patch testing to preservatives in vaccines themselves.

VAERS ID:	**219607**	**Age:**	36	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/20/2004			**Entry date:**	4/28/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRALGIA ASTHENIA HEADACHE MYALGIA PARESTHESIA

Ache joints; Ache muscles; Headaches; Always tired; Tingling fingers and hands.

VAERS ID:	**275192**	**Age:**	36	**Sex:**	F
Vaccination date:	9/14/2005	**Onset date:**	9/14/2005	**Days later:**	0
Report date:	3/27/2007			**Entry date:**	3/29/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	0
HEPA	MERCK & CO. INC.	0
TD	AVENTIS PASTEUR	1
TYP	AVENTIS PASTEUR	1

SYMPTOMS: Back pain Blood thyroid stimulating hormone increased CSF test normal Diplopia Dysgeusia Eyelid ptosis Facial palsy Facial palsy Facial palsy Hearing impaired Hyperlipidaemia Hypoaesthesia Hyporeflexia Muscular weakness Musculoskeletal pain Nuclear magnetic resonance imaging normal Oedema peripheral Pain in extremity Paraesthesia Paraesthesia

36 yo recently activated with a history of hyperlipidemia presented 6 days after receiving multiple vaccines in both arms. Patient is left arm dominant and reports 1 day after vaccine receipt, she had right shoulder and arm tenderness which extended up the back of her arm and part of her back for which extended up the back of her arm and part of her back for which she took naproxyn. She reports that on Saturday, 2 days after her vaccinations, she noticed an abnormal sensation on her right cheek and that her right arm "felt heavy". She soon realized that she had a facial droop, right sided ptosis, muffled hearing on the right and altered taste. She sought medical attention at this time where she was diagnosed with Bell's palsy and was prescribed Valtrex, prednisone and hydroxyzine. Patient states that 4 days after vaccination, she returned for medical care because of increased right arm pain, swelling, and weakness. She was then sent for further evaluation. Patient denied any specific lower extremity involvement, although when pressure on this issue, she reports that her right leg may have felt heavy as well. Pt reports that her right arm feels weaker than her left and she continues to have altered sensation in her right face and right upper extremity that she described as stable. Her right hand has paresthesias primarily in 4th hand and 5th digits. Pt states that she normally uses solar and propane power only, lives with 3 dogs, 2 cats and raises 50 chickens for eating and eggs, and primarily eats only organic foods. Pt denies any similar episodes in the past, history of cold sores, photophobia, HA, meningeal signs, recent autoimmune disease, sick contacts; pt reports several had URIs. 03/30/07-record received with received with report. DC DX:partial nerve palsy of face, high TSH. Symptoms right ptosis, decreased facial grimace. Hemibody numbness, right arm pain, right shoulder pain, stiffness, right facial droop/Bell's Palsy. Weakness and numbness of right arm, decreased reflexes. Occassional double vision. Ri

VAERS ID:	**199329**	**Age:**	36	**Sex:**	M
Vaccination date:	2/22/2003	**Onset date:**	2/22/2003	**Days later:**	0
Report date:	2/26/2003			**Entry date:**	3/12/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	5

SYMPTOMS: EDEMA EDEMA INJECT SITE FLU SYND HYSN INJECT SITE RASH VASODILAT

Received anthrax ahot #6 on 2/22/03. Within hours entire upper arm red, over next two day redness extended from shoulder to wrist with swelling of entire arm and hand. Rash near elbow, flu-like symptoms (w/o fever) for two days. (+) generalized L arm nontender, swelling from uper arm to finger with erythematous patch ? of whole ext.

VAERS ID:	**204375**	**Age:**	36	**Sex:**	F
Vaccination date:	9/6/2002	**Onset date:**	9/7/2002	**Days later:**	1
Report date:	5/30/2003			**Entry date:**	6/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	2

SYMPTOMS: ASTHENIA DYSPNEA FEVER INSOMNIA MALAISE MYALGIA PAIN PAIN BACK PHARYNGITIS PLEURAL DIS

Information has been received from a health professional concerning a 36 year old female pt who is currently a smoker, has no drug allergies, and received 2 previous doses of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation) as a child, who on 09/06/2002 was vaccinated by subcutaneous injection with a third dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation) (MSD) (Lot #642180/0186M). Ther

VAERS ID:	**238442**	**Age:**	36	**Sex:**	F
Vaccination date:	6/25/2004	**Onset date:**	7/5/2004	**Days later:**	10
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: LYMPHADENO

Information has been received from a consumer, a 35 year old female with no known allergies and a history of sinus disorder and recurrent sinusitis, who on 6/25/04 was vaccinated SC in the left upper arm with a second dose of varicella virus vaccine live (lot # 645288/0689N). There was no concomitant medication. After two weeks (approximately 7/9/04), the patient developed swollen glands on both sides of her neck. All testing, a CT scan and blood work was normal. The patient's swollen glands on both sides o

VAERS ID:	**201695**	**Age:**	36	**Sex:**	M
Vaccination date:	4/2/2003	**Onset date:**	4/9/2003	**Days later:**	7
Report date:	4/15/2003			**Entry date:**	4/17/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	10

SYMPTOMS: CHILLS DIARRHEA FEVER HEADACHE LIVER FUNC ABNORM LYMPHANGITIS MENINGITIS MYALGIA NAUSEA NECK RIGID RASH VOMIT

On 4/9, developed myalgia, headahce, stiff neck. On 4/10, he had diffuse myalgia and chills. 4/11-T 102.5, nausea, vomiting and diarrhea. 4/12-rapidly spreading erythema over the arm, fever, chills and ? like lesion at ? treated with IV Ancef. Dx vaccine ?, aseptic meningitis, lymphangitis ?

VAERS ID:	**216000**	**Age:**	36	**Sex:**	M
Vaccination date:	1/18/2004	**Onset date:**	2/3/2004	**Days later:**	16
Report date:	2/4/2004			**Entry date:**	2/5/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	0

SYMPTOMS: PRURITUS RASH RASH VESIC BULL ULCER SKIN

2/3/04 12:15 developed puritic, erythemous rash rapid development to bullous lesions on hands. Benadryl 50gm IM at 1515. In ED 1800 rash flat red on forearms, abdomen and inner thigh. Some bloody in appearance with min. drainage on hands. 2/4/00 0800-4 bullous-bloody lesion on hands-none elsewhere. The hospital discharge summary received on 2/17/04 states pt was in hospital less than 24 hrs and was treated with Benadryl for rash. Final diagnosis is left blank, but MD states lesions were probably a result of

VAERS ID:	**216033**	**Age:**	36	**Sex:**	M
Vaccination date:	4/4/2003	**Onset date:**	6/1/2003	**Days later:**	58
Report date:	2/4/2004			**Entry date:**	2/6/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	1

SYMPTOMS: AMBLYOPIA AMNESIA CATARACT HEADACHE PAIN PAIN EYE PHOTOPHOBIA SYNCOPE URIN FREQUENCY

Headaches, left arm pain, blurred vision from early cataracts, memory loss, increased urinary frequency. Experienced his first headache in June 2003, after experiencing his 3rd episode of heat injury. Initially, headaches were experienced only in the morning; then later, the headaches occurred more in the evening, and now the headaches are at random and are occurring almost daily. Duration of headaches vary, but usually last several hours. The headache pain is described as a sharp, throbbing pain. The

VAERS ID:	**222208**	**Age:**	36	**Sex:**	M
Vaccination date:	10/27/2003	**Onset date:**	11/1/2003	**Days later:**	5
Report date:	5/14/2004			**Entry date:**	6/2/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0
FLU	UNKNOWN MFR	6
SMALL	WYETH LABORATORI	0

SYMPTOMS: PAIN

Bilateral elbow pain at "points" of elbows starting 3-4 days after first Anthrax injection and seems to have continued and worsened with two subsequent injections. Hot sharp sensation especially weight training.

VAERS ID:	**222395**	**Age:**	36	**Sex:**	M
Vaccination date:	10/27/2003	**Onset date:**	11/3/2003	**Days later:**	7
Report date:	6/4/2004			**Entry date:**	6/4/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

ANTH	BIOPORT CORPORAT	0

SYMPTOMS: HYPOKINESIA PAIN

Anthrax Vaccine #1 10/27/03 States that initially he had no problems for the first week after receiving the vaccine. States that after the first week he started having a severe burning sensation on the left elbow. In a couple of days after the burning sensation appeared on the left elbow, he started having a burning sensation on his right elbow. States that this sensation was aggravated with movement. He was placed on Motrin, which helped a little. Rated the pain as a 7-8 on a pain scale of 0-10 initi

VAERS ID:	**247660**	**Age:**	36	**Sex:**	F
Vaccination date:	11/7/2005	**Onset date:**	11/8/2005	**Days later:**	1
Report date:	11/15/2005			**Entry date:**	11/16/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	UNKNOWN MFR	1

SYMPTOMS: ALLERG REACT AMBLYOPIA ASTHENIA DEAF DIZZINESS DYSPNEA HALLUCIN PARESTHESIA SPEECH DIS STUPOR SWEAT

First Hep A vaccine on 10/05/2005. On 11/07/05 after vaccine felt light headed on 11/08 woke up with hallucinations, could see air, numbness of foot and leg, blurred vision like out of focus, tired, fatigued, slurred speech. By 5 pm friend arrived with Nyquil and noticed glassy eyes, was still having hallucination was seeing smoke like people figures. Taken to the ER, there had problems breathing, still had hallucinations. Given steroids and IV released by night and doctor mentioned that it was a severe all

VAERS ID:	**282326**	**Age:**	36	**Sex:**	M
Vaccination date:	6/15/2007	**Onset date:**	6/17/2007	**Days later:**	2
Report date:	6/18/2007			**Entry date:**	6/19/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	4
TYP	SANOFI PASTEUR	

SYMPTOMS: Injection site induration Injection site warmth Paraesthesia

Large (60 mm local reaction, induration, warm with distal, paraethesia of ulnar nerve. Symptoms developed approx 48 hours after vaccination. Vaccination site over tricep (L) UE.

VAERS ID:	**277849**	**Age:**	36	**Sex:**	F
Vaccination date:	4/21/2007	**Onset date:**	4/21/2007	**Days later:**	0
Report date:	4/22/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HEP	MERCK & CO. INC.	2

SYMPTOMS: Contusion Oedema Paraesthesia Sensation of heaviness Skin burning sensation
Describes "tingling" sensation, a burning pain, arm "feel's heavy", edema, bruising

VAERS ID:	**277826**	**Age:**	36	**Sex:**	F
Vaccination date:	3/30/2007	**Onset date:**	3/30/2007	**Days later:**	0
Report date:	4/30/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1
SMALL	WYETH PHARMACEUTICALS, INC	0

SYMPTOMS: Blood thyroid stimulating hormone Electromyogram normal Full blood count Laboratory test normal Metabolic function test normal Muscular weakness Musculoskeletal pain Paraesthesia Red blood cell sedimentation rate normal
36 year old (R) HD OT who presented, day #5 S/p smallpox and anthrax vaccination with (L) shoulder girdle pain and left upper extremity weakness with paresthesias. Treated Medial Dose pack then NSAIDS with opioid analgesics and physical therapy.

VAERS ID:	**207523**	**Age:**	36	**Sex:**	M
Vaccination date:	2/22/2003	**Onset date:**	2/22/2003	**Days later:**	0
Report date:	2/22/2003			**Entry date:**	8/5/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	5

SYMPTOMS: EDEMA FLU SYND RASH VASODILAT
RECEIVED ANTHRAX SHOT #6 ON 22 FEB 03 WITHIN HOURS ENTIRE UPPER ARM WAS RED, OVERE NEXT TWO DAYS RENESS EXTENDED FROM SHUOLDER TO WRIST WTH SWELLING OF ENTIRE ARM AND HAND RASH NEAR ELBOW. FLUE IKE SYMTOMS FOR 2 DAYS NO FEVER

VAERS ID:	**200042**	**Age:**	37	**Sex:**	F
Vaccination date:	2/3/2003	**Onset date:**	3/5/2003	**Days later:**	30
Report date:	3/21/2003			**Entry date:**	3/21/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	Manufacturer:	Dose:
HEP	UNKNOWN MFR	3
HEPA	UNKNOWN MFR	0
SMALL	WYETH LABORATORI	0

SYMPTOMS: FEVER HEADACHE NECK RIGID VOMIT

Pt rec'd Hep A #1 and Hep B#4 on 2/3/03 and rec'd SPV on 2/4/03. On 3/5/03 was reported to the ER with 3 day history of fever of 103, vomiting, neck stiffness, and headache. She was admitted into the ICU in Hospital where she remained for 3 days. Received on 03/17/2003: "Patient continues to have extreme fatigue, requiring daily naps. The fatigue has affected her work and quality of life. She is unable to participate in family functions with her children.

VAERS ID:	208845	Age:	37	Sex:	M
Vaccination date:	7/21/2003	Onset date:	7/21/2003	Days later:	0
Report date:	3/29/2004			Entry date:	3/29/2004
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: NEUROPATHY PAIN

Dx. With ulnar nerve damage following anthrax vaccination. Has been taking Neurontin, but has not really worked.The pain is 50% less than it was previously, but is still constant. Pain orginiates in left elbow -radiates to Left shoulder and wrist. Pain described as 5-7/10 depending on exertion of arm.

VAERS ID:	282382	Age:	37	Sex:	M
Vaccination date:	5/11/2007	Onset date:	5/13/2007	Days later:	2
Report date:	6/15/2007			Entry date:	6/20/2007
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEPAB	GLAXOSMITHKLINE BIOLOGICALS	
IPV	SANOFI PASTEUR	
TD	SANOFI PASTEUR	

SYMPTOMS: Blood test Deafness Deafness unilateral Nausea Nuclear magnetic resonance imaging Pyrexia Sudden hearing loss Vertigo

SERIOUSNESS CRITERIA: OTHER - MEDICALLY SIGNIFICANT. Initial report received on 05 June 2007 from a nurse. A 37-year-old male patient with unknown medical history, had received from travel purposes, a right deltoid, intramuscular injection of Decavac, lot number U1927DA; a left deltoid, intramuscular injection of IPOL, lot number Z0872-2; and a left deltoid, intramuscular injection of Twinrix, lot number AHABB036AA, on 11 May 2007. on 13 May 2007, i.e. two days after receiving the vaccinations, the patient experienced sudden onset of unilateral hearing loss (it was not identified which ear. He also complained of vertigo, nausea and a slight temperature. However, the subject did not obtain a temperature reading. The patient called his physician that day and was started on Ibuprofen and Benadryl, and was referred to another physician. The following day, the patient was evaluated by the other physician and diagnosed with sudden onset unilateral hearing loss. The patient was prescribed Prednisone. Blood work and an MRI were performed but the reporter did not have the results of the tests. The patient does have a significant family history of an aunt who experienced

sudden onset of unilateral hearing loss at age 60 years (etiology unknown). At the time of this report the patient had not recovered.

VAERS ID:	**273352**	**Age:**	37	**Sex:**	F
Vaccination date:	10/23/2001	**Onset date:**	11/27/2001	**Days later:**	35
Report date:	3/5/2007			**Entry date:**	3/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Arthralgia Fatigue Feeling abnormal Lethargy Palpitations Pregnancy

felt very different, very tired, lethargic, after last shot to today. took me 4 yrs to get pregnant. joint soreness to today, heart palpitations recently w/no answer for. not sure of exact dates of vaccination - see doctor's file.

VAERS ID:	**223200**	**Age:**	37	**Sex:**	F
Vaccination date:	6/12/2004	**Onset date:**	6/12/2004	**Days later:**	0
Report date:	6/15/2004			**Entry date:**	6/23/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	3
TYP	UNKNOWN MFR	2

SYMPTOMS: EDEMA MYALGIA PAIN PARESTHESIA PRURITUS

06/12/04: Burning itching (use ice to soothe). 06/13/04: Swelling, burning, itching, numbness, pain when breathing, entire arm especially hand. 06/14/04: Same as on 06/13/04 and arm joints aching, intensity increased when lying down at night-breathing ok. 06/15/04: Same as on 06/14/04 but less intensity. Saw physician on 06/16/04-no treatment pt recovered.

VAERS ID:	**271019**	**Age:**	37	**Sex:**	M
Vaccination date:	1/9/2007	**Onset date:**	1/13/2007	**Days later:**	4
Report date:	1/17/2007			**Entry date:**	1/24/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH PHARMACEUTICALS, INC	1

SYMPTOMS: Dizziness Headache

Pt experienced dizziness x 24 hr on day 5. Headaches start day 5 x 4 days. Constant headache. Pt went to ER on day 5 and clinic on base day 8. Is feeling better day 9.

VAERS ID:	**199424**	**Age:**	37	**Sex:**	F
Vaccination date:	3/7/2003	**Onset date:**	3/9/2003	**Days later:**	2
Report date:	3/11/2003			**Entry date:**	3/12/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: SMALL
Manufacturer: WYETH LABORATORI
Dose:

SYMPTOMS: AMBLYOPIA CONJUNCTIVITIS LACRIMATION DIS

Throbbing inner corner left eye burning and tearing, redness, ?? blurred 2-3 days.

VAERS ID:	**221510**	**Age:**	37	**Sex:**	M
Vaccination date:	10/4/1995	**Onset date:**	12/10/2003	**Days later:**	2989
Report date:	5/14/2004			**Entry date:**	5/24/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose: 1

SYMPTOMS: INFECT NO DRUG EFFECT RASH VESIC BULL

Information has been received from a physician concerning a 37 year old male with no reported medical history or allergies who on 08/21/95 and 10/04/95 was vaccinated with first and second doses of varicella virus vaccine live (Lot # 608589/0416B). The physician indicated that the pt's wife had shingles and the pt presented to the MD's office a "couple days later" on 12/10/03 with a varicella-like rash on the trunk of his body. The pt was treated with "Zovrax". A product complaint was not involved. Additio

VAERS ID:	**221528**	**Age:**	37	**Sex:**	M
Vaccination date:	12/1/2003	**Onset date:**	12/17/2003	**Days later:**	16
Report date:	5/14/2004			**Entry date:**	5/24/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: FEVER INFECT RASH VESIC BULL SKIN STRIAE ULCER SKIN

Information has been requested from a physician concerning a 37-year-old (also reported as 35) male emergency room employee with no medical history and no known varicella zoster virus exposure who on 01-Dec-2003 was vaccinated with a dose of varicella virus vaccine live. There was no concomitant medication. On 17-Dec-2003 the patient developed chickenpox with greater than 250 lesions (also reported as 150-300) all over his body (also reported as occurring 19 days post vaccination). The lesions were vesicula

VAERS ID:	**232988**	**Age:**	37	**Sex:**	M
Vaccination date:	1/19/2005	**Onset date:**	1/20/2005	**Days later:**	1
Report date:	1/21/2005			**Entry date:**	1/27/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN INJECT SITE

Pain , erythema swelling of right upper arm which started after injection

VAERS ID:	**238182**	**Age:**	37	**Sex:**	M
Vaccination date:	5/6/2004	**Onset date:**	5/20/2004	**Days later:**	14
Report date:	5/16/2005			**Entry date:**	5/26/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT VIRAL RASH VESIC BULL

Information has been received from a physician concerning a 37 year old male pt who on 05/06/04 was vaccinated with a 1st dose of varicella virus vaccine, live. Approximately 2 weeks later, the pt developed a vesicular rash of approximately 15 lesions spread over his body. Unspecified medical attention was sought, but treatment was not required. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	**257244**	**Age:**	37	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	1/28/2006	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Herpes zoster Infection

Info has been received from a physician concerning a 37 year old female with a history of natural varicella as a child and no other medical history, allergies or medication use whose son was vaccinated on 1/26/06 with a dose of varicella virus vaccine live. When the child was vaccinated, his arm got scratched and the mother, who was 12 weeks pregnant, was exposed to the vaccine. Although the child did not break out in a rash, the mother broke out in "herpes zoster", shingles" on 1/28/06. Unspecified medica

VAERS ID:	**277841**	**Age:**	37	**Sex:**	M
Vaccination date:	4/28/2007	**Onset date:**	4/30/2007	**Days later:**	2
Report date:	4/30/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	4
UNK	UNKNOWN MANUFACTURER	2

SYMPTOMS: Erythema Oedema peripheral Pain Pruritus Pyrexia

Soldier received 5th Anthrax immunization on 4/28/2007 and presented with a swollen upper arm with redness, itch pain, mild fever on 4/30/2007. Doctor prescribed Benadryl and Motrin.

VAERS ID:	**304161**	**Age:**	37	**Sex:**	F
Vaccination date:	1/31/2008	**Onset date:**	1/31/2008	**Days later:**	0
Report date:	2/1/2008			**Entry date:**	2/1/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	0
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Dyskinesia Pain in jaw

Patient states received vaccines approximately 9 AM 1/31/08. 9 PM noted sore left jaw with difficulty opening mouth. Still sore today.

VAERS ID:	**202804**	**Age:**	37	**Sex:**	F
Vaccination date:	4/22/2003	**Onset date:**	4/24/2003	**Days later:**	2
Report date:	5/8/2003			**Entry date:**	5/8/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	0
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: FEVER HEADACHE MYALGIA PAIN PRURITUS VASODILAT
Received Varicella shot on 4/22/03. On 4/24 developed fever 102, HA, Lt arm soreness,body aches and 2 areas of redness and itching on leg. Dr told employee to use benadryl,tylenol and ice to arm prn.

VAERS ID:	**248588**	**Age:**	38	**Sex:**	M
Vaccination date:	10/12/2005	**Onset date:**	10/19/2005	**Days later:**	7
Report date:	11/8/2005			**Entry date:**	12/2/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	0

SYMPTOMS: ACNE VASODILAT
MEDI-0003816 is a non serious spontaneous case from a consumer involving red pimple like dots around the nose. The reporter causality is not proved to FluMist. A consumer reported that her 38 year old husband developed red pimple like, non-pruritic, dots around the nose one week after receipt of FluMist vaccine on 12Oct05 from his children's pediatrician's office. As of 08Nov05, the dots persisted, but are now less and brownish in color. The reporter causality is not provided. The reporter also reported tha

VAERS ID:	**265291**	**Age:**	38	**Sex:**	F
Vaccination date:	10/23/2006	**Onset date:**	10/24/2006	**Days later:**	1
Report date:	10/24/2006			**Entry date:**	10/24/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	GLAXOSMITHKLINE	0

SYMPTOMS: Discomfort Erythema Pruritus
Pt. awakened 10/24/06 @ 5am. After shower body was more red than usual. On drive to work, pt felt uncomfortable, felt heat and pressure on chest and back. Skin felt itchy. At work, coworkers advised her she was "red". Called office at 8:15am. No c/o difficulty swallowing, no coughing. Advised to see MD now. Temp. 98.6, P 72, B/P 117/70. MD administered Kenalog IM, told to take Benadryl po at home and if symptoms worsened or not resolving to go to ED.

VAERS ID:	**234969**	**Age:**	38	**Sex:**	M
Vaccination date:	4/21/2004	**Onset date:**	4/22/2004	**Days later:**	1
Report date:	3/7/2005			**Entry date:**	3/15/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0
TYP	UNKNOWN MFR	0

SYMPTOMS: PAIN PALPITAT VASODILAT

Information has been received from a RN concerning a 37 year old male with hayfever who on 21Apr04 at 3PM was vaccinated IM with a first 0.5ml dose of hep B virus vaccine rHBsAg (yeast) (lot 645420/0048N). There was no illness at the time of vaccination. Concomitant therapy that day at 3PM included a first dose typhoid vaccine (unspecified) PO to take home (batch #3000243). Additional concomitant medication included loratadine (Claritin) for hayfever and mometasone furoate (Nasonex). On 22Apr04 the pt devel

VAERS ID:	**244905**	**Age:**	38	**Sex:**	F
Vaccination date:	3/7/2005	**Onset date:**	3/17/2005	**Days later:**	10
Report date:	9/29/2005			**Entry date:**	10/4/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
MU MERCK & CO. INC.

SYMPTOMS: ASTHENIA FEVER HEADACHE MALAISE NECK RIGID

Initial and follow up information has been received from a physician concerning a 37 year old white female nurse with no known drug allergies and slight anaemia who on Mar 7 2005 was vaccinated SC with a dose of Mumps virus vaccine live (Jeryl Lynn) (lot 650129/0770P). It was noted that there were no other vaccines administered on that day. On Mar 17 2005 the patient experienced fatigue and general malaise. On Mar 18 2005 the patient saw her doctor and experienced a stiff neck, a severe headache described a

VAERS ID:	**290625**	**Age:**	38	**Sex:**	F
Vaccination date:	8/23/2007	**Onset date:**	9/12/2007	**Days later:**	20
Report date:	9/13/2007			**Entry date:**	9/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
JEV SANOFI PASTEUR 1

SYMPTOMS: Oedema mouth Swollen tongue Urticaria

Last night 9/12 1 1/2 hours after dinner started with hives, tongue and mouth swollen, throat tightens, went to ER was given Solumedrol IV, Prednisone 50mg, x 5 days, tsp PCN.

VAERS ID:	**225120**	**Age:**	38	**Sex:**	F
Vaccination date:	2/26/2004	**Onset date:**	3/29/2004	**Days later:**	32
Report date:	7/30/2004			**Entry date:**	8/6/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
PPV MERCK & CO. INC.

SYMPTOMS: NO DRUG EFFECT

Information has been received from a health professional concerning a 38 year old healthy diabetic female with allergies who on 02/26/04 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (Lot # 647657/0947N). It was reported that there was no injection site reaction at the time of vaccination. On 03/29/04 and 04/27/04 the pt had titers done that showed a minimal response to the vaccine. Unspecified medical attention was sought, but no treatment was required. No product quality complaint

VAERS ID:	**225756**	**Age:**	38	**Sex:**	M
Vaccination date:	7/21/2004	**Onset date:**	7/22/2004	**Days later:**	1
Report date:	8/18/2004			**Entry date:**	8/24/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0
HEP	MERCK & CO. INC.	0
HEPA	GLAXOSMITHKLINE	0
MEN	AVENTIS PASTEUR,	
TD	AVENTIS PASTEUR,	
TYP	AVENTIS PASTEUR,	

SYMPTOMS: ANOREXIA ASTHENIA BUN INC CREATINE PK INC CREATININE INC ECG ABNORM GAIT ABNORM HYPERTENS HYPOKINESIA KIDNEY FUNC ABNORM MYALGIA MYASTHENIA NAUSEA PAIN PAIN CHEST PAIN INJECT SITE PALPITAT RHABDO SGOT INC SGPT INC

Rhabdomyolysis, Chest pain. 21Jul04-Received immunizations- 4 shots in each arm. Had been training that morning. Did not work out at the gym that evening or do PT during that day. Denies significant local reaction at vaccination sites or systemic symptoms. 22Jul04- Awoke feeling hot. Took shower to cool off. Also c/o chest pain. Had not experienced similar chest pain in the past. Describes as like something sticking me in the middle of the chest through to my back. Rates pain as level 9 of 10 on pain scale.

VAERS ID:	**226698**	**Age:**	38	**Sex:**	M
Vaccination date:	7/21/2004	**Onset date:**	7/21/2004	**Days later:**	0
Report date:	9/13/2004			**Entry date:**	9/16/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	0
HEP	UNKNOWN MFR	
HEPA	UNKNOWN MFR	

SYMPTOMS: HYPOKINESIA LAB TEST ABNORM MYALGIA PAIN SWEAT

38 year old male received first dose of AVA on 7/21/04, along with HAV and HBV vaccine. Also received PPD test in left arm. 2-3 hours later he experienced sweats (no rigors) and tender pectoral muscle. The next morning he was unable to lift his arm because of pain and went to the clinic. Large reaction at PPD site left arms (approximately 15mm redness, heat and tenderness). Subject was hospitalized to rule out cardiac problems. Recovery status unknown.

VAERS ID:	255553	Age:	38	Sex:	F
Vaccination date:	5/11/2006	Onset date:	5/11/2006	Days later:	0
Report date:	5/16/2006			Entry date:	5/16/2006
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TDAP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Injection site pain Injection site swelling Pain Pyrexia

Evening of vaccine date client had tactile fever, body aches, pain and swelling at site of injection. Fever and body pain continued for three days, after which client gradually began to feel better.

VAERS ID:	204806	Age:	39	Sex:	F
Vaccination date:	3/28/2003	Onset date:	4/30/2003	Days later:	33
Report date:	6/11/2003			Entry date:	6/11/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: AMNESIA ASTHENIA EDEMA HYPOKINESIA MYALGIA NAUSEA PAIN PAIN ABDO PAIN CHEST PARESTHESIA RASH

Within 48 hours rash on left side of back approx 4 inches in diameter. Within 2 weeks pain in right elbow, has continued to progressivelly worsen. Swelling of extremities, pain in all joints - fingers, wrists, elbows, shoulders, hips, knees, ankles, toes. Discomfort in neck and spine. Constant nGraumbness and tingling in hands, difficulty writing. Pain ranges from mild discomfort at rest to severe with movement. Loss of range of motion. Muscle aches/cramping in arms, legs, and feet at rest and with movemen

VAERS ID:	245493	Age:	39	Sex:	F
Vaccination date:	10/13/2005	Onset date:	10/14/2005	Days later:	1
Report date:	10/17/2005			Entry date:	10/17/2005
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	0

SYMPTOMS: ASTHMA HYPERTONIA PAIN RASH RASH MAC PAP REACT AGGRAV

Vaccine administered 10/13/05 at 9:30 AM. Pt. subsequently worked in warehouse, experienced an asthma attack, vs. MD and was treated with a nebulizer and recovered. Evening of 10/13/05 pt. experienced severe pain and stiffness in entire R. arm which continued through 10/14/05. On 10/14 at 5:00 PM pt. noticed confluent red,raised quarter sized areas (no itching)extending to elbow directly below where vaccine was given on R arm. 10/15/05 erythematous area spread to back of R arm. Pt consulted MD and advised

VAERS ID:	287988	Age:	39	Sex:	F
Vaccination date:	8/2/2007	Onset date:	8/5/2007	Days later:	3
Report date:	8/13/2007			Entry date:	8/13/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
DTAP	SANOFI PASTEUR	

SYMPTOMS: Body temperature increased Chills Cough Injection site erythema Injection site pain Injection site pain Wrong drug administered

Patient developed pain, erythema and tenderness of r arm at site of vaccine injection. Patient also reported cough, temp of 100 F and chills.

VAERS ID:	286073	Age:	39	Sex:	M
Vaccination date:	6/29/2007	Onset date:	0000-00-00	Days later:	
Report date:	6/15/2007			Entry date:	7/26/2007
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	EMERGENT BIOSOLUTIONS	1

SYMPTOMS: Rash pruritic

Itchy rash started over waist spreading downward then up trunk. Resolved w/ Benadryl 25mg IM and PO Benadryl.

VAERS ID:	216058	Age:	39	Sex:	F
Vaccination date:	11/9/2003	Onset date:	11/9/2003	Days later:	0
Report date:	12/15/2003			Entry date:	2/5/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: RHINITIS

A 39 year old female consumer reported that she received a dose of Flumist (2003-2004 Formula)(influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen)) on 11/09/03. The reporter indicated that the vaccine "ran out of her nose like water." She was instructed by the nurse to "tilt her head back" and the vaccine subsequently "ran down her throat and she almost threw up." No additional information was available at the time of this report. See related case HQWYE136817NOV03.

VAERS ID:	216070	Age:	39	Sex:	F

Vaccination date:	10/16/2003	**Onset date:**	10/16/2003	**Days later:**	0
Report date:	11/10/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLUN
Manufacturer: MEDIMMUNE, INC./
Dose:

SYMPTOMS: TASTE PERVERS

A 39 year old female reported that she received a dose of Flumist nasal solution on 10/16/03 and experienced a strange taste in her mouth after vaccine administration. The patient's concurrent illnesses included hypothyroidism and post-nasal drip. Indication for Flumist was immunization. Product was administered on 10/16/03. Dose regimen was 0.5mL (IN). Concomitant therapy included Synthroid. Subsequently to Flumist administration, the patient reported that the Flumist tasted strange, and she continued to t

VAERS ID:	**240824**	**Age:**	39	**Sex:**	F
Vaccination date:	6/10/2005	**Onset date:**	6/22/2005	**Days later:**	12
Report date:	6/23/2005			**Entry date:**	6/29/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEPA
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: DERM EXFOL SKIN DRY

Very dry patches of palm of right and left hands. Scaly and peals different size patch 1cm to 0.5cm size measured 3mm

VAERS ID:	**210951**	**Age:**	39	**Sex:**	F
Vaccination date:	10/17/2003	**Onset date:**	10/20/2003	**Days later:**	3
Report date:	10/23/2003			**Entry date:**	10/23/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MFR
Dose: 1

SYMPTOMS: CHILLS FEVER HEADACHE MYALGIA

received shot on Friday by Monday night had 101 temp. Chills, Headache, body aches, fever reached 102.6 called Dr. received Zithromax. Every syptom of the flu. Now have cough. Out of work 2 days (should have stayed out longer, couldn't).

VAERS ID:	**216679**	**Age:**	40	**Sex:**	M
Vaccination date:	10/28/2003	**Onset date:**	10/29/2003	**Days later:**	1
Report date:	11/20/2003			**Entry date:**	2/20/2004

Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	SMITHKLINE BEECH	
TYP	AVENTIS PASTEUR,	

SYMPTOMS: DRY MOUTH EDEMA FACE

It was reported that a 40 year old male pt received a dose of Typhim Vi and a dose of hep A in the deltoid on 10/28/03. The following day, the pt developed facial swelling and a dry throat. Treatment included Benadryl and Medrol dose-pack. The pt's recovery status is currently unknown.

VAERS ID:	**247372**	**Age:**	40	**Sex:**	M
Vaccination date:	11/10/2005	**Onset date:**	11/14/2005	**Days later:**	4
Report date:	11/14/2005			**Entry date:**	11/14/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE

Reported to sick call with erythema and induration at anthrax vaccine injection site. Noted ~3 cm diameter induration Lt deltoid area. Tx with Keflex 500mg PO BID 10 days, warm copmress tid-qid.

VAERS ID:	**298158**	**Age:**	40	**Sex:**	F
Vaccination date:	11/6/2007	**Onset date:**	11/14/2007	**Days later:**	8
Report date:	11/29/2007			**Entry date:**	11/29/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	0

SYMPTOMS: Hypoaesthesia

On 11-4, 8 days after vaccine, pt noticed decreased sesation/numbness during bowel movement. The following day, pt noticed decreased sensation/numbness advanced to entire perineal area. 11-15 pt noticed numbness in posterior of right buttocks. On 11-16, pt called neurologists office and spoke with nurse. Told by drs. office to call back on Tuesday if not better. On Tues. 11-19, pt called (the neurologist- see details in 19.) 11-21, pt noticed numbness in lateral aspect of right calf and bottom of heel. Symptoms have not progressed further since that date. 1/2/08-records received-DOS 11/29/07-on 11/2/07-middle two toes of right foot numb times 1 hour then on 11/14/07 noticed difference in sensation right buttock and loss of sensation right perineal area, difference in sensation had spread down right leg, right leg feels weaker, upper thigh. Right side of abdomen sensation is different. Feels urge to have bowel movement but feels does not have control during bowel movements. PE: Romberg negative. Intact thermal, intact vibratory. Impression: possible MS.

VAERS ID:	219633	Age:	41	Sex:	M
Vaccination date:	9/24/1999	Onset date:	1/1/2004	Days later:	1560
Report date:	4/28/2004			Entry date:	4/28/2004
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: ARTHRITIS MYALGIA PAIN PARESTHESIA

2000-2004 - Experienced Arthritis pain 1/04 - TINGLING, PINS & NEEDLES AND QUITE SEVERE PAIN IN LOWER EXTREMITIES 1/04 to Present - aches and pains all over My body

VAERS ID:	247208	Age:	41	Sex:	F
Vaccination date:	10/24/2005	Onset date:	10/26/2005	Days later:	2
Report date:	11/3/2005			Entry date:	11/10/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: ARTHRALGIA FEVER MYALGIA

On 10/26/2005 patient has febrile sensation, multiple joint pain and generalized muscle pain were noticed. Everyday about 3 pm, patient felt febrile sensation. Patient still having the same chief complaints on 11/02/2005.

VAERS ID:	209431	Age:	41	Sex:	F
Vaccination date:	8/9/2003	Onset date:	8/15/2003	Days later:	6
Report date:	9/18/2003			Entry date:	9/19/2003
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: COUGH INC FEVER LYMPHADENO RASH

Rash, cervical lymphadenopathy, fevers, cough.

VAERS ID:	210391	Age:	41	Sex:	M

Vaccination date:	10/4/2003	**Onset date:**	10/4/2003	**Days later:**	0
Report date:	10/4/2003			**Entry date:**	10/15/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PRURITUS

Local swelling and local itching concerned for potential allergy.

VAERS ID:	**220849**	**Age:**	41	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	6/16/2003	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/19/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: HERPES ZOSTER SEC TRANS NONVACCINEE

Information has been received from a physician concerning a 41 year old white father with no known drug allergies who's 12 month old daughter was vaccinated with a dose of varicella virus vaccine live "one week ago", on approximately 06/12/03. There was no illness at the time of vaccination. On 06/19/03 the father developed herpes zoster. The physician is not certain if the zoster was transmitted from the vaccine. No other information was given. Unspecified medical attention was sought. There was no produ

VAERS ID:	**266591**	**Age:**	41	**Sex:**	F
Vaccination date:	11/1/2006	**Onset date:**	11/1/2006	**Days later:**	0
Report date:	11/10/2006			**Entry date:**	11/13/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: CHIRON CORPORATION
Dose: 0

SYMPTOMS: Dyspnoea Pruritus Rash Urticaria

Monday of vaccine developed itchiness armpits/rash. Benadryl taken. 11/2/06 rash in AM, took Benadryl 50mg. 5:30pm hives, breathing difficulty went to urgent care center. Nebulizer/IM epinephrine, prednisone and Benadryl. 11:30pm hives received to St Barbabas Nebulizer, IM Epi, prednisone and Benadryl. 2AM symptoms recurred-Epi, Prednisone, Benadryl, nebulizer. Adarax and prednisone given on discharge.

VAERS ID:	**263402**	**Age:**	41	**Sex:**	F
Vaccination date:	4/3/2006	**Onset date:**	4/4/2006	**Days later:**	1
Report date:	9/21/2006			**Entry date:**	9/22/2006

Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	1

SYMPTOMS: Headache Meningitis Pharyngolaryngeal pain Viral infection

This case was reported by a healthcare professional and described the occurrence of sore throat in a 41 year old female subject who was vaccianted with hepatitis A inactivated and hepatitis B recombinant vaccine (Twinrix) for prophylaxis. The subject was in good health at the time of vaccination with Twinrix. Concurrent medications included birth control pills. on an unspecified date in Sept 2006, the subject returned for her 3rd dose of Twinrix. At the time, she reported that one day following her 2nd dose

VAERS ID:	**212765**	**Age:**	41	**Sex:**	F
Vaccination date:	11/18/2003	**Onset date:**	11/19/2003	**Days later:**	1
Report date:	11/20/2003			**Entry date:**	11/20/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	1

SYMPTOMS: COUGH INC DIZZINESS PHARYNGITIS RHINITIS URTICARIA

Woke up with hives in AM, also cold like symptoms, coughing,congestion,mild dizziness

VAERS ID:	**214078**	**Age:**	41	**Sex:**	F
Vaccination date:	10/30/2003	**Onset date:**	10/31/2003	**Days later:**	1
Report date:	11/7/2003			**Entry date:**	12/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	EVANS VACCINES	3

SYMPTOMS: NECK RIGID PAIN PAIN INJECT SITE

(That AM) pt reports had slight stiff neck before vaccine. After vaccine site hurt. Pain from shoulder blade area (L) to upper arm to elbow. No loss of motion. Ibuprofen helps somewhat. If not improved will see PMD next week.

VAERS ID:	**240590**	**Age:**	41	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/17/2005			**Entry date:**	6/23/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: NO DRUG EFFECT

This case was reported by a nurse and described a 41 year old female pt who did not respond to Engerix-B. On unspecified dates, the pt received the Engerix-B "series". On an unspecified date in 2004, a hepatitis B surface antibody titer was "Negative".

VAERS ID:	**284220**	**Age:**	41	**Sex:**	M
Vaccination date:	6/20/2007	**Onset date:**	6/23/2007	**Days later:**	3
Report date:	7/5/2007			**Entry date:**	7/10/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: EMERGENT BIOSOLUTIONS
Dose: 2

SYMPTOMS: Pain in extremity

Anthrax Given on 6/20/07 Lt upper arm and SM noted pain under his arm, about 2-3 inches away from armpit, still c/o pain.

VAERS ID:	**207807**	**Age:**	42	**Sex:**	F
Vaccination date:	1/13/2000	**Onset date:**	7/22/2000	**Days later:**	191
Report date:	8/6/2003			**Entry date:**	8/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: ARTHRALGIA HYPERTONIA PARESTHESIA TREMOR

Fingers locked up, not able to use hands, joint pain, tremors, resulting in cortisone shot in fingers. Joint pain, knees stiff and sore, hands and arms fall asleep, tingle and numb.

VAERS ID:	**215931**	**Age:**	42	**Sex:**	M
Vaccination date:	1/16/2004	**Onset date:**	1/16/2004	**Days later:**	0
Report date:	1/28/2004			**Entry date:**	2/4/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
ANTH	BIOPORT CORPORAT	0

SYMPTOMS: ARTHRALGIA CHILLS EDEMA INJECT SITE FLU SYND LYMPHADENO MASS INJECT SITE TREMOR

1/2 hour after shot; flu like symptoms along with aching joints that got worse as next 5 days went by. Glands in neck swelled up on day 6. Left arm swelling up and knot appeared on day 8. Chills and shakes when laying down on day 12. Dose #2 scheduled for Jan. 26.

VAERS ID:	204274	Age:	42	Sex:	F
Vaccination date:	4/15/2002	Onset date:	4/26/2002	Days later:	11
Report date:	5/30/2003			Entry date:	6/4/2003
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
MMR	MERCK & CO. INC.	

SYMPTOMS: ASTHENIA FLU SYND MALAISE MYALGIA RASH MAC PAP

Information has been received from a physician concerning a 42 year old white female with no past medical history and an allergy to penicillin, who on 04/15/2002 at 9:30 was vaccinated with a dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation)(lot # 367431/0026L) in the left deltoid. There was no concomitant medication or illness at the time of vaccination. On 04/26/2002 the pa/tient developed flu-like symptoms described as fatigue, body aches

VAERS ID:	216129	Age:	42	Sex:	F
Vaccination date:	10/27/2003	Onset date:	10/29/2003	Days later:	2
Report date:	12/19/2003			Entry date:	2/5/2004
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: DRUG INTERACTION METRORRHAGIA

Follow-up info received from the pt's physician provided the following: concomitant vaccine; illnesses at time of vaccination; relevant diagnostic tests/ lab data; and medical history. A health care professional reported that a 42 year old female pt received a dose of Flumist on 10/27/03 and experienced a drug interaction and menstrual spotting. The pt experienced a drug interaction and menstrual spotting. On 10/29/03, the pt indicated she "started menstrual spotting and got her period on 11/3/03." This eve

VAERS ID:	236970	Age:	42	Sex:	F
Vaccination date:	4/30/2005	Onset date:	5/2/2005	Days later:	2
Report date:	5/4/2005			Entry date:	5/4/2005
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

YF	AVENTIS PASTEUR,	2

SYMPTOMS: EDEMA PAIN PRURITUS VASODILAT

Swollen, red, itchy, and sore Saw doctor on 3 May 05. Take benadryl for itching and said to come back in three days if worse but said it should get better.

VAERS ID:	**297166**	**Age:**	42	**Sex:**	F
Vaccination date:	11/15/2007	**Onset date:**	11/16/2007	**Days later:**	1
Report date:	11/19/2007			**Entry date:**	11/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Injection site erythema Injection site swelling Injection site warmth

Patient received Flu shot 11/15/07,came back to office 11/16/07 injection site ed,swolle,hot to the touch. Given Keflex 500mg.BID for 10 days and Benadryl-OTC.PRN.

VAERS ID:	**284728**	**Age:**	42	**Sex:**	M
Vaccination date:	7/10/2007	**Onset date:**	7/11/2007	**Days later:**	1
Report date:	7/13/2007			**Entry date:**	7/16/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	3
TYP	SANOFI PASTEUR	

SYMPTOMS: Burning sensation Culture Erythema Full blood count Induration Swelling

Next day following Anthrax injection, son noticed his upper arm was swollen, red, burning and felt "hard" to touch

VAERS ID:	**246617**	**Age:**	42	**Sex:**	M
Vaccination date:	10/27/2005	**Onset date:**	10/27/2005	**Days later:**	0
Report date:	10/28/2005			**Entry date:**	11/2/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	20

SYMPTOMS: ASTHENIA CHILLS DIZZINESS FEVER HYPERTONIA SWEAT
Received vaccine at approximately 11am. At 7pm that same night, employee c/o sweating profusely with uncontrollable chills along with muscle cramps (legs and feet). C/o feeling extremely weak and felt he would pass out. At midnight, he felt a migrating heat from chest to back and down to scrotum. He fell asleep at 2am.

VAERS ID:	**216308**	**Age:**	43	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/4/2004			**Entry date:**	2/11/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HEP UNKNOWN MFR

SYMPTOMS: ANOREXIA ASTHENIA MALAISE PAIN WEIGHT DEC
Malaise, fatigue, burning and weakness in extremities, anorexia, weight loss started approximately 8 hours after first dose Hep B vaccine given by previous doctor. She presents here two weeks later with symptoms unresolved.

VAERS ID:	**301656**	**Age:**	43	**Sex:**	F
Vaccination date:	9/5/2007	**Onset date:**	9/6/2007	**Days later:**	1
Report date:	10/31/2007			**Entry date:**	12/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
TDAP SANOFI PASTEUR

SYMPTOMS: Injection site pain Injection site pain Muscle spasms
This report was received from a health professional on 10 October 2007. A 43-year-old female patient, with an allergy to Levaquin, received a left deltoid intramuscular injection of Adacel (lot number reported as C2827AA) on 05 September 2007. On 06 September 2007, she complained of muscle spasms, and soreness and tenderness at the injection site. Per the reporter, the events had been ongoing for approximately one and one-half weeks, and the patient had required a doctor visit. Other medications were "unknown"; the reporter was unsure if the patient had been ill at the time of vaccination. At the time of the report, the events had not resolved. Follow-up information received on 29 October 2007 from a health care professional. Adacel lot number was corrected to C2824AA. The case was reviewed, and there was no additional information at this time.

VAERS ID:	**223591**	**Age:**	43	**Sex:**	F
Vaccination date:	6/24/2004	**Onset date:**	6/24/2004	**Days later:**	0
Report date:	6/30/2004			**Entry date:**	7/1/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

ANTH BIOPORT CORPORAT 1

SYMPTOMS: DIZZINESS HEADACHE HYPERTENS HYSN INJECT SITE MENTAL RETARD PAIN INJECT SITE PARESTHESIA

10:35 c/o redness and burning at site after vaccine. 11:27 c/o headache and dizziness. 11:50AM c/o numbness/tingling left arm, elevated blood pressure. Altered mental state. Tx: Monitor BP/ MD assessment at ER.

VAERS ID:	**217797**	**Age:**	43	**Sex:**	F
Vaccination date:	3/10/2004	**Onset date:**	3/12/2004	**Days later:**	2
Report date:	3/12/2004			**Entry date:**	3/15/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC. 0

SYMPTOMS: COUGH INC HEADACHE HYSN INJECT SITE MALAISE PAIN INJECT SITE

Pain and erythema at injection site (approx 3). No temp 98.2. UR cough. General malaise. Headache.

VAERS ID:	**224502**	**Age:**	43	**Sex:**	M
Vaccination date:	1/9/2003	**Onset date:**	1/11/2003	**Days later:**	2
Report date:	5/14/2004			**Entry date:**	7/29/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
ANTH BIOPORT CORPORAT

SYMPTOMS: AMNESIA ARTHRITIS ASTHENIA BONE DIS EXOPHTHALMOS HEADACHE HYPERTONIA INJURY ACCID JOINT DIS LACRIMATION DIS MIGRAINE PAIN SLEEP DIS VISION ABNORM

SSgt is a 43 year old army reservist. He states that he received "lots of shots" in December 2002 and January 2003 in preparation for deployment to Iraq. He recalls awakening one morning in January (1-2 days after the shots) with severe pains in both knees " I couldn't move, the aching was real bad" (6/10 on pain scale). After about 5-10 minutes he was able to seek medical assistance. He had x-rays taken and he was told he had "degenerative arthritis". The pains persisted and on February 26th he received "c

VAERS ID:	**267603**	**Age:**	43	**Sex:**	F
Vaccination date:	10/25/2006	**Onset date:**	10/25/2006	**Days later:**	0
Report date:	11/21/2006			**Entry date:**	11/21/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR, INC.	1

SYMPTOMS: Injection site pain

On 10/25/06 Flu Vaccination given. Patient noted rt arm (deltoid) more tender then usual and has remained for over three weeks. Pain has improved but still present and bothersome with movement. No pain at rest. No weakness or numbness and tingling.

VAERS ID:	**250653**	**Age:**	43	**Sex:**	F
Vaccination date:	3/24/2005	**Onset date:**	3/24/2005	**Days later:**	0
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: Injection site reaction Paraesthesia

This case was reported by a nurse and described the occurrence of an injection site reaction in a 42 year old female patient who received hepatitis B vaccine recombinant Engerix B. On 3/24/2005, the patient received the first dose of Engerix B in the left arm (lot ENg5595B). Almost immediately following the first dose of Engerix B, on 3/24/2005, the patient experienced an injection site reaction characterized as tingling. the injection site tingling was ongoing at the time of initial reporting, 3/28/2005. T

VAERS ID:	**197861**	**Age:**	43	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	11/16/2002	**Days later:**	
Report date:	3/28/2003			**Entry date:**	2/19/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	UNKNOWN MFR	

SYMPTOMS: FEVER MYALGIA PHARYNGITIS

About 6 days after receiving flu shot, PT developed body aches, sore throat, low grade temp. Details unknown. This pt had flu vaccine in an area where they live. Information of vaccine are unavailable. Possible reaction/viral illness. Treated in MD office 11/21/2002

VAERS ID:	**240815**	**Age:**	43	**Sex:**	F
Vaccination date:	6/14/2005	**Onset date:**	6/15/2005	**Days later:**	1
Report date:	6/16/2005			**Entry date:**	6/29/2005
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	0

SYMPTOMS: CHILLS EDEMA FEVER MIGRAINE RASH VOMIT
Chills - fever - rash - swelling - migraines - vomiting

VAERS ID:	**243070**	**Age:**	44	**Sex:**	F
Vaccination date:	7/26/2005	**Onset date:**	8/4/2005	**Days later:**	9
Report date:	8/16/2005			**Entry date:**	8/17/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: LIVER FUNC ABNORM
This case was reported by a nurse and described the occurrence of elevated liver enzymes in a 44 year old female subject who was vaccinated with hepatitis B vaccine recombinant for prophylaxis. The subject's medical history was notable for obesity, bariatric surgery in October 2004, and a weight loss of 70 pounds. Concurrent medications included Vitamins for nutritional supplementation. On 7/26/05 the subject received the second dose of Engerix B. On 8/4/05, 9 days after vaccination with Engerix B, the subj

VAERS ID:	**243403**	**Age:**	44	**Sex:**	M
Vaccination date:	3/11/2005	**Onset date:**	3/12/2005	**Days later:**	1
Report date:	4/12/2005			**Entry date:**	8/25/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: IPV
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: ASTHENIA
From initial information received on 28Mar05 from a health care professional regarding an adverse event, it was reported that a 44 year old male pt received a dose of IPOL, lot number W07042, administered IM in the left deltoid on 11Mar05. One day later, on 12Mar05, the pt developed fatigue. He had previously received a dose of Twinrix, lot number AHABA015AA, admin IM in the left deltoid on 03Mar05. He has not recovered from this event. The pt had another adverse event following subsequent vaccination. The

VAERS ID:	**243404**	**Age:**	44	**Sex:**	M
Vaccination date:	3/24/2005	**Onset date:**	3/25/2005	**Days later:**	1
Report date:	4/12/2005			**Entry date:**	8/25/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TYP
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: ASTHENIA HERPES ZOSTER PAIN

From initial information received on 29Mar05 from a health care professional regarding an adverse event occurring, it was reported that a 44 yr old male pt received a dose of Typhim Vi, lot number X0521-2 administered in the right deltoid on 24Mar05. The route of admin was not reported. One day later, on 25Mar05, the pt developed shingles in the area of L1 and L2 as well as on his left groin and left buttock. The shingles were described as being very painful. The pt was treated with Valtrex, oral Benadryl,

VAERS ID:	**260088**	**Age:**	44	**Sex:**	F
Vaccination date:	10/25/2005	**Onset date:**	10/26/2005	**Days later:**	1
Report date:	7/21/2006			**Entry date:**	7/25/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	
PPV	MERCK & CO. INC.	0

SYMPTOMS: Injection site erythema Injection site mass Injection site pain Injection site swelling Injection site vesicles Lymphadenitis

Information has been received from a healthcare worker concerning a 44 yr old female pt with asthma and environmental allergies who on 25Oct05 was vaccinated IM with her first dose of pneumococcal 23v polysaccharide vaccine (lot 649912/0529P). Concomitant therapy included fluticasone propionate (+) salmeterol xinafoate (Advair), tiotropium bromide (Spiriva), montelukast sodium, and albuterol. On 26Oct05 the pt developed redness at injection site (not specified). On 27Oct05 she was seen in the office with bl

VAERS ID:	**286283**	**Age:**	44	**Sex:**	M
Vaccination date:	10/21/2004	**Onset date:**	10/28/2004	**Days later:**	7
Report date:	7/27/2007			**Entry date:**	7/31/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	3

SYMPTOMS: Acrochordon Acrochordon excision Amnesia Arthralgia Chills Fatigue Nausea Pain in extremity Plantar fasciitis Pyrexia Urticaria

Joint aches, nausea, fatigue, urticaria, chills and fever, slight memory loss.

VAERS ID:	**270728**	**Age:**	44	**Sex:**	F
Vaccination date:	3/23/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/11/2007			**Entry date:**	1/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HEP GLAXOSMITHKLINE BIOLOGICALS 0

SYMPTOMS: Drug ineffective Hepatitis B antigen positive

This case was reported by a nurse and described a 44-year-old female subject who was vaccinated with Engerix-B. The subject's medical history included renal failure (cause not specified) requiring hemodialysis, diabetes, and hypertension. Concurrent medications included Venofer, Epoetin alfa (Epogen), Etofenamate (Fenax), Nifedipine (Procardia), Hydralazine (Hydralazine), Human Insulin (Novolin), Atorvastatin calcium (Lipitor), Thyroxine sodium (Synthyroid), Calcium salt (Calcium) and Ramipril (Altace). On 23 March 2006 the subject received 1st dose of Engerix-B (Lot AHBVB171AA). On an unspecified date on or after 23 March 2006 and on or before 30 March 2006, less than one week after vaccination with Engerix-B, the subject "tested positive for hepatitis B". The nurse reported that the subject "tested negative for hepatitis B on December 2005, January 2006 and February 2006". At the time of initial reporting, 30 March 2006, the event was ongoing.

VAERS ID:	**221627**	**Age:**	44	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/21/2004			**Entry date:**	5/25/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	
MMR	MERCK & CO. INC.	

SYMPTOMS: EDEMA PERIPH PRURITUS VASODILAT

Left arm swollen from elbow to shoulder, warm to touch, red, itches. Seen by MD; steroids given and ice applied.

VAERS ID:	**207775**	**Age:**	44	**Sex:**	M
Vaccination date:	7/13/2003	**Onset date:**	7/13/2003	**Days later:**	0
Report date:	7/23/2003			**Entry date:**	8/13/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	3

SYMPTOMS: ARTHRITIS PAIN

Pt administered Anthrax vaccine in left arm SC. Pt complains of arthritis feeling in shoulder since administered. Pt complains of pain when lifting arm.

VAERS ID:	**216078**	**Age:**	44	**Sex:**	F
Vaccination date:	11/27/2003	**Onset date:**	11/29/2003	**Days later:**	2
Report date:	12/15/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: BRONCHITIS CHILLS COUGH INC FEVER FLU SYND HYPERTONIA LARYNGITIS NAUSEA

Information regarding Flumist was received from a physician regarding his 44 year old wife who developed flu-like symptoms, nausea, stiffness, chills, low grade fever, laryngitis and cough following vaccine administration on 11/27/03. On 11/29/03, she developed flu-like symptoms characterized by nausea, stiffness (musculoskeletal stiffness), chills and low grade fever. On 12/3/03, she developed laryngitis. As of 12/4/03, the laryngitis, cough, and "mild bronchitis symptoms" persisted. No additional info was

VAERS ID:	**217655**	**Age:**	44	**Sex:**	M
Vaccination date:	3/6/2004	**Onset date:**	3/6/2004	**Days later:**	0
Report date:	3/10/2004			**Entry date:**	3/10/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
TYP	UNKNOWN MFR	
UNK	UNKNOWN MFR	

SYMPTOMS: ASTHENIA CHILLS FLU SYND SWEAT TREMOR

Flu like symptoms, chills, shakes, sweats. Run down feeling, tired. Treatment, motrin, tylenol

VAERS ID:	**234747**	**Age:**	44	**Sex:**	F
Vaccination date:	3/1/2005	**Onset date:**	3/3/2005	**Days later:**	2
Report date:	3/4/2005			**Entry date:**	3/9/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	MASS. PUB HLTH B	

SYMPTOMS: HYSN INJECT SITE PAIN PRURITUS VASODILAT

Erythematous 4cm annular area on left deltoid, warm to touch, pruritic, tender pain 3/10.

VAERS ID:	**247263**	**Age:**	44	**Sex:**	M
Vaccination date:	5/24/2000	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/11/2005			**Entry date:**	11/11/2005

Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: ADENOMA ADREN INSUFFIC ALTERED HORMONE LEVEL ANOMALY CONGEN MS ARTHRITIS ARTHROSIS ASTHENIA HYPERTROPHY SKIN HYPOGONAD MALE HYPOKINESIA ICHTHYOSIS IMPOTENCE INFECT FUNG INSOMNIA JOINT DIS NAIL DIS NEOPL NEOPL SKIN PAIN PIT ACTIV DEC

Report A0359787A describes joint pain and swelling in a male vaccinee in his fifth decade who received lyme disease vaccine recombinant OaPA (Lymerix). This report was received as part of litigation proceedings, with forwarding of limited medical records. The vaccine's medical history included springtime allergies, allergy to shellfish, bilateral congential second toe (SIC), hypercholesterolemia. hypertriglyceridemia, seborrheic keratosis , psoriasis, ichthyosis vulgaris, nevi (inferior to left axilla, back

VAERS ID:	**257869**	**Age:**	44	**Sex:**	F
Vaccination date:	2/23/2005	**Onset date:**	3/29/2005	**Days later:**	34
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Drug ineffective Laboratory test abnormal

Information has been received from a health professional concerning a 44 year old female with a history of anxiety and sinusitis who on 2/23/05 was vaccinated with a dose of MMR (lot # 645521/0297N). Laboratory evaluations performed on 3/29/05 and 4/19/05 showed seroconversion for rubella and mumps but not for measles. Unspecified medical attention was sought. At the time of this report, no symptoms were reported. Additional information has been requested.

VAERS ID:	**277840**	**Age:**	44	**Sex:**	M
Vaccination date:	4/27/2007	**Onset date:**	4/29/2007	**Days later:**	2
Report date:	4/30/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: MICHIGAN DEPT PUB HLTH
Dose: 2

SYMPTOMS: Injection site reaction Injection site vesicles

seen by a provider on 04/29/2007 due to a localized reaction 25 - 30 mm upper left arm. Anthrax shot given on 4/27/2007. Also seen on 4/30/2007 by another provider LT deltoid area 19mm single raised blister with 30 mm diameter.

VAERS ID:	**196016**	**Age:**	45	**Sex:**	F
Vaccination date:	6/9/1999	**Onset date:**	6/9/1999	**Days later:**	0

Report date:	1/5/2003			**Entry date:**	1/10/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: AGITATION DEPRESSION DIZZINESS TACHYCARDIA

VAERS ID:	**258749**	**Age:**	45	**Sex:**	F
Vaccination date:	4/10/2006	**Onset date:**	4/10/2006	**Days later:**	0
Report date:	4/28/2006			**Entry date:**	6/22/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TDAP
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Cough

Initial report received from a health care professional on 04/11/2006. A 44 year old female patient developed constant coughing the same day she received the intramuscular injection of Adacel, lot number C2384AA (sit of administration not reported) on 04/10/2006. Per reporter, the patient will be seeing her primary care physician. Treatment was not reported. At the time of this report the patient had not recovered.

VAERS ID:	**214001**	**Age:**	45	**Sex:**	M
Vaccination date:	10/18/2003	**Onset date:**	10/20/2003	**Days later:**	2
Report date:	12/14/2003			**Entry date:**	12/14/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 3

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE VASODILAT

lEFT ARM GOT RED, SWELLING WAS NOTED AS WELL AS THE AREA WAS VERY WARM TO TOUCH. Approximate time after injection to first noted symptom was about 24 hours after. I called and was told to go to an Emergency room. Where I was told to keep an ice pack on the area.

VAERS ID:	**198526**	**Age:**	45	**Sex:**	F
Vaccination date:	4/12/2000	**Onset date:**	5/14/2000	**Days later:**	32
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRALGIA ASTHENIA DYSPEPSIA GASTROENTERITIS GI DIS LAB TEST ABNORM MYALGIA NAUSEA OTITIS EXT OTITIS MED PAIN BACK RHINITIS VOMIT

Report A0362612A describes Epstein-Barr virus infection in a 45 year old female who received Lyme disease vaccine recombinant OspA (LYMErix). This report was received as part of litigation proceedings, with forwarding of medical records. The subject submitted a report directly to VAERS. The subject's medical history included mood swings (1994), depression (1995), fatigue (1995), possible Lyme disease (1990), Eustachian tube dysfunction, serous otitis media, sinusitis, otitis externa, bronchitis, urinary tra

VAERS ID:	**248948**	**Age:**	45	**Sex:**	F
Vaccination date:	10/11/2005	**Onset date:**	12/2/2005	**Days later:**	52
Report date:	12/7/2005			**Entry date:**	12/7/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	GLAXOSMITHKLINE	1

SYMPTOMS: EYE DIS HYPOKINESIA PARALYSIS FACIAL

12/2 Awoke in AM with inability to smile and close right eyelid. Went to ER and diagnosed with Bell's Palsy. Rx with Acyclovir and Prednisone. Lyme titer done - no results yet. CT scan of head negative.

VAERS ID:	**273733**	**Age:**	45	**Sex:**	F
Vaccination date:	2/2/2007	**Onset date:**	2/9/2007	**Days later:**	7
Report date:	3/3/2007			**Entry date:**	3/9/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
TD	MASS. PUB HLTH BIOL LAB	0

SYMPTOMS: Angiogram Blood culture negative Blood lactate dehydrogenase increased Blood urine present CSF glucose normal CSF protein increased Chest X-ray normal Chills Computerised tomogram Computerised tomogram normal Culture urine negative Electroencephalogram abnormal Encephalitis Headache Lethargy Lumbar puncture Lymphocyte count normal Monocyte count increased Neurological examination abnormal Neutrophil count normal

Encephalitis post vaccination. Low grade fever, 1st chills, next extreme lethargy, then, unresponsive over 1-2 days.

VAERS ID:	279357	Age:	45	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/14/2007			Entry date:	5/21/2007
Administered by:	OTH	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination: TD
Manufacturer: MASS. PUB HLTH BIOL LAB
Dose:

SYMPTOMS: Influenza like illness Pyrexia

One day after receiving tetanus/diphtheria adult booster, developed fever and flu like symptoms.

VAERS ID:	206228	Age:	46	Sex:	F
Vaccination date:	3/8/2000	Onset date:	0000-00-00	Days later:	
Report date:	7/15/2003			Entry date:	7/15/2003
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: ARTHRITIS ASTHENIA INFECT PARA REACT AGGRAV

It appears from my long term symptoms & diganosis of chronic Lymes that I had the disease at the time I was vacinated & this made my illness & pain very much worse. My fatique & arthritic joints since Lymerix have made my life & livelihood unbearable. I feel very old before my time. While being misdiagnosed over a period of approx. 5 yrs, I have had surgeries & proceedures to correct & eliminate my pain that didn't help & I didn't need.

VAERS ID:	214239	Age:	46	Sex:	F
Vaccination date:	12/8/2003	Onset date:	12/8/2003	Days later:	0
Report date:	12/19/2003			Entry date:	12/22/2003
Administered by:	OTH	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination: FLU
Manufacturer: UNKNOWN MFR
Dose:

SYMPTOMS: ASTHMA COUGH INC RASH

Chills started at 20:00 and continued all night. Arm sore for 2 days at site of vaccination. 4 days after felt wheezy and had mild cough that is still going on. 4 days after vaccination, rash on opposite site of left forearm and on right arm also had bumps that lasted 1 night.

VAERS ID:	214685	Age:	46	Sex:	M
Vaccination date:	12/18/2003	Onset date:	12/19/2003	Days later:	1

Report date:	12/22/2003			**Entry date:**	1/7/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 2

SYMPTOMS: EDEMA INJECT SITE EDEMA PERIPH PARESTHESIA

After #3 Anthrax shot, left arm began to swell from site of shot down to mid forearm. Swelling began approx 24 hours after shot. Left hand also began tingling. Still swollen, possibly, 2 days later.

VAERS ID:	**233268**	**Age:**	46	**Sex:**	M
Vaccination date:	7/29/2004	**Onset date:**	9/6/2004	**Days later:**	39
Report date:	1/10/2005			**Entry date:**	2/1/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: HYPERTONIA HYPOKINESIA MYALGIA PARESTHESIA

Muscles are atrosick, muscle spasms in upper left arm. Loss range of motion. Also spreading to neck. Deep muscle pain in vaccine given 07/29/2004, left deltoid area arm. Patient presented on 09/20/2004 - numbness/tingling left deltoid area for 2 weeks.

VAERS ID:	**248009**	**Age:**	46	**Sex:**	F
Vaccination date:	1/17/2005	**Onset date:**	1/23/2005	**Days later:**	6
Report date:	11/16/2005			**Entry date:**	11/21/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: RUB
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: ARTHRALGIA FEVER RASH

Information has been received from a registered nurse concerning a 46 year old female who on 17-Jan-2005 was vaccinated with a dose of rubella virus vaccine live. Less than one week later, the patient experienced a rash. 100.5 F temperature and joint pain. Unspecified medical attention was sought. The patient is recovering form the rash and fever, however the patient's joint pain persisted. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**298190**	**Age:**	46	**Sex:**	F
Vaccination date:	10/12/2007	**Onset date:**	10/14/2007	**Days later:**	2
Report date:	11/2/2007			**Entry date:**	11/29/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	6

SYMPTOMS: Allergy test negative Angioedema Chest X-ray normal Computerised tomogram normal Dysphagia Dyspnoea Flushing Hypersensitivity Hypoaesthesia oral Laryngoscopy normal Laryngotracheal oedema Lip blister Lymphocyte percentage decreased Neutrophil percentage increased Obstructive airways disorder Oedema mouth Periorbital oedema Pharyngeal oedema Platelet count increased Rash

Had onset of angioedema throat swelling. seen and treated 2 times in ER. 10-16-07. Admitted 10-16-07 x 48 hr Readmitted x 1 to ER again 11-2-07

VAERS ID:	**227349**	**Age:**	46	**Sex:**	F
Vaccination date:	9/30/2004	**Onset date:**	9/30/2004	**Days later:**	0
Report date:	9/30/2004			**Entry date:**	10/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: RASH URTICARIA

Systemic cutaneous reaction with erythema and urticaria. No wheezing. No upper respiratory distress.

VAERS ID:	**262644**	**Age:**	46	**Sex:**	M
Vaccination date:	7/28/2006	**Onset date:**	8/4/2006	**Days later:**	7
Report date:	8/11/2006			**Entry date:**	9/6/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	0
JEV	AVENTIS PASTEUR, INC.	0
MEN	AVENTIS PASTEUR, INC.	0
MMR	MERCK & CO. INC.	

SYMPTOMS: Pruritus Rash

10 small 2cm in diameter measle-like rash on R forearm elbow to wrist only. Itching occurred at about one week after MMR same side. No fever at any time, saw pt 8/14/06 for Boosters. 8/11/06 Rash crusted over no other symptoms since previous note (itching resolved). 8/25/06 resolved rash.

VAERS ID:	196355	Age:	47	Sex:	F
Vaccination date:	2/1/2002	Onset date:	2/3/2002	Days later:	2
Report date:	1/9/2003			Entry date:	1/17/2003
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HEP	GLAXOSMITHKLINE	0

SYMPTOMS: ECCHYMOSIS INJECT SITE REACT

In February, 2002, the vaccinee received her 1st injection of Engerix-B. Two days, post vax, she experienced bruising at the injection site measuring 2" in diameter. As of 2/27/02, the bruise was resolving, but still present. The reporter considered the event to be probably related to Engerix-B administration.

VAERS ID:	209426	Age:	47	Sex:	F
Vaccination date:	5/11/2001	Onset date:	5/20/2001	Days later:	9
Report date:	9/18/2003			Entry date:	9/19/2003
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	1

SYMPTOMS: AMNESIA ARTHRALGIA ASTHENIA BLIND BRAIN SYN ACUTE DIZZINESS HEADACHE HEALING ABNORM LAB TEST ABNORM NEUROPATHY PAIN PARESTHESIA TACHYCARDIA TINNITUS

This report described the occurrence of an "Optic nerve problem" (NOS) and vision loss in a 47 year old female patient who received Lyme disease vaccine recombinant OsPa (LymeRix) for prophylaxis. This report was received as part of litigation proceddings, and has not been verified by a physician or other healthcare professional. The patient submitted a reports (dated Dec 16, 2002) directly to VAERS. The patient's medical history included "herinated disc in lower back". There were reportedly no concurrent c

VAERS ID:	215782	Age:	47	Sex:	U
Vaccination date:	4/16/1999	Onset date:	0000-00-00	Days later:	
Report date:	1/29/2004			Entry date:	1/29/2004
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
LYME	GLAXOSMITHKLINE	

SYMPTOMS: AMNESIA ASTHENIA ATAXIA DIZZINESS GAIT ABNORM LAB TEST ABNORM PARESTHESIA

Initial symptons began Sunday(4/01). They were fatigue, lightheadedness,brain "fog",peripheral weakness,numbness across bridge of nose, walking gait disruption and loss of balance.Essetially all of these symptoms have persisted with varying degrees. No treatment was rendered.

VAERS ID:	268828	Age:	47	Sex:	M
Vaccination date:	11/7/2006	Onset date:	11/10/2006	Days later:	3
Report date:	12/13/2006			Entry date:	12/13/2006
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
RAB	CHIRON CORPORATION	0

SYMPTOMS: Constipation Diarrhoea Fatigue Hyperaesthesia Hypoaesthesia Nasal congestion Pyrexia

Three days after receiving HRIG and Rabies Vaccine, surface numbness started in legs. Within 2 weeks, progressed to feet, groin, trunk, arms, head. Total skin surface sensory deficit w/areas of temperature insensitivity. Pin prick significantly redcued. Light touch most impacted. Also gastro symptoms (diarrhea, constipation), fasciculations, burning sensations, muscle fatigue. Also experienced cold/flu symptoms one week after vaccine. Weakness, low grade fever, chest & sinus congestion.

VAERS ID:	297304	Age:	47	Sex:	F
Vaccination date:	11/7/2007	Onset date:	11/8/2007	Days later:	1
Report date:	11/8/2007			Entry date:	11/19/2007
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	SANOFI PASTEUR	

SYMPTOMS: Headache Injection site pain Nausea

Phone call made by pt, she c/o (L) deltoid tender to touch after vaccine admin. On 11/8/07 pt c/o nausea and headache.

VAERS ID:	280934	Age:	47	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	5/16/2007			Entry date:	5/24/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Antibody test negative

Information has been received from a 47 year old female registered nurse who in 2002 was vaccinated subcutaneously with two doses of Varivax. Subsequently the patient's titer in 2002 was 0.86, normal was reported to be above 0.9. Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**269063**	**Age:**	47	**Sex:**	F
Vaccination date:	11/20/2006	**Onset date:**	11/21/2006	**Days later:**	1
Report date:	12/13/2006			**Entry date:**	12/18/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
FLU AVENTIS PASTEUR, INC.

SYMPTOMS: Difficulty in walking Fatigue Headache Inflammation Joint stiffness Swelling Urinary tract infection

11/21 and 11/22-headache, stiff neck, low grade fever; 11/23 felt fatigued, neck and back pain; 11/24 "night sweats"-joints ached, felt warm and knees became swollen. Temp 101.5; 11/26 difficulty walking-went to emergency room. Treated with IV fluid and anti- flammatory med. Discharged with Doxyclyine and Naprocyn; 11/28 went to primary care physician-had urinary tract infection, given Cipro and cortisone shot; 12/1 inflammation decreased and saw a rheumatologist. Blood work drawn.

VAERS ID:	**208914**	**Age:**	47	**Sex:**	F
Vaccination date:	8/18/2003	**Onset date:**	8/25/2003	**Days later:**	7
Report date:	8/29/2003			**Entry date:**	9/8/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
TD AVENTIS PASTEUR,

SYMPTOMS: PAIN INJECT SITE RASH VESIC BULL

Patient noticed pain on injection site 1 week later. Patient found blister 4 cm from the injection site on the 7th day of injection.

VAERS ID:	**267800**	**Age:**	47	**Sex:**	F
Vaccination date:	11/15/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/24/2006			**Entry date:**	11/27/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: **Manufacturer:** **Dose:**
FLU AVENTIS PASTEUR, INC.

SYMPTOMS: Bacteria stool identified Clostridium colitis Diarrhoea Pharyngolaryngeal pain Pyrexia

I was called by pts coworker stating she developed a high fever the day after the vaccine was administered and was hospitalized for possible encephalitis. 11/27 received update from coworker that doctors did not feel she had reaction to vaccine.

VAERS ID:	214076	Age:	47	Sex:	F
Vaccination date:	11/8/2003	Onset date:	11/8/2003	Days later:	0
Report date:	11/17/2003			Entry date:	12/17/2003
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	0
PPV	MERCK & CO. INC.	0

SYMPTOMS: HYPERTONIA MASS INJECT SITE PAIN

5 hours after injection pt experienced soreness at injection site, increased soreness/stiffness in right upper arm with extension of arm. Denies fever, redness, states no relief from discomfort from pain. Small area of induration. Discomfort persisted for 72 hours. Pt called private MD who stated this was NOT allergic reaction; MD stated was common side effect.

VAERS ID:	267138	Age:	47	Sex:	F
Vaccination date:	9/25/2006	Onset date:	9/25/2006	Days later:	0
Report date:	9/28/2006			Entry date:	11/17/2006
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	

SYMPTOMS: Feeling hot Hyperhidrosis Injection site erythema Injection site swelling Injection site swelling Pyrexia

Fever (sweating), temperature unknown, on night of 9/25 and during day of 9/26. Raised, swollen, red, hot at site of injection.

VAERS ID:	271395	Age:	47	Sex:	F
Vaccination date:	1/12/2007	Onset date:	1/13/2007	Days later:	1
Report date:	1/22/2007			Entry date:	1/29/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TDAP	AVENTIS PASTEUR	0

SYMPTOMS: Chest discomfort Injection site erythema Injection site vesicles Pyrexia

Low grade fever, Tylenol etc. Local erythema/blistering at injection site-Topical bactroban. "chest tightness" resolving over weekend.

VAERS ID:	292590	Age:	48	Sex:	F
Vaccination date:	9/25/2007	Onset date:	9/30/2007	Days later:	5
Report date:	10/10/2007			Entry date:	10/10/2007
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination: FLU
Manufacturer: SANOFI PASTEUR
Dose:

SYMPTOMS: Urticaria

Severe hives, cortisone injection, Zyrtec at bedtime, Allegra 180 during day, 8 dys Prednisone.

VAERS ID:	216294	Age:	48	Sex:	F
Vaccination date:	1/29/2004	Onset date:	1/29/2004	Days later:	0
Report date:	1/30/2004			Entry date:	2/11/2004
Administered by:	PUB	State:	NJ	Funded by:	PUB
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: FLU
Manufacturer: EVANS VACCINES
Dose: 7

SYMPTOMS: URTICARIA

Client contacted agency in PM of 01/29/2004 and reported urticaria developing at 16:30. Took Benadryl spoke with MD, no other s/s. Seen by MD 01/30/04 and diagnosed probable allergy to antibiotic Avelox (started AM 01/29/04).

VAERS ID:	237283	Age:	48	Sex:	F
Vaccination date:	3/31/2005	Onset date:	4/12/2005	Days later:	12
Report date:	4/13/2005			Entry date:	5/12/2005
Administered by:	PVT	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: ANGIOEDEMA DYSPNEA EDEMA FACE EDEMA TONGUE

Woke up at 3:00 AM 04/12/05 with difficulty breathing, swollen tongue, large hives on entire body, eyes swollen. Called 911 Taken to ER for TX.

VAERS ID:	250286	Age:	48	Sex:	F

Vaccination date:	12/15/2005	**Onset date:**	12/28/2005	**Days later:**	13
Report date:	1/11/2006			**Entry date:**	1/11/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Facial palsy Hypoaesthesia

Progressive drooping right eye, right cheek and right side of mouth/upper lip, decreased sensation right side of face and mouth over the course of two days. Diagnosed as Bell's palsy on ER visit on third day, and treated with course of steriods po.

VAERS ID:	**297267**	**Age:**	48	**Sex:**	F
Vaccination date:	11/1/2007	**Onset date:**	11/1/2007	**Days later:**	0
Report date:	11/7/2007			**Entry date:**	11/19/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Flushing Injection site erythema Injection site pruritus Sensation of foreign body Sensation of heaviness

flushed at 12:03 pm, by 12:08 pm Benadryl 25 mg 1 tablet po x 1 for itching at injection site and slightly red 12:20 pm 140/100-64, 12:31-140/90-76; 12:36pm (L) arm heavy and then subsided. At 3:25 pm, she tc'd then RN and c/o throat lumpness." Directed her to ER immediately.

VAERS ID:	**302828**	**Age:**	48	**Sex:**	M
Vaccination date:	1/12/2008	**Onset date:**	1/13/2008	**Days later:**	1
Report date:	1/16/2008			**Entry date:**	1/16/2008
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	0

SYMPTOMS: Back pain Cold sweat Dizziness Dizziness Feeling of body temperature change Hyperhidrosis Injection site pain Migraine Myalgia Nausea Rash

nausea,muscle pain throught body especially in location where administered(rt arm) and lower back pain. Hot and cold sweat,dizziness/lightheadedness accompanied by migrane headache. Secondary reaction rash on shoulders and back.

VAERS ID:	**198517**	**Age:**	48	**Sex:**	F

Vaccination date:	2/21/2000	**Onset date:**	5/1/2000	**Days later:**	70
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: AMNESIA ARTHRITIS ASTHENIA DEPRESSION HYPESTHESIA MED ERROR TENOSYNOVITIS

This report describes arthritis in a 48 y.o. female vaccinee who received Lyme disease vax. The medical history included breast lump (97), Lyme disease treated for over 2 yrs w/antibiotics including intravenous antibiotics (92), "somewhat depressed", residual fibromyalgia secondary to Lyme disease (96), back pain (96), cervical/upper back spasms (96), recurrent paresthesias (96), shoulder pain (96), elbow pain (96), labyrinthitis (90), loss of normal cervical disc space, osteophyte formation C5-6 and C6-7,

VAERS ID:	**207806**	**Age:**	48	**Sex:**	M
Vaccination date:	1/13/2000	**Onset date:**	1/15/2000	**Days later:**	2
Report date:	8/6/2003			**Entry date:**	8/13/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	

SYMPTOMS: ARTHRALGIA HYPERTONIA MYALGIA PARESTHESIA

Arms and hands numb, muscle aches constant muscle "spasms" tremors. Muscle constantly cramps up. When trying to bowl, shooting numbness across shoulder blades. Degenerative neck and extremities tingling, joint aches.

VAERS ID:	**216637**	**Age:**	48	**Sex:**	M
Vaccination date:	1/26/2004	**Onset date:**	1/28/2004	**Days later:**	2
Report date:	2/18/2004			**Entry date:**	2/18/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	5

SYMPTOMS: PAIN

PAIN IN LEFT SHOULDER JOINT

VAERS ID:	**223405**	**Age:**	48	**Sex:**	M
Vaccination date:	2/18/2003	**Onset date:**	2/20/2003	**Days later:**	2

Report date:	6/23/2004			**Entry date:**	6/28/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	BIOPORT CORPORAT	1

SYMPTOMS: ANGIOEDEMA ARTHRALGIA ASTHENIA HEADACHE MYALGIA PRURITUS

Headaches, Myalgias/Arthralgias, Fatigue (chronic), Pruritus, angioedema (not noted until Nov 2003)

VAERS ID:	**237665**	**Age:**	48	**Sex:**	M
Vaccination date:	5/11/2005	**Onset date:**	5/12/2005	**Days later:**	1
Report date:	5/16/2005			**Entry date:**	5/20/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	AVENTIS PASTEUR,	1

SYMPTOMS: ASTHENIA FEVER HEADACHE LAB TEST ABNORM LEUKOCYTOSIS LEUKOPENIA MYALGIA

Received Td booster left deltoid 0.5ml IM on 5/11/05 at about 10:30 AM. Awoke about 08:00 on 5/12/05 with generalized aches and fatigue. By 10:30 AM, had headache (bilateral temples) throbbing. Fever 100.8 after one Tylenol taken. On 5/13/05 only symptoms are body ache and fatigue. 5/14/05 back to normal.

VAERS ID:	**289423**	**Age:**	48	**Sex:**	F
Vaccination date:	8/27/2007	**Onset date:**	8/27/2007	**Days later:**	0
Report date:	8/30/2007			**Entry date:**	8/30/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Appetite disorder Chills Fatigue Feeling abnormal Injection site pain Injection site swelling Malaise Sinus congestion

Received Tdap vaccine in left deltoid at 3:30PM on 8/27/07. 5 hours later, began experiencing fatigue, hunger and pain in left deltoid. She went to bed and woke up 8/28 with very painful, swollen deltoid, but not inflamed. The hunger persisted throughout the day and she developed chills with no fever. Malaise, but no headache. "I felt like crap." Facial sinuses felt "full." "I felt twinges in my submaxillary nodes." No headache. 8/29- still fatigued. No treatment required

VAERS ID:	**197424**	**Age:**	49	**Sex:**	M
Vaccination date:	2/11/2000	**Onset date:**	2/11/2000	**Days later:**	0

Report date:	2/2/2003			**Entry date:**	2/7/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
LYME GLAXOSMITHKLINE

SYMPTOMS: ARTHRALGIA JOINT DIS MALAISE PAIN INJECT SITE

Severe pain at injection site at time of vaccine. At present, joint pain and stiffness; general malaise.

VAERS ID:	**293532**	**Age:**	49	**Sex:**	F
Vaccination date:	9/13/2007	**Onset date:**	9/20/2007	**Days later:**	7
Report date:	10/17/2007			**Entry date:**	10/17/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
DT UNKNOWN MANUFACTURER

SYMPTOMS: Blood test Musculoskeletal pain Nuclear magnetic resonance imaging Pain Pain Pain in extremity

Continued pain and soreness in left arm and shoulder where vaccine was administered. Pain lifting and moving both arms, reduced ability to grasp objects. "Allergy Shiners" in both eyes. General aches and pains in under arm area and in back of knees. Have visited family physician, neurologist and rhinologist to date with no improvement in conditions.

VAERS ID:	**240145**	**Age:**	49	**Sex:**	F
Vaccination date:	4/14/2004	**Onset date:**	4/16/2004	**Days later:**	2
Report date:	1/24/2005			**Entry date:**	6/10/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
TD AVENTIS PASTEUR,

SYMPTOMS: EDEMA INJECT SITE INJECT SITE REACT MASS INJECT SITE VASODILAT

From initial info received on 8/13/04 from another mfr., a physician reported of an adverse event occurring in the USA. A 49 year old female pt received a TD ADS ADULT vaccination, lot U1019AA, route and site of administration not reported, on an unspecified date. On 4/16/04, the pt developed swelling down the arm, extreme induration and extreme warmth at the injection site. She was treated with prednisone, Allegra, ranitidine and ibuprofen. The pt improved after drug therapy and recovered from these events

VAERS ID:	**210699**	**Age:**	49	**Sex:**	M
Vaccination date:	10/17/2003	**Onset date:**	10/18/2003	**Days later:**	1
Report date:	10/20/2003			**Entry date:**	10/20/2003

Administered by:	UNK	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: AGITATION MALAISE MYALGIA PAIN INJECT SITE

Patient dropped in this a.m. stating that he awoke the morning of 18 October 2003 with malaise, general achiness, and crankiness (per a close friend). This has continued until this a.m. No fever. Has slight pain at injection site, but no swelling or heat over area.

VAERS ID:	**300102**	**Age:**	49	**Sex:**	F
Vaccination date:	12/3/2007	**Onset date:**	12/7/2007	**Days later:**	4
Report date:	12/11/2007			**Entry date:**	12/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Abdominal pain lower Cold sweat Cough Dizziness Dyspepsia Fatigue Flatulence Headache Nausea Pain Somnolence

Started 12/4/07 tired & achy, sleepy, "weird dizziness", cold sweats, some nausea, no vomiting, some heartburn & LLQ pain, mild cough, occipital HA, lots of gas.

VAERS ID:	**198131**	**Age:**	50	**Sex:**	M
Vaccination date:	2/14/2003	**Onset date:**	2/17/2003	**Days later:**	3
Report date:	2/21/2003			**Entry date:**	2/22/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	

SYMPTOMS: PARESTHESIA

Paresthesia (pins & needles) L arm (vaccination arm) and hand (especially) including all five digits.

VAERS ID:	**198527**	**Age:**	50	**Sex:**	M
Vaccination date:	5/30/2000	**Onset date:**	9/28/2000	**Days later:**	121
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: ARTHRALGIA ARTHRITIS RHEUMAT ASTHENIA BURSITIS ECZEMA EDEMA PERIPH FLU SYND HEADACHE LYMPHADENO MYALGIA NAUSEA NECK RIGID PAIN PAIN BACK PAIN EYE PARESTHESIA SEX FUNC ABNORM TWITCH

Report A0362649A describes rheumatoid arthritis in a 50 year old male who received Lyme disease vaccine recombinant OspA (LYMErix) for prophylaxis. This report was received as part of litigation proceedings, with forwarding of medical records. Medical history included Lyme disease (with tiredness, arthritis, and neuritis 1986), joint pain (hand), high blood pressure, chest pain, myocardial infarction (1999) managed with Beta blocker (metoprolol tartrate) and aspirin, trace mitral insufficiency, concentric l

VAERS ID:	**205827**	**Age:**	50	**Sex:**	F
Vaccination date:	1/31/2003	**Onset date:**	5/10/2003	**Days later:**	99
Report date:	7/3/2003			**Entry date:**	7/3/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: SMALL
Manufacturer: WYETH LABORATORI
Dose:

SYMPTOMS: DIPLOPIA DYSPHAGIA NEUROPATHY PARALYSIS PTOSIS SCLEROSIS MULT SPEECH DIS

On post vaccination day 99, patient began to complain of neurologic symptoms: diplopia, ptosis, leg paresis, dysphagia, and blurred speech. Saw a neurologist 3 days later who gave a diagnosis of multiple sclerosis. Clinical team in process of obtaining documentation.

VAERS ID:	**236217**	**Age:**	50	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/25/2005			**Entry date:**	4/18/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: ARTHRALGIA PAIN

This case was initially reported by a consumer and described the occurrence of knee joint pain in a 50 year old female pt who received Lyme disease vaccine recombinant (Lymerix). The initial reporter is the pt. Follow up information was received by a physician. Concurrent medication at the time of immunization included Thyroxine sodium (Levoxyl). The indication for Levoxyl was not specified. The consumer reported that on an unspecified date in 2000, the pt received the third dose of Lymerix in the right arm

VAERS ID:	**267499**	**Age:**	50	**Sex:**	M
Vaccination date:	7/31/2006	**Onset date:**	7/31/2006	**Days later:**	0

Report date:	11/14/2006			**Entry date:**	11/21/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	0
TYP	AVENTIS PASTEUR, INC.	0

SYMPTOMS: Blood pressure decreased Dizziness

This case was reported by a medical assistant and described the occurrence of dizziness in a 50 year old female subject who was vaccinated with Twinrix for prophylaxis. Concurrent vaccination included Typhim VI given on 7/31/06. There were no concurrent medications. On 7/31/06, immediately following vaccination with Twinrix, the subject experienced dizziness, lightheadness and low blood pressure. The pt presented to the ER and it was unk if the pt was hospitalized. The reporter considered the events were cl

VAERS ID:	**224957**	**Age:**	50	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/30/2004			**Entry date:**	8/5/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE INJECT SITE REACT PAIN INJECT SITE

Information ahs been received from physician concerning a 50 year old male who was vaccinated with a first dose of pneumococcal 23v polysaccharide vaccine. The reporter indicated that the pt recently developed a site reaction after vaccination. The reaction was marked by redness, swelling and pain at the injection site. The pt did not have an extended recovery period. Unspecified medical attention was sought. A product quality complaint was not involved. Additional info has been requested. The physician als

VAERS ID:	**244852**	**Age:**	50	**Sex:**	F
Vaccination date:	9/13/2005	**Onset date:**	9/14/2005	**Days later:**	1
Report date:	9/19/2005			**Entry date:**	10/3/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS HIV TEST POS INJECT SITE REACT LAB TEST ABNORM

Cellulitis at injection site right deltoid.

VAERS ID:	**198782**	**Age:**	50	**Sex:**	M

Vaccination date:	1/12/2003	**Onset date:**	1/15/2003	**Days later:**	3
Report date:	1/31/2003			**Entry date:**	3/4/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: ANTH YF

Manufacturer: BIOPORT CORPORAT AVENTIS PASTEUR,

Dose: 2

SYMPTOMS: MYASTHENIA PAIN TENDON DIS VASODILAT

Three day post shot L arm-tenderness in arm. Whole length of arm-warm sensation, pins and needles, feels very weak.

VAERS ID:	**260689**	**Age:**	50	**Sex:**	F
Vaccination date:	11/15/2005	**Onset date:**	11/16/2005	**Days later:**	1
Report date:	7/21/2006			**Entry date:**	7/25/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PPV

Manufacturer: MERCK & CO. INC.

Dose:

SYMPTOMS: Cellulitis

Information has been received from a physician via a company rep, and a nurse concerning a female pt in her early 50's, with unk medical history and unk drug reactions/allergies, who on approx 15Nov05 was vaccinated (route unk) with a dose of pneumococcal 23v polysaccharide vaccine (651523/0604R). On approx 16Nov05 (in the same week) the pt developed cellulitis involving the whole arm. There was no medication given. The pt was instructed to apply hot or warm compresses. Outcome unk. The nurse could not prov

VAERS ID:	**260690**	**Age:**	50	**Sex:**	M
Vaccination date:	11/15/2005	**Onset date:**	11/16/2005	**Days later:**	1
Report date:	7/21/2006			**Entry date:**	7/25/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PPV

Manufacturer: MERCK & CO. INC.

Dose:

SYMPTOMS: Cellulitis

Information has been received from a physician, via a company rep, and a nurse concerning a male pt in his 40's to 50's, with unk medical history and unk drug reactions/allergies, who on approx 15Nov05 was vaccinated (route unk) with a dose of pneumococcal 23v polysaccharide vaccine (651523/0604R). On approx 16Nov05 (in the same week), the pt developed cellulitis. Information on the outcome was not known. The nurse could not provide additional details. However, she reported that the office would keep track

VAERS ID:	**258421**	**Age:**	50	**Sex:**	M

Vaccination date:	8/3/2005	**Onset date:**	4/20/2006	**Days later:**	260
Report date:	6/12/2006			**Entry date:**	6/15/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2

SYMPTOMS: Drug ineffective Laboratory test abnormal

Information has been received from a RN concerning a 50 year old, or older, male with no allergies and a medical history of rabies who on 03Dec04, 19Jan05, and 03Aug05 was vaccinated IM in the deltoid with a first (lot648213/0596P), second (lot648212/0479P), and third (lot647985/0061R) adult dose of hep B virus vaccine rHBsAg (yeast). It was noted that the pt received a dose of rabies vaccine (unspecified) between the second and third dose or was given after the third dose of hep B virus vaccine rHBsAg (yea

VAERS ID:	**257818**	**Age:**	50	**Sex:**	M
Vaccination date:	7/19/2005	**Onset date:**	10/22/2005	**Days later:**	95
Report date:	5/26/2006			**Entry date:**	5/30/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	2
HEPA	MERCK & CO. INC.	1

SYMPTOMS: Drug ineffective Hepatitis A Viral infection

Information has been received from a registered nurse concerning a 50 year old male who in Mar 2004, was vaccinated with the first dose of hep A virus vaccine inactivated. Concomitant therapy included zolpidem tartrate (Ambien). In July 2005, the pt received the second dose of hep A virus vaccine inactivated (lot 649456/0174R). On 22Oct05 (previously reported as an unspecified date), the pt developed asymptomatic Hep A. The pt sought unspecified medical attention. At the time of this report, the outcome of

VAERS ID:	**250527**	**Age:**	50	**Sex:**	F
Vaccination date:	8/20/2000	**Onset date:**	9/30/2002	**Days later:**	771
Report date:	1/18/2006			**Entry date:**	1/19/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: Arthralgia Back pain Bronchitis Chills Epistaxis Eye inflammation Fatigue Gastrointestinal disorder Headache Muscle twitching Pyrexia Rash Urethral pain Vertigo

August 1989: Tick bites while hiking, rash 2-week course of tetracycline. Some persistent symptoms & problems from 1990 to present, but not suspected of being Lyme-related. May - August 2000: Received 3-injection course of LYMErix vaccine from family doctor. I requested vaccine because of possible exposure to ticks through sports & hobbies. January 2000: changed primary care physician because of move. Late 2002 (September?): joint pains, eye inflammation, facial muscles twitching,stabbing pains in costove

VAERS ID:	**300392**	**Age:**	50	**Sex:**	F
Vaccination date:	4/5/2007	**Onset date:**	4/6/2007	**Days later:**	1
Report date:	11/14/2007			**Entry date:**	12/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE BIOLOGICALS	0

SYMPTOMS: Balance disorder Blood test normal Computerised tomogram Gait disturbance Headache Hypoaesthesia Swelling Urine analysis normal Vision blurred

This case was reported by a consumer and described the occurrence of numbness on one side of body in a 50-year-old female subject who was vaccinated with hepatitis A inactivated and hepatitis B recombinant vaccine (Twinrix, GlaxoSmithKline) for prophylaxis. A physician or other health care professional has not verified this report. The reporting consumer is the subject's boyfriend. The subject was described as premenopausal. Concurrent medications included Sertraline hydrochloride (Zoloft). On 05 April 2007 the subject received the first dose of Twinrix (1 ml, unknown, left arm). On 6 April 2007, 1 day after vaccination with Twinrix, the subject experienced numbness on the right side of her body, swelling in the lower right extremities, loss of balance, and walking difficulty. The subject's numbness started in the lower extremities, but moved to the neck as well. The numbness reportedly occurred on the right side only. Additionally, she developed headache and blurred vision on an unspecified date. She reported to a physician's office for unspecified medical attention. Blood and urine tests and a computed axial tomography scan were reportedly "all negative". The reporting consumer noted that the swelling of the lower right extremity was "particularly bad" in the subject's toes. At the time of reporting the events were worse. The vaccination course with Twinrix was discontinued.

VAERS ID:	**297268**	**Age:**	50	**Sex:**	F
Vaccination date:	11/1/2007	**Onset date:**	11/1/2007	**Days later:**	0
Report date:	11/7/2007			**Entry date:**	11/19/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Arthralgia Hypoaesthesia Injection site warmth Oedema peripheral Skin warm

11/15/07-pt told to come into office 11/5/07 (L) arm warm to wrist, swelling above elbow and Tx'd warmth around injection site. Had c/o off and on (L) finger numbness decreased this RN noted she need to go to medical department. 11/1/07: She c/o bilateral knee achiness

VAERS ID:	**198462**	**Age:**	50	**Sex:**	F
Vaccination date:	2/13/2003	**Onset date:**	2/18/2003	**Days later:**	5
Report date:	2/26/2003			**Entry date:**	2/26/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	2

SYMPTOMS: ARTHRALGIA FEVER MYALGIA RASH RASH MAC PAP
Patient developed myalgia, arthralgia, and low-grade fever (100.6 F) 5 days post-vaccination. On the 6th day post-vaccination patient developed erythematous, macular papular confluent pruritic rash over her face and back. The rash worsened in intensity and pruritis (though it did not spread from the initial sites) on day #7. No mucosal involvement was noted. Patient took diphenhydramine x 2 on day # 7 with subsequent improvement in symptoms. Marked improvement in rash noted on day # 8 post-vaccinatio

VAERS ID:	**245734**	**Age:**	51	**Sex:**	F
Vaccination date:	9/29/2005	**Onset date:**	9/29/2005	**Days later:**	0
Report date:	10/19/2005			**Entry date:**	10/20/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: ASTHENIA DYSPNEA PARESTHESIA
Initial report received from the pt on 12Oct05. A 51 yr old female pt had received an injection of Fluzone, no preservative 2005-2006, lot number U1752LA, route/site not reported on 29Sep05. On the day of vaccination, the pt experienced shortness of breath, weakness and numbness in her head. Per the reporter, it won't go away. The pt denied illness at the time of vaccination. She would not reveal information regarding pre-existing medical conditions or use of other medications at the time the time of vaccin

VAERS ID:	**273130**	**Age:**	51	**Sex:**	F
Vaccination date:	12/11/2006	**Onset date:**	12/24/2006	**Days later:**	13
Report date:	2/27/2007			**Entry date:**	2/27/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	MASS. PUB HLTH BIOL LAB	0

SYMPTOMS: Muscular weakness Musculoskeletal pain
Shoulder, biceps, triceps pain and subjective weakness to the Right arm two weeks after dT administration to that deltoid muscle.

VAERS ID:	**250691**	**Age:**	51	**Sex:**	F
Vaccination date:	3/24/2005	**Onset date:**	4/1/2005	**Days later:**	8
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	1

SYMPTOMS: Herpes zoster Medication error Similar reaction on previous exposure to drug Viral

infection
This case was reported by a healthcare professional and described the occurrence of shingles in a 51 year old female subject who was vaccinated with hepatitis B vaccine recombinant (Engerix B) for prophylaxis. Medical history included arrhythmia. the subject dose not use alcohol or tobacco. Concurrent medications included Atenolol for an unspecified medical condition. On 2/10/2005 the subject received the first dose of Engerix B (lot number not provided). Within 7 to 10 days after vaccination with the first

VAERS ID:	**279369**	**Age:**	51	**Sex:**	F
Vaccination date:	5/9/2007	**Onset date:**	5/11/2007	**Days later:**	2
Report date:	5/15/2007			**Entry date:**	5/22/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	0

SYMPTOMS: Cellulitis Oedema peripheral Wrong drug administered
Arm swelled after 48 hr after Dtap possible cellulitis. RX Keflex 500g TIX X 7d Medrol dose pak

VAERS ID:	**236183**	**Age:**	51	**Sex:**	M
Vaccination date:	4/16/2005	**Onset date:**	4/17/2005	**Days later:**	1
Report date:	4/17/2005			**Entry date:**	4/17/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	9
TYP	AVENTIS PASTEUR,	3

SYMPTOMS: EDEMA FACE PAIN PARESTHESIA SPEECH DIS
Chief complaint of right arm numbness, pain, difficulty speaking, asymetry of lips at 2:30 in the afternoon following a vaccination of Influenza and Typhoid at 11:30am. Member was taken to hospital by EMS.

VAERS ID:	**251735**	**Age:**	51	**Sex:**	F
Vaccination date:	2/16/2006	**Onset date:**	2/17/2006	**Days later:**	1
Report date:	2/21/2006			**Entry date:**	2/21/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	MERCK & CO. INC.	0

SYMPTOMS: Rash Urticaria

Rash under breast line, then welts started all over head, feet, face, legs, back. Rash started 2/17/06.

VAERS ID:	**227516**	**Age:**	52	**Sex:**	F
Vaccination date:	10/1/2004	**Onset date:**	10/2/2004	**Days later:**	1
Report date:	10/7/2004			**Entry date:**	10/7/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: TASTE PERVERS

metallic taste in mouth beginning approx 20 hours after vaccine administration and lasting approx 5 days taste alteration (most food tasted bitter)beginning approx 20 hours after vaccine administration and continuing

VAERS ID:	**267892**	**Age:**	52	**Sex:**	F
Vaccination date:	12/10/2005	**Onset date:**	12/19/2005	**Days later:**	9
Report date:	11/16/2006			**Entry date:**	11/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: RUB
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Arthralgia Joint swelling Lymphadenopathy Oedema peripheral Rash

Information has been received from a 52-year-old female with allergies to penicillin, sulfa, phenylephrin HCL, ibuprofen; dystonic reaction to "phenothiazines"; increased heart rate and a sensation of bugs crawling on her skin after pseudoephedrine, "TCAs" and "phenoprophyline"; omeprazole (PRILOSEC) gave her a low grade headache and made her dizzy. On 10-DEC-2005 the patient was vaccinated with a 0.5 ml dose of MERUVAX II. There was no concomitant medication. On 19-DEC-2005 the patient developed swollen gl

VAERS ID:	**249537**	**Age:**	52	**Sex:**	F
Vaccination date:	11/18/2005	**Onset date:**	11/18/2005	**Days later:**	0
Report date:	12/15/2005			**Entry date:**	12/20/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose: 2

SYMPTOMS: ASTHENIA NAUSEA PALLOR PRURITUS VASODILAT

45 min after influenza vaccination client returned to clinic stating she felt nauseated and hot. Pale, moist skin warm to touch, Client weak. B/P 154/90, Pulse 76/min, resp normal. Within 30 minutes (2pm) client felt better, but start to itch, call 911 and sent to ER. Given epinephrine, Benadryl, Prednisone sent home after 2.5 hours.

VAERS ID:	**304034**	**Age:**	52	**Sex:**	F
Vaccination date:	10/15/2007	**Onset date:**	10/16/2007	**Days later:**	1
Report date:	10/23/2007			**Entry date:**	1/31/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: SANOFI PASTEUR
Dose:

SYMPTOMS: Blister Pruritus Rash

Rash on (L) shoulder w/i 17 hours of vaccine to (R) arm. Rash was dense and size of fist and turned into all blisters w/i 3 days. Also had 5 sites of large blisters with extreme itch on upper arms and wrists of both arms w/i 24 hrs.

VAERS ID:	**244797**	**Age:**	52	**Sex:**	F
Vaccination date:	9/12/2005	**Onset date:**	9/13/2005	**Days later:**	1
Report date:	9/27/2005			**Entry date:**	10/3/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose: 0

SYMPTOMS: CONVULS EDEMA FACE PARESTHESIA

Swollen lips, tightness, numbness (Left side face and Left side of body) tocal seizure.

VAERS ID:	**305134**	**Age:**	52	**Sex:**	F
Vaccination date:	10/20/2007	**Onset date:**	10/21/2007	**Days later:**	1
Report date:	2/19/2008			**Entry date:**	2/19/2008
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MANUFACTURER
Dose: 3

SYMPTOMS: Chills Headache Influenza Injection site erythema Injection site mass Injection site swelling Nasal congestion Pain Pharyngolaryngeal pain Pyrexia

quarter size bump at injection site for approx one month, with reddness and swelling. Got the flu the 2 days later for 10 days with symptoms of Fever of 102, chills, aches, headache, congestion, sore throat.

VAERS ID:	**233517**	**Age:**	54	**Sex:**	M
Vaccination date:	6/9/2004	**Onset date:**	6/10/2004	**Days later:**	1
Report date:	1/31/2005			**Entry date:**	2/8/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TD
Manufacturer: MASS. PUB HLTH B
Dose:

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PRURITUS

The patient received the Td vaccine and 24 hours later experienced swelling, redness and itchiness at left arm (site of the injection). Follow up on 06/18/04: Patient's doctor was contacted and stated that the patient recovered.

VAERS ID:	**299474**	**Age:**	54	**Sex:**	F
Vaccination date:	10/13/2006	**Onset date:**	10/13/2006	**Days later:**	0
Report date:	11/28/2006			**Entry date:**	11/14/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: SANOFI PASTEUR
Dose:

SYMPTOMS: Injection site pain Injection site reaction

Pain localized injection site reaction

VAERS ID:	**198524**	**Age:**	54	**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	10/29/2001	**Days later:**	
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 1

SYMPTOMS: ARTHRALGIA ASTHENIA HEADACHE MALAISE MYALGIA NECK RIGID PAIN BACK PAIN NECK PARESTHESIA PHARYNGITIS

This report describes the occurrence of chronic relapsing late Lyme disease in a 54 year old male who was vaccinated with Lyme disease vaccine recombinant OspA (LYMErix). This report was received as part of litigation proceedings, with forwarding of medical records. The subject's medical history included multiple food allergies, symptoms of Lyme disease since 1970, late-stage Lyme disease with neuropathy of the arms and legs, squamous and basal cell carcinomas, Bowen's disease, solar keratosis, actinic kera

VAERS ID:	**207772**	**Age:**	54	**Sex:**	M
Vaccination date:	2/21/2003	**Onset date:**	2/28/2003	**Days later:**	7
Report date:	8/6/2003			**Entry date:**	8/13/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	1

SYMPTOMS: ARTHRALGIA ASTHENIA HYPERKINESIA INSOMNIA MYALGIA

Joint and muscle pain, especially eye muscle pain; insomnia; restless legs; fatigue. Referred to PMD.

VAERS ID:	**278209**	**Age:**	54	**Sex:**	M
Vaccination date:	4/14/2007	**Onset date:**	4/30/2007	**Days later:**	16
Report date:	5/2/2007			**Entry date:**	5/8/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	UNKNOWN MANUFACTURER	3
HEP	UNKNOWN MANUFACTURER	3

SYMPTOMS: Hypothyroidism Liver function test abnormal Thrombocytopenia

Diagnosed with hypothyroidism, thrombocytopenia, and abnormal liver test (SGOT). Note: This is the second Hepatitis B #3 I received. Last dose was given 15 Sep 2006.

VAERS ID:	**264260**	**Age:**	54	**Sex:**	M
Vaccination date:	10/6/2006	**Onset date:**	10/7/2006	**Days later:**	1
Report date:	10/10/2006			**Entry date:**	10/10/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	

SYMPTOMS: Chills Pyrexia

24 hours after flu shot got chills and 96.5ºF body temp. Slept for 4 hours. Awoke with 101.3º body temp. Spent rest of day and most next day in bed with fever around 101º. Fever subsided in evening. Following day body temp back to normal. Feel fine today...4 days later.

VAERS ID:	**200489**	**Age:**	55	**Sex:**	F
Vaccination date:	1/31/2003	**Onset date:**	2/18/2003	**Days later:**	18
Report date:	3/28/2003			**Entry date:**	3/29/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
SMALL	WYETH LABORATORI	1

SYMPTOMS: CORONARY ART DIS HYPERTENS LAB TEST ABNORM PAIN CHEST PARESTHESIA SWEAT

Revaccinee. Pt experienced chest pressure, bilateral arm numbness and diaphoresis; called 911. Selfmediated w/ Aspirin and was given NTG by EMS. Pt hospitalized x 1 day and discharged to home w/ folic acid and Norvasc. No contraindications to vaccine. No significant PMH. Cathel 6 pm helped only by integration (helps plts; g? as bolus). Dx: coronary artery disease. Cath= 20% plague in two vessels. Low grade coronary artery disease, mild aortic regurgitation, LVH with normal LV systolic function, and hyperten

VAERS ID:	**236218**	**Age:**	55	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/25/2005			**Entry date:**	4/18/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ARTHRALGIA GAIT ABNORM PAIN

This case was reported by a consumer and described the occurrence of knee joint pain in a 55 year old male pt who received Lyme disease vaccine recombinant (Lymerix). The reporter is the pt. A physician or other health care professional has not verified this report. The pt's medical history was notable for no drug allergies. Concurrent medication at the time of immunization included Atorvastatin calcium (Lipitor). On an unspecified date in 2000, the pt received the third dose of Lymerix. Approx four years a

VAERS ID:	**248379**	**Age:**	55	**Sex:**	M
Vaccination date:	11/17/2005	**Onset date:**	11/17/2005	**Days later:**	0
Report date:	11/29/2005			**Entry date:**	11/29/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	

SYMPTOMS: COUGH INC DYSPNEA SPEECH DIS VASODILAT

Stutering, hot flush feeling on face shortness of breath. Dry cough

VAERS ID:	**250696**	**Age:**	55	**Sex:**	M
Vaccination date:	7/20/2005	**Onset date:**	8/17/2005	**Days later:**	28
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 5

SYMPTOMS: Drug ineffective Medication error

This case was reported by a nurse and described a 55 year old male subject who did not respond to immunization with hepatitis B vaccine recombinant (Engerix B). The subject does not consume alcohol and occasional cigar smoker. On 11/12/2002, the subject received the 1st dose of Engerix B (lot ENG3231D6). On 12/17/2002, the subject received the 2nd dose of Engerix B (lot ENG5371A4). On 4/28/2003, the subject received the 3rd dose of Engerix B (lot ENG5377A4). This represents an interval of five months betwee

VAERS ID:	**275832**	**Age:**	56	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/4/2007			**Entry date:**	4/9/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: CHIRON CORPORATION
Dose:

SYMPTOMS: Herpes zoster

Pt was seen by chiropractor 3 mo after pt received Flu vaccine and was diagnosed as to having shingles. Chiropractor said she had seen several similar situations recently.

VAERS ID:	**199881**	**Age:**	56	**Sex:**	F
Vaccination date:	3/3/2003	**Onset date:**	3/3/2003	**Days later:**	0
Report date:	3/12/2003			**Entry date:**	3/19/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: PRURITUS RASH MAC PAP

Pruritus and macular rash on forearms and torso within 30 - 45 seconds of administration of Pneumovax - 23. Treated with Epinephrine and Benadryl.

VAERS ID:	**276543**	**Age:**	56	**Sex:**	F
Vaccination date:	3/14/2007	**Onset date:**	3/31/2007	**Days later:**	17
Report date:	4/4/2007			**Entry date:**	4/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	AVENTIS PASTEUR	

SYMPTOMS: Chills Headache Pyrexia Rash Sinusitis

Patient reported fever, chills, headache and rash two weeks after dose of Tdap, was also receiving avalox for sinusitis PCP believed symptoms due to the vaccine and not the Avalox

VAERS ID:	**211356**	**Age:**	56	**Sex:**	F
Vaccination date:	10/15/2003	**Onset date:**	10/17/2003	**Days later:**	2
Report date:	10/24/2003			**Entry date:**	10/31/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA PERIPH RASH

It was reported that a 56 year old female pt received a dose of Fluzone SV '2003-'2004, lot #U1135EA, administered IM in the left deltoid on 10/15/03. Two days later, the pt developed rash on her back, arms and torso for which she took Benadryl and steroids. On 10/19/03, the pt was admitted to the ER due to generalized rash, for which she was given Zyrtec, Prednisone, and Rantidine and then discharged. The following day, the pt reported bilateral leg swelling and was hospitalized the next day due to persist

VAERS ID:	**249436**	**Age:**	56	**Sex:**	F
Vaccination date:	12/2/2005	**Onset date:**	12/4/2005	**Days later:**	2
Report date:	12/6/2005			**Entry date:**	12/16/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0
PPV	MERCK & CO. INC.	0

SYMPTOMS: HYPOKINESIA PAIN PAIN NECK

Received pneumovax right arm on Fri. By saturday am arm was sore. By Sunday am, could not raise arm. Had burning, sharp pain radiating from jaw down neck, to injection site, to elbow, thumb and 1st 2 fingers of right hand. Is wearing sling on advice of physical therapy friend; taking ibuprofen and icing arm.

VAERS ID:	**252620**	**Age:**	56	**Sex:**	F
Vaccination date:	5/16/2005	**Onset date:**	5/19/2005	**Days later:**	3
Report date:	3/2/2006			**Entry date:**	3/10/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	GLAXOSMITHKLINE	0

SYMPTOMS: Rash Upper respiratory tract infection

This case was reported by a nurse and described the occurrence of upper respiratory infection in a 55 year old female subject who was vaccinated with hep A vaccine inactivated (Havrix) for prophylaxis. The reporter is the pt. Concurrent medical conditions included seasonal allergy and possible viral illness. There were no concurrent medications. On 16May05 the subject received 1st dose of Havrix in the right arm. On 19May05, 3 days after vaccination with Havrix, the subject experienced an upper respiratory

VAERS ID:	**216635**	**Age:**	57	**Sex:**	M
Vaccination date:	7/27/2000	**Onset date:**	6/30/2001	**Days later:**	338
Report date:	2/18/2004			**Entry date:**	2/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ASTHENIA HEADACHE MYALGIA PAIN

Symptoms are fatigue, severe pain in knees, general aches and pains throughout body, and headaches.

VAERS ID:	**216636**	**Age:**	57	**Sex:**	F
Vaccination date:	7/27/2000	**Onset date:**	5/31/2001	**Days later:**	308
Report date:	2/18/2004			**Entry date:**	2/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: ASTHENIA MYALGIA PAIN

Symptoms are fatigue, severe pain in hands, general aches and pains throughout body

VAERS ID:	**229356**	**Age:**	57	**Sex:**	F
Vaccination date:	10/28/2004	**Onset date:**	10/28/2004	**Days later:**	0
Report date:	11/29/2004			**Entry date:**	11/17/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: HYPOKINESIA PAIN PAIN INJECT SITE PARESTHESIA

Upon administration felt pain and tingling radiating down to fingertips ,tingling lasted for 1 hour. Doctor did not provide any recommendation. Then pain began from vax site to bottom of arm, restricted movement. Pain ha been chronic for 2.5 weeks and worsened to the point that can't raise arm to any degree. On 11/15 doctor prescribed Bextra 10mg daily.

VAERS ID:	**253098**	**Age:**	57	**Sex:**	F
Vaccination date:	3/1/2006	**Onset date:**	3/4/2006	**Days later:**	3
Report date:	3/20/2006			**Entry date:**	3/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: Lymphadenopathy Rash

3/14/2006 Rash upper trunk, occipital adenopathy.

VAERS ID:	**237698**	**Age:**	57	**Sex:**	F
Vaccination date:	5/15/2005	**Onset date:**	5/16/2005	**Days later:**	1
Report date:	5/20/2005			**Entry date:**	5/20/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: CELLULITIS FEVER INFECT BACT INJECT SITE REACT LEUKOCYTOSIS PAIN INJECT SITE

Injection site pain. Cellulits at the injection site. 103.4 F temparature. Treatment: Levofloxacin 500 mg iv x 3 days Vancomycin 1 gram q12n x 2 days Patient was positive for Staph/-Coag Neg

VAERS ID:	**213040**	**Age:**	57	**Sex:**	F
Vaccination date:	11/20/2003	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/25/2003			**Entry date:**	11/25/2003
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: ANTH
Manufacturer: BIOPORT CORPORAT
Dose: 1

SYMPTOMS: EDEMA FEVER VASODILAT

redness,swollenand feverish

VAERS ID:	**213568**	**Age:**	57	**Sex:**	U
Vaccination date:	8/19/2002	**Onset date:**	8/22/2002	**Days later:**	3
Report date:	1/27/2003			**Entry date:**	12/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: EDEMA INJECT SITE FEVER HYSN INJECT SITE VASODILAT

From telephone correspondence received at AP on 08/28/2002, it was reported that a 57 year old patient received TD ADS ADULT (Lot # U0528AA, Exp Date 04/2004) in the right deltoid on 08/19/2002. On 08/22/2002, the patient developed swelling at the site, swelling, redness and heat from shoulder to wrist with low-grade fever. The physician recommended cold to area and Tylenol. It is not reported whether the patient recovered from these adverse events. See report U2002-00683 with the same reporter.

VAERS ID:	**228128**	**Age:**	57	**Sex:**	F
Vaccination date:	10/9/2004	**Onset date:**	10/9/2004	**Days later:**	0
Report date:	10/16/2004			**Entry date:**	10/25/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MFR
Dose:

SYMPTOMS: DEPERSONAL DYSPNEA EDEMA PERIPH URTICARIA

Same day- 4 hours later had breathing difficulty, hives, swelling on hand, severe pain in lower abdomen. My brain felt very strange out of sorts. 1 week later on 10/16, I had to go to ER because I had difficulty breathing all week.

VAERS ID:	**233525**	**Age:**	57	**Sex:**	M
Vaccination date:	8/10/2004	**Onset date:**	8/11/2004	**Days later:**	1
Report date:	8/16/2004			**Entry date:**	2/8/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	MASS. PUB HLTH B	

SYMPTOMS: CELLULITIS CHILLS EDEMA FEVER PAIN SWEAT

The patient was given a routine booster shot at work on 08/10/2004. The patient came back into the nurse on 08/12/2004 and complained of having fever, chills and sweats on 08/11/2004. These symptoms had subsided but the patients arm was still a little sore. The patient called the nurse again on 08/13/2004 and told her he ad to go to the ER with his arm. It had swelling all the way down to the wrist. The diagnosis at the ER was Cellulitis and the patient was treated with antibiotic, type unknown at this

VAERS ID:	**287741**	**Age:**	58	**Sex:**	M
Vaccination date:	5/16/2007	**Onset date:**	5/16/2007	**Days later:**	0
Report date:	7/30/2007			**Entry date:**	8/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Influenza like illness Injection site pain Pyrexia

Information has been received from a physician concerning a 58 year old male patient with drug hypersensitivity to "horse serum" and a history of cholecystectomy who on 16-MAY-2007 was vaccinated with a dose of Pneumovax 23. Concomitant therapy included Lipitor and Synthroid . On 16-MAY-2007, three hours after receiving the Pneumovax 23 the patient experienced severe pain in his left arm in the area of injection site. He also had a fever and flu-like symptoms. On 17-MAY-2007 patient still had a fever and flu like symptoms but the pain in his left arm had diminished somewhat. Additional information has been requested.

VAERS ID:	**227641**	**Age:**	58	**Sex:**	M
Vaccination date:	10/8/2004	**Onset date:**	10/8/2004	**Days later:**	0
Report date:	10/12/2004			**Entry date:**	10/12/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
PPV	MERCK & CO. INC.	

SYMPTOMS: ASTHENIA CELLULITIS EDEMA INJECT SITE EDEMA PERIPH FEVER HYPOKINESIA HYSN INJECT SITE PAIN VASODILAT
Vaccine given appx. 11 a.m. 10/08/04. Arm very sore, unable to raise it by 1:30 p.m.; large red area of swelling where injection was given. By 7:00 p.m. tiredness set in with fever and severe swelling of entire upper arm with heat eminating from area. Patient wanted to sleep and rest, but the wife wouldn't let him and finally convinced him he needed medical attention by appx. 9:00 p.m. Emergency walk-in med. center (EMO) diagnosed edema and cellulitis at site of injection, with temp. of appx. 101. Injectio

VAERS ID:	**265939**	**Age:**	58	**Sex:**	F
Vaccination date:	10/24/2006	**Onset date:**	10/24/2006	**Days later:**	0
Report date:	10/24/2006			**Entry date:**	11/3/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	

SYMPTOMS: Pruritus
Complained of itching on the left hand above thumb 1/2 hr after Flu inj. No complaint of SOB, no CP, no dyspnea, no hives, no difficulty swallowing BP 220/100. 11:15 called squad. 11:35 Taken via ambulance to hospital. Pt states, "I am the AHS man and we are having a major conversion today. I am selling and buying a house."

VAERS ID:	**270785**	**Age:**	58	**Sex:**	F
Vaccination date:	11/1/2006	**Onset date:**	11/1/2006	**Days later:**	0
Report date:	11/3/2006			**Entry date:**	1/18/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	CHIRON CORPORATION	10
PPV	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site pain Injection site reaction Injection site warmth Oedema peripheral
Right arm swelled, warm to touch 11/3, red patches around injection site. Benadryl 50 mg and Tylenol 1000 mg. No fever. Arm sore to touch. Local reaction right deltoid

VAERS ID:	**199396**	**Age:**	59	**Sex:**	M
Vaccination date:	8/7/2002	**Onset date:**	8/8/2002	**Days later:**	1
Report date:	2/27/2003			**Entry date:**	3/12/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HEPA GLAXOSMITHKLINE 1

SYMPTOMS: FEVER MALAISE

Report A0377268A describes the occurrence of "feeling crummy" in a 59 year old male who received hep A vaccine. This report was received from a nurse. The vaccinee's relevant concurrent condition included hypertension. The vaccinee's concomitant medications include Avapro. On 8/7/02, the vaccinee received the second injection of Havrix. Later that same day, the vaccinee developed a fever of 101.5 deg. and he reportedly "feels crummy." Reporter stated that the vaccinee apparently was already starting to feel

VAERS ID:	**304307**	**Age:**	59	**Sex:**	F
Vaccination date:	10/26/2007	**Onset date:**	10/27/2007	**Days later:**	1
Report date:	1/16/2008			**Entry date:**	1/29/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

FLU GLAXOSMITHKLINE BIOLOGICALS

SYMPTOMS: Injection site pain No reaction on previous exposure to drug Periarthritis

This case was reported by a healthcare professional and described the occurrence of frozen shoulder in a 59-year-old female subject who was vaccinated with Flulaval (GlaxoSmithKline) for prophylaxis. The subject's medical history included diabetes and hypothyroidism. The subject's concurrent conditions and concurrent medications were not reported. The subject had received influenza virus vaccine in previous years with no subsequent adverse events. The subject received no other immunizations on the date of receipt of Flulaval. On 26 October 2007 the subject received unspecified dose of Flulaval (unknown, left arm). On 27 October 2007, 1 day after vaccination with Flulaval, the subject experienced frozen shoulder, injection site pain and injection site soreness. The subject was seen by an orthopedic doctor. The subject was treated with Cortizone shot and physical therapy. At the time of reporting the events were unresolved. The healthcare professional considered the events were probably related to vaccination with Flulaval.

VAERS ID:	**275763**	**Age:**	59	**Sex:**	F
Vaccination date:	2/9/2007	**Onset date:**	2/10/2007	**Days later:**	1
Report date:	4/5/2007			**Entry date:**	4/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

TD AVENTIS PASTEUR 0

SYMPTOMS: Chills Muscle spasms Muscle twitching Stomach discomfort

chills, muscular vibrating, stomach vibrating

VAERS ID:	**208340**	**Age:**	59	**Sex:**	F
Vaccination date:	8/4/2003	**Onset date:**	8/10/2003	**Days later:**	6
Report date:	8/13/2003			**Entry date:**	8/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: HYSN INJECT SITE PRURITUS RASH MAC PAP

Pt one week after shot had erythema with circular macular rash at site of shot. Temp 99.2. Rash was pruritic (-) N/V (-) fatigue (-) SOB (-) dysphagia. Antihistamines, cool compresses.

VAERS ID:	**213112**	**Age:**	59	**Sex:**	F
Vaccination date:	11/13/2003	**Onset date:**	11/13/2003	**Days later:**	0
Report date:	11/22/2003			**Entry date:**	11/26/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: EDEMA INJECT SITE FEVER HEADACHE HYSN INJECT SITE

Swelling and redness at injection site; temperature of 100.9 for 1.5 days; sever headache for 3 days.

VAERS ID:	**249287**	**Age:**	59	**Sex:**	F
Vaccination date:	11/3/2005	**Onset date:**	11/4/2005	**Days later:**	1
Report date:	12/14/2005			**Entry date:**	12/14/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: PARALYSIS FACIAL

Onset of right sided Bell's palsey 12 hours post injection. The patient has tolerated IM flu injections very well in each of the past 10 years.

VAERS ID:	**253194**	**Age:**	59	**Sex:**	F
Vaccination date:	11/3/2005	**Onset date:**	11/4/2005	**Days later:**	1
Report date:	3/21/2006			**Entry date:**	3/23/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	GLAXOSMITHKLINE	

SYMPTOMS: Facial palsy

This case was reported by a physician and described the occurrence of Bell's palsy in a 59 year old female subject who was vaccinated with influenza virus vaccine (Fluarix) for prophylaxis. The subject had no pre-existing medical conditions and is a non-smoker. There were no concurrent medications. The subject had received influenza virus vaccine (unknown manufacturer) in previous years with no adverse events following receipt of the vaccination. On 03 November 2005 at 3:00 pm, the subject received a dose o

VAERS ID:	**297799**	**Age:**	59	**Sex:**	F
Vaccination date:	11/15/2007	**Onset date:**	11/15/2007	**Days later:**	0
Report date:	11/19/2007			**Entry date:**	11/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	NOVARTIS VACCINES AND DIAGNOSTICS	4

SYMPTOMS: Dysphonia Throat irritation Throat tightness

Throat began to get hoarse and felt like it may tighten.

VAERS ID:	**234863**	**Age:**	59	**Sex:**	M
Vaccination date:	3/9/2005	**Onset date:**	3/11/2005	**Days later:**	2
Report date:	3/12/2005			**Entry date:**	3/12/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
TYP	SWISS SERUM BERN	

SYMPTOMS: ARTHRALGIA ASTHENIA CHILLS DIARRHEA FEVER NAUSEA PAIN BACK

Diarrhea, Fever, Weakness, Aches in joints, pain in right side of back, Nausea, and chills all on March 11, 1.5 days after starting Vivotif oral vaccine. I could not do anything all day. Slightly better on March 13, the day after the secon dose of 4.

VAERS ID:	**242732**	**Age:**	60	**Sex:**	M
Vaccination date:	2/16/2005	**Onset date:**	2/17/2005	**Days later:**	1
Report date:	7/29/2005			**Entry date:**	8/4/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:

PPV MERCK & CO. INC.

SYMPTOMS: RASH RASH MAC PAP

Information has been received from a physician concerning a male pt in his sixties with no allergies or pertinent medical history who on 16-FEB-2005 was vaccinated in the left deltoid with a 0.5 ml dose of Pneumovax 23 (lot # 649912/0529P). On approximately 17-FEB-2005, the pt developed an 18 centimeter erythematous, macular-papular diameter. Unspecified medical attention was sought and the pt was treated with oral Benadryl and topical hydrocortisone. At the time of the report, the pt had not recovered. The

VAERS ID:	**299453**	**Age:**	60	**Sex:**	F
Vaccination date:	11/20/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/8/2007			**Entry date:**	11/14/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

FLU SANOFI PASTEUR

SYMPTOMS: Fatigue Injection site haemorrhage Muscular weakness Oedema peripheral Pain in extremity

Initial report received from a patient on 03 January 2007. A 60 year old, female patient (with no known allergies) developed an ecchymotic area about 1-2 inches below the site 3-4 days after she received Fluzone (lot number unknown, route of administration not reported) in the deltoid on 20 November 2006. She also stated her muscle appeared to be "bulging" and complained of soreness and weakness in the arm. At the time of the vaccination, she was fatigued. At the time of the report, it was reported the ecchymotic area resolved. The patient had not recovered.

VAERS ID:	**267772**	**Age:**	60	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/17/2006			**Entry date:**	11/27/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

FLU AVENTIS PASTEUR, INC.

SYMPTOMS: Chills Muscle spasms Pyrexia

Severe cramping, chills, fever.

VAERS ID:	**294262**	**Age:**	60	**Sex:**	F
Vaccination date:	10/22/2007	**Onset date:**	10/22/2007	**Days later:**	0
Report date:	10/24/2007			**Entry date:**	10/24/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**

FLU	SANOFI PASTEUR	0

SYMPTOMS: Chills Myalgia Pyrexia

SEVERE RIGORS, FEVER TO 100.8 AND MUSCLE ACHING LASTING 12-14 HRS. RESPONDED TO TYLENOL AND WARMING.

VAERS ID:	**250695**	**Age:**	60	**Sex:**	M
Vaccination date:	6/15/2005	**Onset date:**	8/10/2005	**Days later:**	56
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

SYMPTOMS: Drug ineffective

This case was reported by a healthcare professional and described a 60 year old male subject who did not respond to immunization with hepatitis B vaccine recombinant (Engerix B). On 12/15/, 01/21 2005, 06/15/2005, the subject received the first three dosed of Engerix B (lot AHBVB005AA, expiration date 01/23/2006. Approximately one month later, on 8/10/2005, a hepatitis B surface antibody titer was negative.

VAERS ID:	**293501**	**Age:**	60	**Sex:**	M
Vaccination date:	10/16/2007	**Onset date:**	10/16/2007	**Days later:**	0
Report date:	10/17/2007			**Entry date:**	10/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	0

SYMPTOMS: Diarrhoea Dyspnoea Lacrimation increased Rhinorrhoea Tremor

Runny nose and eyes 6 hrs after shot. Extreme diarrhea about 10-12 hrs after the flu shot. Violent shaking about 12 hrs after the shot lasting for about 3 hrs. Couldn't catch my breathe, shaking so hard couldn't put on my glasses or hold a pen. No fever.

VAERS ID:	**270710**	**Age:**	60	**Sex:**	M
Vaccination date:	2/28/2006	**Onset date:**	6/15/2005	**Days later:**	-258
Report date:	1/11/2007			**Entry date:**	1/17/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE BIOLOGICALS	5

SYMPTOMS: Drug ineffective Inappropriate schedule of drug administration Incorrect dose

administered Incorrect dose administered Therapy non-responder
This case was reported by a healthcare professional and described the occurrence of a 60-year-old male subject not responding to therapy following vaccination with Engerix-B) for prophylaxis. The subject has a medical history of asthma. No concurrent conditions or medications were reported. On 15 December 2004, the subject began receiving his first series of intramuscular, 20 mcg, Engerix-B. The first dose was administered on 15 December 2004, the second dose was administered on 21 January 2005 and the third dose of the series was administered on 15 June 2005. The interval between the second dose and third doses of Engerix-B was considered to be an inappropriate schedule of drug administration as the interval was too short. An interval of 6 months is recommended between the second and third doses of Engerix-B and this subject's interval was 5 months. A negative surface antibody test performed on 10 August 2005, following completion of the series, showed that the patient was not responding to therapy. A second intramuscular Engerix-B series was started that the patient was not responding to therapy. A second intramuscular Engerix-B series was started on 23 August 2005. The first dose of Engerix-B administered in the series was 20 mcg and was given on 23 August 2005. The second dose of Engerix-B was given on 03 October 2005 and the third dose was given on 28 February 2006. The second and third doses of Engerix-B in this series were given intramuscularly in the left arm as two pediatric doses of 10 mcg (given together each time) for a total of 20 mcg which equals the adult dosage. The lot number of the pediatric doses was AHBVB092AA and the expiration date for this lot was 11 June 2006. This was considered to be an inappropriate dos of drug administration as an adult subject received pediatric Engerix-B. Also, the interval between the second and third doses of Engerix-B in this series was too short. The recommended interval between the second and third Engerix-B vaccinations is 6 months. The interval for this subjec

VAERS ID:	**232576**	**Age:**	60	**Sex:**	F
Vaccination date:	1/14/2005	**Onset date:**	1/14/2005	**Days later:**	0
Report date:	1/18/2005			**Entry date:**	1/20/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: CHILLS FEVER HEADACHE HYPOKINESIA HYSN INJECT SITE PAIN BACK PAIN CHEST PAIN INJECT SITE PREV REACT TACHYCARDIA
Chills began, severe lower back pain, arm hurt like if hit with baseball bat, red mark at vax site 3 inches in diameter, fever 102.1 for 2 days. Could not get out of bed, no relief by any pain medication (Percocet) headaches. Saturday and Sunday felt chest pains and tachycardia. By 01/17/05 fever decreased to 100, condition gradually improving. Did not have any problems at 49 years last time received this vax.

VAERS ID:	**304321**	**Age:**	61	**Sex:**	F
Vaccination date:	12/14/2007	**Onset date:**	12/14/2007	**Days later:**	0
Report date:	1/16/2008			**Entry date:**	1/29/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Cardiac flutter Skin warm Wrong drug administered

This case was reported by a physician and described the occurrence of wrong drug administered in a 61-year-old female subject who was vaccinated with Flulaval (GlaxoSmithKline) for prophylaxis. The subject's medical history included atrial fibrillation. Concurrent medical conditions included allergy to dye and hypertension. Previous and/or concurrent vaccination included influenza virus vaccine; manufacturer unspecified; left arm given on 14 November 2007. Concurrent medications included Coumadin, Crestor, Altace, digoxin, Synthroid, Nexium and Periostat. On 14 December 2007 at 08:30 the subject received unspecified dose of Flulaval (.5 unknown, left arm) and experienced wrong vaccine administered. The subject was supposed to receive a pneumonia vaccine and inadvertently was given Flulaval. A follow-up call from the consumer was received later on 14 December 2007. She reported that she inadvertently received a second influenza vaccine (Flulaval) instead of her pneumonia vaccine. Additional information was provided by the subject and this information has not been medically confirmed by a physician or healthcare professional. The subject reported at an unspecified time on the same day as vaccination in her left arm with Flulaval, she reported that her left arm felt hot. Approximately three hours after vaccination with Flulaval, the subject reported that she feels like she is about to have an episode of atrial fibrillation. She clarified the statement and noted that she feels "heart flutters like she has had before previous episodes of atrial fibrillation." The consumer also reported that she received influenza virus vaccine (unknown manufacturer) on 14 November 2007. At an unspecified time after vaccination she experienced in the left arm where the vaccine was injected, a sensation of her arm feeling hot which later resolved on an unspecified date. At the time of reporting the consumer reported that the sense of heat occurrence in the left arm had improved and the feeling of heart flutters was unreso

VAERS ID:	**210466**	**Age:**	61	**Sex:**	F
Vaccination date:	10/2/2003	**Onset date:**	10/2/2003	**Days later:**	0
Report date:	10/6/2003			**Entry date:**	10/16/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	1
PPV	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN INJECT SITE

Injection site (deltoid) erythema, edema and pain.

VAERS ID:	**294849**	**Age:**	61	**Sex:**	M
Vaccination date:	10/28/2007	**Onset date:**	10/30/2007	**Days later:**	2
Report date:	10/30/2007			**Entry date:**	10/30/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARZOS	MERCK & CO. INC.	0

SYMPTOMS: Erythema Pruritus Rash

Rash, raised bumps,red, itchy. (r) axillary torso

VAERS ID:	**260864**	**Age:**	61	**Sex:**	F
Vaccination date:	6/27/2006	**Onset date:**	7/4/2006	**Days later:**	7
Report date:	7/31/2006			**Entry date:**	7/31/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TDAP
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Back pain Blood glucose increased Headache Muscle spasms Musculoskeletal stiffness Oedema Shoulder pain Speech disorder

Sever back ache and muscle spasms in back. Stiff neck, swelling and pain in shoulder, pressure headaches in back of head. Sometimes have problems speaking heard herself making error in speech content. Sugar levels have been unstable lately she never had those problems before. Some relief when lying down. On 7/26 while on a trip, had to go to the ER and was treated with Tylenol with codeine which helped relief some pain.

VAERS ID:	**214106**	**Age:**	61	**Sex:**	F
Vaccination date:	12/8/2003	**Onset date:**	12/8/2003	**Days later:**	0
Report date:	12/10/2003			**Entry date:**	12/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose: 0

SYMPTOMS: CHILLS EDEMA INJECT SITE FEVER HYSN INJECT SITE PAIN INJECT SITE

12/08/03: around 3-4pm, pt complained of chills, fever of 103 F. She states her arm were shot was given is "red, swollen and sore." Pt took Benadryl 12/10/03 and Tylenol 12/08 and 12/09.

VAERS ID:	**228652**	**Age:**	62	**Sex:**	M
Vaccination date:	10/25/1999	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/28/2004			**Entry date:**	11/2/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 3

SYMPTOMS: JOINT DIS PAIN

Pain, stiffness and burning in hands and wrists.

VAERS ID:	**269837**	**Age:**	62	**Sex:**	M
Vaccination date:	11/7/2006	**Onset date:**	12/7/2006	**Days later:**	30
Report date:	12/28/2006			**Entry date:**	12/28/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	0

SYMPTOMS: Areflexia Back pain Balance disorder CSF protein increased Computerised tomogram normal Difficulty in walking Dysphagia Dyspnoea Electromyogram normal Gait disturbance Guillain-Barre syndrome Hyporeflexia Lumbar puncture Muscular weakness Paraesthesia Throat tightness

tingling feet and fingers,weakness of arms and legs,difficulty swallowing,back pain, staggering, lumpy feel in throat, no reflexes arms and legs,difficulty walking and maintaining balance,back pain,motor cooridination,difficulty breathing.

VAERS ID:	**234489**	**Age:**	63	**Sex:**	M
Vaccination date:	1/25/2005	**Onset date:**	2/2/2005	**Days later:**	8
Report date:	2/25/2005			**Entry date:**	3/2/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: FEVER INJURY ACCID NO DRUG EFFECT PNEUMONIA

Information has been received from a registered nurse concerning a 63 year old male who on 1/25/05 was vaccinated with what was thought to be pneumococcal 23v polysaccharide vaccine. On 2/2/05, the patient was found laying next to his bed and taken to the emergency room where he was diagnosed and admitted with pneumonia. He had a fever of 101.6 upon hospital admission. He was treated with azithromycin and ceftriaxone sodium and recovered. It was noted that no symptoms were exhibited before the patient was f

VAERS ID:	**301879**	**Age:**	63	**Sex:**	F
Vaccination date:	9/4/2007	**Onset date:**	9/4/2007	**Days later:**	0
Report date:	12/21/2007			**Entry date:**	12/28/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Rash pruritic
Information has been received from a medical assistant concerning a 63 year old female with chronic obstructive pulmonary disease and amoxicillin allergy and a history of lung cancer who on 04-Sep-2007 was vaccinated SC with a dose of Zostavax (Lot #656858/0356U). Concomitant therapy included atorvastatin calcium (Lipitor), gabapentin (Neurontin), oxaprozin (Daypro), venlafaxine HC1 (Effexor XR), aluminum hydroxide/magnesiumhydroxide (Maalox), flaxseed, vitamins (unspecified), ascorbic acid (+) chondroitin sulfate sodium (+) glucosamine sulfate (+) manganese (unspecified) (Osteo-Bi-Flex), fexofenadine hydrochloride (Allegra) and acetaminophen (+) propoxyphene napsylate (Darvocet-N). On approximately 11-Sep-2007, 7 days after vaccination the patient developed an itchy rash and red spots on her legs, inner thighs and torso. Unspecified medical attention was sought. No diagnostic laboratory tests were undertaken. At the time of report the patient had not recovered. No diagnostic laboratory tests were undertaken. Additional information has been requested.

VAERS ID:	**266507**	**Age:**	63	**Sex:**	M
Vaccination date:	11/9/2006	**Onset date:**	11/10/2006	**Days later:**	1
Report date:	11/12/2006			**Entry date:**	11/12/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	6
PPV	MERCK & CO. INC.	0

SYMPTOMS: Pain Pyrexia
Developed high fever and severe body ache within 18 hours. Attempted control with 1 gm acetaminophen every four hours. After thre (3) doses changed to 400 mg ibuprofen every six (6) hours. Fever subsided in 24 hours. Aches persisted for two (2) sufficient to warrant continued medication.

VAERS ID:	**266926**	**Age:**	64	**Sex:**	F
Vaccination date:	10/17/2005	**Onset date:**	10/18/2005	**Days later:**	1
Report date:	2/7/2006			**Entry date:**	11/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	15
PPV	MERCK & CO. INC.	

SYMPTOMS: Chills Injection site erythema Pyrexia Retching
Case received from a healthcare professional in the USA on 24-OCT-2005 via MIS/VIS under the reference number 05-0568. A 64-year-old female patient with a medical history of hypercholesterolemia, diabetes mellitus and hypertension had received a dose of FLUZONE, batch number U1828AA, in the right arm and a dose of PNEUMOVAX, batch number 0055R, in the left arm on 17-OCT-2005, and 24 hours post-vaccination, i.e. on 18-OCT-2005, she developed fever at 101, which reached 103 36 hours post-vaccination, dry heav

VAERS ID:	**276500**	**Age:**	64	**Sex:**	F
Vaccination date:	3/22/2007	**Onset date:**	3/22/2007	**Days later:**	0
Report date:	4/13/2007			**Entry date:**	4/16/2007

Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Anorexia Fatigue

Information has been received from a 64 year old female with no allergies and hypertension who on 22-MAR-2007 was vaccinated SC with a dose of Zostavax . Concomitant therapy included atenolol (manufacturer unknown), Klor-con. On 22-MAR-2007, the patient experienced fatigue, shortly after receiving the vaccine. On 23-MAR-2007, she also experienced a loss of appetite which still continued at the time of the report. Her energy level had improved. Unspecified medical attention was sought. No diagnostic laboratory tests were performed. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	**226238**	**Age:**	64	**Sex:**	M
Vaccination date:	8/7/2004	**Onset date:**	8/18/2004	**Days later:**	11
Report date:	8/27/2004			**Entry date:**	9/7/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	SMITHKLINE BEECH	0
TD	AVENTIS PASTEUR,	0
TYP	SWISS SERUM BERN	0

SYMPTOMS: PRURITUS RASH

Had itching rash on chest 2 days after injection.

VAERS ID:	**283835**	**Age:**	64	**Sex:**	M
Vaccination date:	5/31/2007	**Onset date:**	5/31/2007	**Days later:**	0
Report date:	6/12/2007			**Entry date:**	7/5/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Oedema peripheral Oedema peripheral Urticaria

Hands swollen, feet swollen, hives

VAERS ID:	**293752**	**Age:**	64	**Sex:**	M

Vaccination date:	10/11/2007	**Onset date:**	10/12/2007	**Days later:**	1
Report date:	10/17/2007			**Entry date:**	10/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	
PPV	UNKNOWN MANUFACTURER	

SYMPTOMS: Blood sodium decreased Cellulitis Chest X-ray normal Chills Hyponatraemia Injection site swelling Lethargy Mental status changes Muscle swelling Neutrophil count increased Pyrexia Ultrasound scan normal Urine analysis normal White blood cell count increased

Pt is a 65 yo male, hyperlipidemia, cluster headaches, GERD, BPH who developed fever 102, chills 16 hours after vaccines given. Pt drink a lot of water and then developed decreased mental status. On exam cellulitis of (L) arm - triceps arm was noted.

VAERS ID:	**215316**	**Age:**	64	**Sex:**	M
Vaccination date:	1/9/2004	**Onset date:**	1/9/2004	**Days later:**	0
Report date:	1/12/2004			**Entry date:**	1/21/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	AVENTIS PASTEUR,	0

SYMPTOMS: ECCHYMOSIS EDEMA INJECT SITE

Pt complained of swelling/ecchymosis from axilla over past antecubital. No edema/ecchymosis bicep noted deltoid muscle. Pt states 5 days prior he heard something pop in left deltoid but had no injury until after tetanus shot.

VAERS ID:	**198807**	**Age:**	65	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	10/1/2002	**Days later:**	
Report date:	3/4/2003			**Entry date:**	3/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
LYME	GLAXOSMITHKLINE	2

SYMPTOMS: HYPOKINESIA MYOPATHY PAIN

A physician reported the occurrence of cartilage degeneration in a 65 year old male who was vaccinated with Lyme disease vaccine recombinant LYMErix for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were unknown. On unspecified dates "at least two years" ago, the subject received three LYMErix injections. Starting in approximately October 2002, the subject began to experience "rapid" cartilago dengeration with knee pain and the inability to walk. The subject w

VAERS ID:	265358	Age:	65	Sex:	F
Vaccination date:	10/23/2006	Onset date:	10/23/2006	Days later:	0
Report date:	10/25/2006			Entry date:	10/25/2006
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	CHIRON CORPORATION	0

SYMPTOMS: Erythema Pruritus

At 7pm on 10/23/06 pt c/o inside of L ear and eardrum became itchy. As evening advanced, itching progressed to L eye. At 6am pt c/o bilateral eyes and ears reddened and itching, neck and back of scalp burning, hot, reddened and itching. Pt came to work at 8am and symptoms progressed where itching became intense and lips, chest, inside of mouth and throat became involved. Pt called Public Health Nursing and was advised to seek medical assistance immediately. Pt. seen at Dr.Is In T /?, P 85, B/P 140/76 a

VAERS ID:	302049	Age:	65	Sex:	M
Vaccination date:	8/4/2007	Onset date:	9/10/2007	Days later:	37
Report date:	12/21/2007			Entry date:	12/28/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Biopsy Rash generalised Rash papular

Information has been received from a physician concerning a 65 year old male with no medical history or allergies won 04-AUG-2007 was vaccinated with a dose of Zostavax. Concomitant therapy included LIPITOR and FLOMAX. On approximately 10-SEP-2007 the patient developed a papular rash all over the body that was mostly on both legs. it was reported that patient was vaccinated at another physician's office. Unspecified medical attention was sought. A biopsy showed that it was not suggestive of Herpes Zoster rash. At the time of report the patient had not recovered. A quality complaint was not involved. Additional information has been requested.

VAERS ID:	203181	Age:	65	Sex:	F
Vaccination date:	4/29/2003	Onset date:	4/29/2003	Days later:	0
Report date:	5/14/2003			Entry date:	5/14/2003
Administered by:	MIL	State:	NJ	Funded by:	MIL
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
ANTH	MICHIGAN DEPT PU	0

SYMPTOMS: ASTHENIA ASTHMA COUGH INC DIZZINESS DYSPNEA PAIN CHEST

Vaccine administered at approximately 9 am. By 9:15, experienced dizziness, lightheaded, weakness. Cold compresses administered, rested laying down for about 45 minutes. Began to experience wheezing, difficulty breathing, tightness in chest, coughing. Was brought to Clinic at approximately 10:15 am and was seen by M.D. Was administered oxygen, vital signs taken. Was transported via ambulance to Hospital at approximately 10:30am. Was treated at the emergency room by MD. Was treated with 2 Albuterol

VAERS ID:	212434	Age:	65	Sex:	F
Vaccination date:	10/20/2003	Onset date:	0000-00-00	Days later:	
Report date:	11/17/2003			Entry date:	11/17/2003
Administered by:	UNK	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: EDEMA LYMPHADENO

Supraclavicular swelling and adenopathy to left side (side of the vaccine)

VAERS ID:	242564	Age:	65	Sex:	F
Vaccination date:	11/2/2004	Onset date:	11/4/2004	Days later:	2
Report date:	7/29/2005			Entry date:	8/4/2005
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: CELLULITIS INJECT SITE REACT

Information has been received from a physician's assistant concerning a 64 yr old female who on 02Nov04 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (lot 649988/0692P). On 04Nov04 the pt was seen in the doctor's office and diagnosed with cellulitis at injection site and right deltoid. It was noted that the pt did not have a fever and she was treated with cephalexin (Keflex), warm compresses and ibuprofen (Advil). It was also reported that the pt recovered (date unk). There was no pr

VAERS ID:	287463	Age:	65	Sex:	F
Vaccination date:	12/20/2006	Onset date:	12/21/2006	Days later:	1
Report date:	7/30/2007			Entry date:	8/2/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Injection site erythema Injection site pain Injection site reaction Injection site swelling Pyrexia

Information has been received from a medical assistant concerning a 65 year old female with a history of lung problem unspecified who on 20-DEC-2006 was vaccinated with Pneumovax 23 (lot # 655499/0988F). There was no concomitant medication reported. On 21-DEC-2006, the patient presented back to the office with fever, and an injection site reaction which was sore, red, and swollen. On a unspecified date, the patient recovered from fever and the injection site reaction (sore, red, and swollen). The records of testing prior to release of the lot in question have been rechecked and found to be satisfactory. The lot met the requirements and was released by the regulatory agency. Additional information has been requested.

VAERS ID:	**227985**	**Age:**	65	**Sex:**	F
Vaccination date:	10/13/2004	**Onset date:**	10/13/2004	**Days later:**	0
Report date:	10/13/2004			**Entry date:**	10/20/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: MASS INJECT SITE PARESTHESIA VASODILAT

20 minutes after flu vaccine. She felt hot and flushed-face, neck trunk , legs mostly, arms L hard initially she felt tingling . No SOB. Afebrile. US stable , flushing subsided over hours. PO Benadryl preivously had fluraccone with reaction.

VAERS ID:	**282579**	**Age:**	66	**Sex:**	F
Vaccination date:	3/26/2007	**Onset date:**	4/2/2007	**Days later:**	7
Report date:	5/18/2007			**Entry date:**	6/18/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Asthenia Axillary pain Blood amylase Blood creatine phosphokinase Blood test Metabolic function test Myalgia Red blood cell sedimentation rate Swelling

Initial report received from a patient on 16 May 2007. A 66 year old male patient (with a medical history of allergy to sulfas, hypertension and seasonal allergies) complained of pain and swelling in the left axillary region. approximately one week after she received Adacel (lot number not reported) intramuscularly in the left deltoid on 26 March 2007. Two weeks after vaccination, she experienced generalized muscle aches, weakness and increased aching in the left axillary region. She had her blood drawn on 15 May 2007 for "CMP, CPK, sed rate and amylase". She did not have any illness at the time of vaccination. At the time of the report, the symptoms continue and she had not recovered.

VAERS ID:	**207361**	**Age:**	66	**Sex:**	F
Vaccination date:	1/10/2003	**Onset date:**	1/11/2003	**Days later:**	1
Report date:	7/30/2003			**Entry date:**	8/5/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: HYSN INJECT SITE MASS INJECT SITE VASODILAT

Information has been received from a licensed practical nurse (LPN) concerning a 66 year old white female who on 01/10/2003 at 14:00 hours was vaccinated in the right deltoid with a first dose of pneumococcal vaccine 23 polyvalent (Lot # 644217/1026M). Concomitant therapy included acetaminophen (+) dextromethorphan hydrobromide (+) doxylamine succinate (+) pseudoepherine HCl (NYQUIL), aspring (A.S.A.), lansoprazole (PREVACID) and atorvastatin calcium (LIPITOR). Illness at

the time of vaccination included a

VAERS ID:	**247137**	**Age:**	66	**Sex:**	F
Vaccination date:	11/1/2005	**Onset date:**	11/1/2005	**Days later:**	0
Report date:	11/9/2005			**Entry date:**	11/9/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: ANGIOEDEMA CONJUNCTIVITIS PRURITUS

Patient received influenza vaccine at 5PM and developed eye and hand itching at 8PM. Patient awoke at 4 AM next morning with angioedema of the lip. Took Claritin with eventual resolution.

VAERS ID:	**304077**	**Age:**	66	**Sex:**	M
Vaccination date:	4/26/2007	**Onset date:**	4/26/2007	**Days later:**	0
Report date:	1/16/2008			**Entry date:**	1/29/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: TD
Manufacturer: MASS. PUB HLTH BIOL LAB
Dose:

SYMPTOMS: Arthralgia Injection site pain Mobility decreased Myalgia Tenderness

Patient experienced injection site pain with arthralgia and myalgia after receiving a Td injection due to a cut. At 48 hours after injection, the pain persisted with tenderness at the shoulder. Patient could not abduct his arm due to pain. On 04/30/07 patient was feeling better.

VAERS ID:	**207434**	**Age:**	66	**Sex:**	F
Vaccination date:	5/8/2003	**Onset date:**	5/8/2003	**Days later:**	0
Report date:	7/30/2003			**Entry date:**	8/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: EDEMA VASODILAT

Information has been received from a RN concerning a 66 year old female who on 05/08/2003 was vaccinated with a dose of pneumococcal vaccine 23 polyvalent. On 05/08/2003 the patient developed a red, swollen left arm. Unspecified medical attention was sought. No product quality complaint was noted. Additional information has been requested.

VAERS ID:	**223671**	**Age:**	66	**Sex:**	F
Vaccination date:	6/20/2004	**Onset date:**	6/23/2004	**Days later:**	3
Report date:	6/24/2004			**Entry date:**	7/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DT	AVENTIS PASTEUR,	

SYMPTOMS: CELLULITIS INJECT SITE REACT PAIN RASH VASODILAT

Repeat visit to ER for pain and redness, right upper arm. On 6/24/04 at 9AM. Dx. LUE Erythema? Reaction to TD vs Cellulitis. Treatment: antibiotic, NSAIDS, PMO 48 hours

VAERS ID:	**232960**	**Age:**	66	**Sex:**	M
Vaccination date:	1/24/2005	**Onset date:**	1/24/2005	**Days later:**	0
Report date:	1/26/2005			**Entry date:**	1/26/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
PPV	UNKNOWN MFR	1

SYMPTOMS: CELLULITIS

Right arm cellulitis.

VAERS ID:	**247125**	**Age:**	66	**Sex:**	F
Vaccination date:	10/18/2005	**Onset date:**	10/19/2005	**Days later:**	1
Report date:	10/21/2005			**Entry date:**	11/9/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	
PPV	MERCK & CO. INC.	1

SYMPTOMS: ANAPHYL EDEMA HYPOKINESIA PAIN

Pt states left arm elbow to shoulder very tender, sore to touch, increases with movement. Denies fever, redness or swelling, With s/s anaphylaxis. Rx Febrile with Tylenol. 10/21 contacted client decreased discomfort now states some soreness slight swelling, persists. Contacted family MD with TX.

VAERS ID:	**300402**	**Age:**	66	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/14/2007			**Entry date:**	12/4/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEPAB
Manufacturer: GLAXOSMITHKLINE BIOLOGICALS
Dose:

SYMPTOMS: Hepatitis B antibody negative No therapeutic response

This case was reported by a healthcare professional and described the occurrence of not responding to therapy in a 66-year-old male subject who was vaccinated with Twinrix for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were not provided. On an unspecified date the subject received an unspecified dose of Twinrix (unknown). At an unspecified time after vaccination with Twinrix, the subject experienced not responding to therapy ("lack of antibodies"). At the time of reporting the outcome of the event was unspecified. Follow-up information received on 06 July 2007 indicated that a titre drawn 7 months post completion of the Twinrix series showed no hepatitis B antibodies. No additional information was provided regarding outcome.

VAERS ID:	**225144**	**Age:**	66	**Sex:**	F
Vaccination date:	6/21/2004	**Onset date:**	6/21/2004	**Days later:**	0
Report date:	8/6/2004			**Entry date:**	8/6/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TTOX
Manufacturer: UNKNOWN MFR
Dose: 1

SYMPTOMS: ARTHRALGIA FEVER MYALGIA SERUM SICK

Patient developed fever, myalgia, arthralgia, and serum sickness.

VAERS ID:	**236292**	**Age:**	66	**Sex:**	F
Vaccination date:	12/4/2004	**Onset date:**	12/4/2004	**Days later:**	0
Report date:	12/6/2004			**Entry date:**	4/19/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: CHILLS DIARRHEA FEVER HEADACHE VOMIT

Pt states approximately 3 hours after receiving vaccine, developed severe diarrhea. 2 1/2 hours later developed vomiting, chills, temp and headache. Did not recover until following afternoon approx. 12 hrs later. Advised to notifiy PMD.

VAERS ID:	**207104**	**Age:**	67	**Sex:**	F
Vaccination date:	8/9/2002	**Onset date:**	8/9/2002	**Days later:**	0
Report date:	7/30/2003			**Entry date:**	8/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFLAM INJECT SITE PAIN

Information has been received from a physician concerning a retired 67 year old white female with an allergy to aspirin who on 09/09/2002 was vaccinated intramuscularly in the right deltoid with a 0.5mL dose of pneumococcal vaccine 23 polyvalent (Lot # 1353-invalid lot). It was reported that the patient had previous exposure to this or a related drug. Following the vaccination, the patient experienced right arm inflammation and soreness. It is unknown if medical attention was sought. On 09/09/2002, the

VAERS ID:	**198546**	**Age:**	67	**Sex:**	M
Vaccination date:	2/3/2000	**Onset date:**	2/10/2000	**Days later:**	7
Report date:	2/14/2003			**Entry date:**	2/28/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: ALLERG REACT ARTHRALGIA ARTHRITIS FEVER HYPERTONIA JOINT DIS LAB TEST ABNORM MYALGIA

Report A0370173A describes osteoarthritis in a 67 year old male who was vaccinated with Lyme disease vaccine recombinant. This report was received as part of the litigation proceedings, with forwarding of medical records. The subject submitted a report directly to VAERS. The subject's medical history included a gun shot wound to the chest (1945), cyst on the left side of the head (1987), "increased tiredness" (1997), dacryocystitis, allergy rhinitis, deviated nasal septum, nasal polyps, bursitis (1995), int

VAERS ID:	**225123**	**Age:**	67	**Sex:**	F
Vaccination date:	5/11/2004	**Onset date:**	5/11/2004	**Days later:**	0
Report date:	7/30/2004			**Entry date:**	8/6/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: CELLULITIS PAIN

Information has been received from a CMA concerning a 67 year old female with drug allergies to PCN and "sulfa" who on 05/11/04 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (Lot # 647660/0945N). Subsequently, the pt developed pain in her shoulder and cellulitis down her arm. The reporter did not know if this happened on the date of injection. The reporter did not know if the adverse event abated. No further information was available. Unspecified medical attention was sought. There w

VAERS ID:	**250693**	**Age:**	67	**Sex:**	M
Vaccination date:	6/23/2005	**Onset date:**	7/21/2005	**Days later:**	28
Report date:	1/6/2006			**Entry date:**	1/20/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

SYMPTOMS: Drug ineffective

This case was reported by a nurse and described a 67 year old male subject who did not respond to immunization with hepatitis B vaccine recombinant (Engerix B). This report was initially received via manufacturer. Medical history included diabetes and hypertension. Concurrent medications include Ramipril (Altace) to treat hypertension, Metformin hydrochloride (Metformin) and insulin to treat diabetes, Calcium salt and Centrum, Esomepraxole (Nexium) for nutritional supplementation. Concurrent medications als

VAERS ID:	**287462**	**Age:**	68	**Sex:**	M
Vaccination date:	12/20/2006	**Onset date:**	12/21/2006	**Days later:**	1
Report date:	7/30/2007			**Entry date:**	8/2/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Injection site erythema Injection site pain Injection site reaction Injection site swelling Pyrexia

Information has been received from a medical assistant concerning a 68 year old male with pulmonary problems (not specified) who on 20-DEC-2006 was vaccinated with Pneumovax 23 (Lot # 655499/0988F). It was reported that the patient presented back to the office on 21-DEC-2006 with fever and an injection site reaction which was sore, red, and swollen. At the time injection site reaction which was sore, red, and swollen. At the time of the report, the patient had recovered (date unknown). A lot checked of concern has been requested. The records of testing prior to release of the lot in question have been rechecked and found to be satisfactory. The lot met the requirements and was released by the regulatory agency. Additional information has been requested.

VAERS ID:	**278821**	**Age:**	68	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/14/2007			**Entry date:**	5/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

VARZOS MERCK & CO. INC. 0

SYMPTOMS: Rash vesicular

Information has been received from a physician concerning a 68 year old female who was vaccinated SC with 0.65 ml dose of Zostavax. On the day of vaccination, patient developed a "varicella like rash" at the injection site that was reported as "the size of softball". The patient recovered 1 week after vaccination and was reported the patient was "otherwise in good health". Unspecified medical attention was sought. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	**295877**	**Age:**	68	**Sex:**	M
Vaccination date:	10/11/2007	**Onset date:**	10/24/2007	**Days later:**	13
Report date:	11/5/2007			**Entry date:**	11/7/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: **Manufacturer:** **Dose:**
FLU SANOFI PASTEUR 0

SYMPTOMS: Areflexia Areflexia CSF glucose increased CSF protein increased Electromyogram abnormal Guillain-Barre syndrome Immunoglobulins Lumbar puncture Muscular weakness Nerve conduction studies abnormal Neurological examination

Ascending lower extremity weakness, loss of reflexes consistent with Guillain Barre. Mild improvement of already mild symptoms. 11/27/07 Reviewed hospital medical records which reveal patient experienced sudden onset of bilateral lower extremity weakness beginning 4 days prior to admit. Seen by several physicians prior to admit including neurologist who performed EMG/NCS & diagnosed w/GBS. Admission to hospital 10/25-10/30/2007. Exam on admit revealed areflexia. LP revealed elevated protein & glucose. Tx w/IVIG x 5 days & improved. D/C to home w/pcp & neuro f/u. FINAL DX: Guillian Barre syndrome.

VAERS ID:	**297830**	**Age:**	68	**Sex:**	M
Vaccination date:	10/4/2007	**Onset date:**	10/4/2007	**Days later:**	0
Report date:	11/26/2007			**Entry date:**	11/26/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
FLU NOVARTIS VACCINES AND DIAGNOSTICS 1
PPV MERCK & CO. INC. 1

SYMPTOMS: Chills Injected limb mobility decreased Injection site erythema Injection site pain Oedema peripheral Pain in extremity Pruritus Pyrexia

210 pm 10/4: Decreased fever, chills, pain injection site. Fri AM 10/5: arm swollen red, painful injection site to wrist; unable to lift above head and could not wear wristwatch. Sat 10/6: Fever and chills gone, swelling decreasing, pruritus starts. Takes antihistamines. Tues 10/9: All sx gone, arm better.

VAERS ID:	**299360**	**Age:**	69	**Sex:**	M
Vaccination date:	12/10/2007	**Onset date:**	12/11/2007	**Days later:**	1
Report date:	12/12/2007			**Entry date:**	12/12/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: Chills Dizziness Movement disorder Oedema peripheral Pain

swollen left arm extending to shoulder and elbow, about twice normal size, dizziness, slight chills, immobile, painful - began the day after vaccine administered,in the am. Treatment - MD put pt. on tetracycline and benedryl.

VAERS ID:	**293985**	**Age:**	69	**Sex:**	F
Vaccination date:	5/24/2007	**Onset date:**	5/31/2007	**Days later:**	7
Report date:	10/15/2007			**Entry date:**	10/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TD	SANOFI PASTEUR	0
VARZOS	MERCK & CO. INC.	0

SYMPTOMS: Biopsy skin Herpes zoster Rash Varicella zoster virus serology positive

Pt states rash over stomach/(L) shoulder about 1 wk after Zostavax vaccine. Rash "like little pimples" that itch/burn. Seen at clinic, given oral steroids. Seen at dermatologist x 2, given steroid creams. Pt states biopsy = + zoster.

VAERS ID:	**273489**	**Age:**	69	**Sex:**	F
Vaccination date:	2/13/2007	**Onset date:**	2/23/2007	**Days later:**	10
Report date:	3/6/2007			**Entry date:**	3/6/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
RUB	MERCK & CO. INC.	

SYMPTOMS: Arthralgia Conjunctivitis Lymphadenectomy Rash macular Vaccination complication

Adverse reaction to Rubella vaccine. Conjunctivitis, lymphadenopathy, macular rash, arthralgia. Symptoms started 10 days after vaccine was given.

VAERS ID:	**230588**	**Age:**	69	**Sex:**	F
Vaccination date:	11/15/2004	**Onset date:**	11/19/2004	**Days later:**	4
Report date:	12/9/2004			**Entry date:**	12/9/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	4

SYMPTOMS: MYALGIA VASODILAT

Received flu vaccine 11/15/04 and since then has had achiness in hands, elbows and legs accompanied by a warmness in hands. Physician has given her an antibiotic.

VAERS ID:	**294681**	**Age:**	69	**Sex:**	F
Vaccination date:	10/27/2007	**Onset date:**	10/27/2007	**Days later:**	0
Report date:	10/29/2007			**Entry date:**	10/29/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	0
PPV	MERCK & CO. INC.	1

SYMPTOMS: Cellulitis Erythema Inflammation Pain in extremity Skin warm

Left arm became inflammed red and hot to touch. Arm was extremely painfull when lifted or during slight movement. These symptoms became worse as time went on. Patient called the CDC info line and was instructed to seek medical attention. Patient went to her physician and was diagnosed with Cellulitis. She was perscribed Doxycycline Hyclate 100 mgs.

VAERS ID:	**249000**	**Age:**	69	**Sex:**	M
Vaccination date:	12/5/2005	**Onset date:**	12/5/2005	**Days later:**	0
Report date:	12/8/2005			**Entry date:**	12/8/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	6
PPV	UNKNOWN MFR	0

SYMPTOMS: ASTHENIA CHILLS CONJUNCTIVITIS COUGH INC FEVER FLU SYND HEADACHE MYALGIA

Approximately four hours after administration of flu vaccine (and concurrent pneumococcal vaccine), patient felt flu symptoms. Within 2-3 hours, full case of flu developed with chills/fever, full-body muscle aching, eye irritation, dry cough, headache, fatigue. Patient spent next 36 hours in bed. Fever broke after appox. 30 hours. Dry cough persists into fourth day after vaccination. Treatment was bed rest, aspirin, OTC cough suppressant. Patient is not illness-prone, has not had flu for more than fiv

VAERS ID:	**296257**	**Age:**	69	**Sex:**	M
Vaccination date:	11/7/2007	**Onset date:**	11/8/2007	**Days later:**	1
Report date:	11/9/2007			**Entry date:**	11/9/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	
PPV	UNKNOWN MANUFACTURER	

SYMPTOMS: Chills Headache Pain in extremity Pyrexia Stomach discomfort

Fever, chills, headache, stomach upset, soreness on right arm. This lasted for entire next day and night following the injection.

VAERS ID:	**216068**	**Age:**	70	**Sex:**	F
Vaccination date:	10/11/2003	**Onset date:**	10/11/2003	**Days later:**	0
Report date:	11/13/2003			**Entry date:**	2/5/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLUN	MEDIMMUNE, INC./	0

SYMPTOMS: HEADACHE MED ERROR RHINITIS

A 70-year-old female reported that she inadvertently received a dose of Flumist (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen) on 11-Oct-2003, and since then has had a "stuffy nose and a headache". Medical History: relevant medical history was not provided. Product details: Indication for Flumist (2003-2004 Formula) was immunization. Product was administered on 11-Oct-2003. Dose regimen was 1 dose (intranasal). Concomitant therapy: Concomitant therapy included Evista (

VAERS ID:	**224830**	**Age:**	70	**Sex:**	M
Vaccination date:	10/8/2003	**Onset date:**	10/9/2003	**Days later:**	1
Report date:	7/30/2004			**Entry date:**	8/4/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN PAIN INJECT SITE

Information has been received from a physician concerning a retired 70 year old white male pt with hypertension, diabetes and arthritis and has an allergy to penicillin, who on 08OCT2003 at 10:30 AM was vaccinated in the left arm with a first dose of pneumococcal 23v polysaccharide vaccine. Concomitant medication included Glucophage, Accupril, Flomax. The physician reported that he believes this was the pt's first dose of pneumococcal 23v polysaccharide vaccine. The physician reported that on 09OCT2003 at 1

VAERS ID:	**242727**	**Age:**	70	**Sex:**	F
Vaccination date:	2/17/2005	**Onset date:**	2/17/2005	**Days later:**	0
Report date:	7/29/2005			**Entry date:**	8/4/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: PPV | **Manufacturer:** MERCK & CO. INC. | **Dose:**

SYMPTOMS: HYSN INJECT SITE RASH MAC PAP

Information has been received from a physician concerning a 69 yr old female with no allergies or pertinent medical history who on 17Feb05 was vaccinated in the left deltoid with a 0.5ml dose of pneumococcal 23v polysaccharide vaccine (lot649912/0529P). On approx 17Feb05, the pt developed a 14 cm erythematous, macular papular diameter. Unspecified medical attention was sought and the pt was treated with oral diphenhydramine hydrochloride (Benadryl) and topical hydrocortisone. At the time of the report, the

VAERS ID:	**301638**	**Age:**	70	**Sex:**	F
Vaccination date:	11/1/2007	**Onset date:**	11/1/2007	**Days later:**	0
Report date:	1/2/2008			**Entry date:**	1/3/2008
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU | **Manufacturer:** UNKNOWN MANUFACTURER | **Dose:**

SYMPTOMS: Injected limb mobility decreased Pain

Pain and reduced ROM (R) deltoid S/P flu shot. No palpable nodule.

VAERS ID:	**297109**	**Age:**	70	**Sex:**	F
Vaccination date:	10/29/2007	**Onset date:**	10/30/2007	**Days later:**	1
Report date:	11/12/2007			**Entry date:**	11/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARZOS | **Manufacturer:** MERCK & CO. INC. | **Dose:**

SYMPTOMS: Food allergy Rash vesicular

Received Zostavax vaccine 10/29/2007, broke out in vesicular rash right chest/neck next day. Seen by Dr., Treated with Prednisone by mouth and Triamcinolone cream 1% to rash twice a day. Rash "99% better" on 11/7/07.

VAERS ID:	**214079**	**Age:**	70	**Sex:**	F
Vaccination date:	10/30/2003	**Onset date:**	10/31/2003	**Days later:**	1
Report date:	11/7/2003			**Entry date:**	12/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	EVANS VACCINES	

SYMPTOMS: PAIN

Pt reports painful left upper arm after receiving vaccine. Next day took Aleve. Pain from upper arm to elbow, hurts when moves hand in circle. Much improved today. If not improved will contact MD next week.

VAERS ID:	**232060**	**Age:**	70	**Sex:**	M
Vaccination date:	1/6/2005	**Onset date:**	1/7/2005	**Days later:**	1
Report date:	1/8/2005			**Entry date:**	1/7/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
IPV	AVENTIS PASTEUR,	1
PPV	MERCK & CO. INC.	2

SYMPTOMS: EDEMA PAIN VASODILAT

Awoke with redness, swelling and painful left upper arm. Forgot he had pneumovax 1998 and received number 2 1999. 01/06/2005 actually 3rd dose discussed this with MD 2 days after 3rd dose given. 01/07 placed on duricef and clarines 01/08/2005 redness/swelling slightly improved. Redness left shoulder and elbow

VAERS ID:	**266953**	**Age:**	71	**Sex:**	F
Vaccination date:	11/15/2005	**Onset date:**	11/17/2005	**Days later:**	2
Report date:	1/27/2006			**Entry date:**	11/15/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR, INC.	

SYMPTOMS: Chills Lacrimation increased Laryngitis Pharyngolaryngeal pain

Initial report received on 17 Nov 2005 from a health care professional. A patient with no reported age and gender experienced chills, shaking, eyes were running and sore throat almost 5 hours following the influenza vaccine (Fluzone SV '2005-'2006), lot no: U1916AA administration on 15 Nov 2005. On 17 Nov she had laryngitis. The patient was not recovered at the time of the report. Follow up information received on 26/Jan/2006. Per the reporter, the patient coincidentally contracted an upper respiratory dise

VAERS ID:	**260535**	**Age:**	71	**Sex:**	F
Vaccination date:	11/18/2005	**Onset date:**	11/18/2005	**Days later:**	0
Report date:	7/21/2006			**Entry date:**	7/25/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	

SYMPTOMS: Feeling hot Inflammation Injection site erythema Injection site pain Injection site swelling

Initial and follow up information was received from a physician and a registered nurse concerning a 71 year old retired white female with no known allergies, diabetes mellitus non-insulin dependent and a thyroid disorder who on 18-NOV-2005 was vaccinated intramuscularly with a 0.5 ml dose pneumococcal 23v polysaccharide vaccine (lot#651318/1006P). Concomitant therapy included levothyroxine Na fluoxetine, metformin, trazodone HCL, "dislosenant", gabapentin, atorvastatin calcium (LIPITOR) and "prophylthiurac

VAERS ID:	260533	Age:	71	Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	7/21/2006			Entry date:	7/25/2006
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
PPV	MERCK & CO. INC.	

SYMPTOMS: Erythema Pain Pyrexia Swelling

Information has been received from a healthcare worker concerning a 71 year old female with a history of osteoporosis and no allergies, who on 30-NOV-2005 was vaccinated with a 0.5 ml intramuscular dose of pneumococcal 23v polysaccharide vaccine (Lot#651318/1006P). Concomitant therapy included alendronate sodium (MSD), calcium (unspecified), vitamin D (unspecified), simvastin (MSD), and folic acid. On 01-DEC-2005 the patient's arm, at the injection site, became red, warm, painful, and swollen. She also h

VAERS ID:	293132	Age:	71	Sex:	F
Vaccination date:	9/27/2007	Onset date:	9/29/2007	Days later:	2
Report date:	10/12/2007			Entry date:	10/15/2007
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
YF	SANOFI PASTEUR	0

SYMPTOMS: Pruritus

9/27/07 Received Yellow Fever vaccination. TC on 10/11/07 c/o 2 days post vaccine itching to buttocks, breasts, legs. Has hx of hives. F/U with MD 10/24/07.

VAERS ID:	293738	Age:	72	Sex:	F
Vaccination date:	9/26/2007	Onset date:	9/30/2007	Days later:	4
Report date:	10/18/2007			Entry date:	10/19/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Rash erythematous Rash maculo-papular Rash pruritic

Information has been received from a 72 year old female consumer with a penicillin allergy, depression, hypertension and Lennox-Gastaut syndrome who on 26-SEP-2007 was vaccinated SC with a 0.65 ml dose of Zostavax (Oka/Merck). Concomitant therapy included sertraline HCl (ZOLOFT), lamotrigine (LAMICTAL) and verapamil. On 30-SEP-2007 the patient developed a raised macular papular rash. Unspecified medical attention was sought. No lab studies were performed. At the time of this report the patient had not recovered. No further information was provided. There was no product quality complaint involved. Follow up information from the physician on 08-OCT-2007 indicated that the patient was not vaccinated at his office. Follow up information received on 09-OCT-2007 from a certified medical assistant indicated that the patient was seen in the office for her rash which was described as an erythematous, pruritic rash on the extremities. The patient was treated with cetirizine hydrochloride (ZYRTEC). No further information was provided. The medical assistant considered treatment with cetirizine hydrochloride (ZYRTEC) to be an intervention to prevent serious criteria (OME). Additional information has been requested.

VAERS ID:	302052	Age:	72	Sex:	F
Vaccination date:	9/7/2007	Onset date:	9/7/2007	Days later:	0
Report date:	12/21/2007			Entry date:	12/28/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Blister Body temperature increased Herpes zoster Pain Rash papular

Initial and follow up information has been received from a physician concerning a 72 year old female with an unknown history of chicken pox who on 07-SEP-2007 was vaccinated IM in the left deltoid with a 0.65 ml dose of Zostavax (Oka/Merck) (Lot#658083/0885U). On 21-SEP-2007 (also reported as 24-SEP-2007) the patient developed a papular rash with small vesicles on the right side of her chest with dermatone distribution, the patient was diagnosed with shingles. Unspecified medical attention was sought. No lab studies were performed. No further information was provided. There was no product quality complaint involved. Follow up information from the physician indicated that the patient had concomitant medications of amlodipine besylate (+) atorvastatin calcium (Caduet), zolpidem tartrate (Ambien), metoprolol succinate (Toprol XL), olmesartan medoxomil (Benicar), and venlafaxine hydrochloride (Effexor XR). The patient had a maximum temperature of 99.4 degrees F. Her pain was a 6 on a scale of 0 (least) to 10 (most). There were no other systemic symptoms. There was no recent exposure to chicken pox or herpes zoster. There was no DFA or PCR done. A photo was not taken. On an unspecified dose the patient recovered. Additional information is not expected.

VAERS ID:	231142	Age:	72	Sex:	F
Vaccination date:	12/10/2004	Onset date:	12/10/2004	Days later:	0
Report date:	12/14/2004			Entry date:	12/15/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	No	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLU	AVENTIS PASTEUR,	
PPV	MERCK & CO. INC.	1

SYMPTOMS: EDEMA EDEMA INJECT SITE FEVER HYSN INJECT SITE PAIN VASODILAT

Patient states developed redness and swelling at injection site within in hors. Spread from left shoulder to left elbow. Painful : had temp 99.6 which she describes a fever for her. Lasted 3 days. 12/14: no redness, no swelling.

VAERS ID:	**272565**	**Age:**	72	**Sex:**	M
Vaccination date:	2/6/2007	**Onset date:**	2/15/2007	**Days later:**	9
Report date:	2/19/2007			**Entry date:**	2/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TYP	BERNA BIOTECH, LTD	3

SYMPTOMS: Chills Pain Pyrexia

Finished ral typhoid on Tuesday. Became feverish and achy on Thursday, with "violent chills". Symptoms subsided on Sunday.

VAERS ID:	**212757**	**Age:**	73	**Sex:**	M
Vaccination date:	10/21/2003	**Onset date:**	10/23/2003	**Days later:**	2
Report date:	11/20/2003			**Entry date:**	11/20/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: ASTHENIA COUGH INC DEHYDRAT FEVER HYPOTENS MYALGIA

Weakness, cough, dehydration, muscle soreness, spiking temperatures, low blood pressure (90/50). I took the flu shot on Oct 21,2003. Vaccine manufacturer is Aventis-Pasteur Lot #U1076AA(Exp. date 6/30/04. I started experiencing symptoms listed beginning October 23. I was ordered by my physician to the emergency room on October 31,2003. I was admitted and remained in the hospital until 11/8/03. I was treated with antibiotics and steriods.

VAERS ID:	**246939**	**Age:**	73	**Sex:**	F
Vaccination date:	10/26/2005	**Onset date:**	10/28/2005	**Days later:**	2
Report date:	11/1/2005			**Entry date:**	11/7/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	9
PPV	MERCK & CO. INC.	0

SYMPTOMS: CELLULITIS VASODILAT

Both Pneumococcal and flu vaccine given right deltoid 1 inch apart. 2 days later right arm red, hot under arm not at site. 10/28/2005 started biaxcin 250 mg BID. Mastectomy left breast 1991. Dx Cellulitis.

VAERS ID:	**214077**	**Age:**	73	**Sex:**	M
Vaccination date:	10/30/2003	**Onset date:**	11/2/2003	**Days later:**	3
Report date:	11/7/2003			**Entry date:**	12/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: EVANS VACCINES
Dose:

SYMPTOMS: HYPERTONIA MYALGIA

Pt reports achy on Sat evening (body) 11/1/03. On 11/2 stiff neck (L) and back, left upper shoulder and arm, elbow pain, persisted 11/2-11/5, took Aleve and hot packs. Good movement, ROM better today. If not improved next week to contact MD.

VAERS ID:	**231097**	**Age:**	73	**Sex:**	M
Vaccination date:	11/16/2004	**Onset date:**	11/16/2004	**Days later:**	0
Report date:	12/7/2004			**Entry date:**	12/14/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose: 3

SYMPTOMS: PAIN INJECT SITE

As per pt she received an influenza vaccination at a public clinic on 11/16/2004. She received the shot in her right arm and immediately felt pain. Pain has been constant to date and she has been unable to use her arm for any length of time. No redness or swelling.

VAERS ID:	**231529**	**Age:**	73	**Sex:**	M
Vaccination date:	10/21/2003	**Onset date:**	10/25/2003	**Days later:**	4
Report date:	9/24/2004			**Entry date:**	12/28/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: FEVER MALAISE

From initial information received on 13Nov03 from a health care professional regarding an adverse event occurring, it was reported that a 73 year old male pt received a dose of Fluzone SV 2003-2004 USP, lot number U1076AA, administered IM in the left arm on 21Oct03. Four days later, the pt developed a fever (no temp provided) and general malaise. The pt was hospitalized with a diagnosis of fever, etiology to be determined. The pt was hospitalized for eight days and was discharged on 02Nov03. The pt's recove

VAERS ID:	**236361**	**Age:**	73	**Sex:**	F
Vaccination date:	1/21/2005	**Onset date:**	1/23/2005	**Days later:**	2
Report date:	3/30/2005			**Entry date:**	4/20/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: EDEMA INJECT SITE INJECT SITE REACT MASS INJECT SITE PRURITUS

local reaction- redness, itching, swelling, hardness, afterwards area became infected due to pt scratching site.

VAERS ID:	**245393**	**Age:**	74	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/10/2005			**Entry date:**	10/14/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: HYSN INJECT SITE RASH

Information has been received from a pharmacist concerning a 74 year old hospitalization female who was vaccinated SC with a 575mcg dose of pneumococcal 23v polysaccharide vaccine (lot 651525/1078P). Subsequently, the pt developed irritation and a rash at the injection site. Unspecified medical attention and sought. Subsequently, the pt was discharged from the hospital and noted to be improved. No product quality complaint was involved. The pt's hospitalization was possibly prolonged due to the adverse even

VAERS ID:	**214733**	**Age:**	74	**Sex:**	F
Vaccination date:	1/2/2004	**Onset date:**	1/2/2004	**Days later:**	0
Report date:	1/7/2004			**Entry date:**	1/7/2004
Administered by:	MIL	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	EVANS VACCINES	1
PPV	MERCK & CO. INC.	0

SYMPTOMS: CELLULITIS EDEMA PAIN VASODILAT

Patient received Pneumonia Vaccine on I/2/04 at 4:20 PM. It was given in her right lateral thigh. At the same time she rec'd a flu injection in her R arm. Her other arm was not available for an injection due to previous surgery. She called on 1/5 stating "At 8 PM on 1/2/04, Friday night, my right knee and lower leg started to hurt. It was red and started to swell. I kept hoping it would go away." Patient was seen on 1/5/04 by a doctor and a registered nurse. On 1/5 redness and warmth were noted about

VAERS ID:	**248562**	**Age:**	74	**Sex:**	M
Vaccination date:	10/28/2005	**Onset date:**	11/7/2005	**Days later:**	10
Report date:	11/23/2005			**Entry date:**	12/2/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	0

SYMPTOMS: COUGH INC FEVER INFECT BACT NO DRUG EFFECT PNEUMONIA RHINITIS

Cough, Phlegm, Fever, DX pneumonia and staph infection.

VAERS ID:	**296927**	**Age:**	75	**Sex:**	F
Vaccination date:	10/26/2007	**Onset date:**	11/2/2007	**Days later:**	7
Report date:	11/7/2007			**Entry date:**	11/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	

SYMPTOMS: Chills Cough Headache Nasal congestion Pain Pyrexia Rhinorrhoea Throat irritation

Flu shot 1:30 PM at Acme Oct26-Fri. Fri Nov2-started with cough, scratchy throat. Sat Nov3-chills, fever, persistent cough, headache, runny nose and aching body. Nov4-continue with symptoms. Nov5-continue with symptoms. Nov6-symptoms less severe, still dry cough, congestion & runny nose.

VAERS ID:	**232105**	**Age:**	75	**Sex:**	F
Vaccination date:	12/21/2004	**Onset date:**	12/22/2004	**Days later:**	1
Report date:	1/10/2005			**Entry date:**	1/10/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: EDEMA PERIPH

Patient had Pneumovax on 12/21/04. Developed swelling in upper right arm going down to elbow area.

VAERS ID:	**292952**	**Age:**	75	**Sex:**	F
Vaccination date:	10/2/2007	**Onset date:**	10/2/2007	**Days later:**	0
Report date:	10/12/2007			**Entry date:**	10/12/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	NOVARTIS VACCINES AND DIAGNOSTICS	7
VARZOS	MERCK & CO. INC.	0

SYMPTOMS: Dyspnoea Swollen tongue

Tongue swelling, shortness of breath began about 1-2 hours after administration of Zostavax and Fluvirin. Patient took Benadryl and was told to call 911 and go to ER. In ER was given Benadryl and steroids.

VAERS ID:	**196402**	**Age:**	75	**Sex:**	M
Vaccination date:	5/7/2002	**Onset date:**	5/9/2002	**Days later:**	2
Report date:	1/9/2003			**Entry date:**	1/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	

SYMPTOMS: NO DRUG EFFECT

Report A0369096A describes a positive test for Hep B surface antigen in a 75 y.o. male who received Hep B vaccine recombinant (Engerix-B). The vaccinee was a hemodialysis patient. Concurrent medications were not specified. On 5/7/02, the vaccinee received a 40 mcg "booster" injection of Engerix-B. On 5/9/02, an unspecified "titer test" was positive for Hep B surface antigen. The reporting nurse had been told that "the false positive may have been due to a reaction with heparin when using the red tube for th

VAERS ID:	**207314**	**Age:**	75	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/30/2003			**Entry date:**	8/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

Info has been received from a Medical Assistant concerning a male pt in his mid-70's with hypertension and hypercholesterolemia who was vaccinated with a dose of pneumococcal vaccine 23 polyvalent (Lot #644218/1027M). Concomitant therapy was unspecified. Subsequently the pt developed swelling and redness at the injection site 24-48 hrs. post vaccination. Unspecified medical attention was sought. The reporter expressed concern with the lot. The medical assistant reported on another male pt (WAES #0301USA0182

VAERS ID:	**211065**	**Age:**	75	**Sex:**	M
Vaccination date:	10/21/2003	**Onset date:**	10/23/2003	**Days later:**	2
Report date:	10/27/2003			**Entry date:**	10/28/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
PPV	UNKNOWN MFR	

SYMPTOMS: EDEMA INJECT SITE

Right arm swelling at site reported to be pneumovax.

VAERS ID:	**228738**	**Age:**	76	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/24/2004			**Entry date:**	11/3/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS

Developed cellulitis like reaction (right arm), 4 inches long along medial aspect of right arm.

VAERS ID:	**228425**	**Age:**	76	**Sex:**	M
Vaccination date:	10/11/2004	**Onset date:**	10/14/2004	**Days later:**	3
Report date:	10/25/2004			**Entry date:**	10/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	0

SYMPTOMS: ARTHRALGIA ASTHENIA CHILLS HYPERTONIA HYPOKINESIA NECK RIGID PARESTHESIA TACHYCARDIA

Severe weakness, stiff neck , fast heart beat, chills, shoulder/arm connection pain, stiffness, can't raise arms, wrists pain, can't move in any direction, tickling sensation in center of back.

VAERS ID:	**229636**	**Age:**	76	**Sex:**	F
Vaccination date:	11/22/2004	**Onset date:**	11/23/2004	**Days later:**	1
Report date:	11/23/2004			**Entry date:**	11/23/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: RASH URTICARIA

Noticed rash on thighs. States it was raised: welt-like. Denies complaints of pain, burning pruritus. Called her MD and was told to apply cortisone cream. Pt denies being seen at MD office. Treatment was prescribed over the phone by MD.

VAERS ID:	**233842**	**Age:**	76	**Sex:**	M
Vaccination date:	2/3/2005	**Onset date:**	2/3/2005	**Days later:**	0
Report date:	2/11/2005			**Entry date:**	2/15/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: UNK
Manufacturer: UNKNOWN MFR
Dose:

SYMPTOMS: FEVER MYALGIA

I received a flu shot Thursday (2/3/05) afternoon, that evening I got a fever 102 my body ached all over. I took Tylenol 2 every 4 to 6 hrs. Temperature was back to normal Saturday morning.

VAERS ID:	**302447**	**Age:**	76	**Sex:**	M
Vaccination date:	10/24/2007	**Onset date:**	10/24/2007	**Days later:**	0
Report date:	12/21/2007			**Entry date:**	12/28/2007
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARZOS
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Cellulitis Dermatitis Eczema Exposure to communicable disease Herpes zoster Pain Pruritus Rash Rash Rash vesicular

Initial and follow-up information has been received from a pharmacist and a 76 year old male with no pertinent medical history and a penicillin allergy who on 24-OCT-2007 was vaccinated with one single dose of Zostavax (Oka/Merck). Concomitant drug therapy included digoxin, ramipril (ALTACE), warfarin sodium (COUMADIN) and olmesartan medoxomil (BENICAR). On approximately 31-OCT-2007 the patient developed rashes on his stomach, back, legs and ankles which caused itching, but no fever. The patient sought unspecified medical attention where two different physicians "thought it was shingles." No labs or diagnostic studies were performed. The patient was noted to be recovering. There was no product quality complaint. The patient was enrolled in the VZIP enables biological samples to be analyzed by PCR to identify if VZV is present and if it is present, to identify if it is associated with the wild-type VZV strain or the Oka vaccine VZV strain. Additional follow-up information has been received from a physician indicating that a 76 year old patient with a history of chickenpox and a penicillin allergy who on 24-OCT-2007 was vaccinated SC with a dose of Zostavax (Oka/Merck) (lot# 658084/0888U) in the left arm. Other concomitant drug therapy included: aspirin, saw palmetto, fexofenadine HCl (Allegra), olmesartan medoxomil drug therapy included: aspirin, saw palmetto, fexofenadine HCl (Allegra), olmesartan medoxomil (Benicar), digoxin (Digitek), ramipril (Altace) and warfarin sodium (Coumadin). On that same day the patient was seen in the office for superficial cellulitis on his forearm that he had for 1 week. The physician noticed a rash of 3 multiple vesicular disseminated lesions under his right axilla that were a week old with a moderate pain level of 4. The patient developed recent exposure to herpes zoster on approximately 17-OCT-2007. The physician noted to patient that since he had shingles, he had been vaccinated too late. No direct fluorescent antibody (DFA), PCR or photo was done. The patient declined theory an

VAERS ID:	**301863**	**Age:**	77	**Sex:**	M
Vaccination date:	8/20/2007	**Onset date:**	8/27/2007	**Days later:**	7
Report date:	12/21/2007			**Entry date:**	12/28/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARZOS	MERCK & CO. INC.	

SYMPTOMS: Herpes zoster Injection site pain Injection site rash Neuralgia Pain Rash

Information has been received from a physician concerning a 77 year old male with diabetes, hypertension, arthritis and coronary artery disease who on 20-Aug-2007 was vaccinated SC with a single dose of Zostavax (lot #656858/0356U). "One week after vaccination", on approximately 27-Aug-2007 the patient developed pain and a rash which followed the "radial and medial" nerve path down from the injection site on his arm to his hand. Unspecified medical attention was sought, and the patient was diagnosed with shingles. The patient was treated with valacyclovir (Valtrex) and over the counter medications for the pain. At the time of this report the patient was recovering. No further information was provided. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**212218**	**Age:**	77	**Sex:**	M
Vaccination date:	10/28/2003	**Onset date:**	10/28/2003	**Days later:**	0
Report date:	11/4/2003			**Entry date:**	11/13/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	6

SYMPTOMS: ANOREXIA CHILLS FEVER HEADACHE WEIGHT DEC

Received vaccine shot at 10:30, and by 14:00 was feeling sick-with fever, chills, headache, symptoms lasted several days. No appetite for several days-lost weight.

VAERS ID:	**196403**	**Age:**	77	**Sex:**	F
Vaccination date:	5/7/2002	**Onset date:**	5/9/2002	**Days later:**	2
Report date:	1/9/2003			**Entry date:**	1/17/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: HEPATITIS HBSAG

Report A0369098A describes a positive test for Hep surface B antigen in a 77 y.o. female who received Hep B vaccine recombinant (Engerix-B). The vaccinee was a hemodialysis PT. Concurrent medications were not specified. On 5/7/02, an unspecified "titer test" was positive for Hep B surface antigen. The reporting nurse had been told that "the false positive may have been due to a reaction with heparin when using the red tube for the collection of blood." A repeat titer was scheduled for one month post-vaccina

VAERS ID:	**245392**	**Age:**	78	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/10/2005			**Entry date:**	10/14/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: PPV
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: RASH

Information has been received from a pharmacist concerning a 78 yr old hospitalized female who was vaccinated SC with a 575mcg dose of pneumococcal 23v polysaccharide vaccine (lot 651539/1100P). Subsequently, the pt developed a whole body rash. Unspecified medical attention was sought. Subsequently, the pt was discharged from the hospital and noted to be improved. No product quality complaint was involved. The pt's hospitalization was possibly prolonged due to the adverse events. No further information is a

VAERS ID:	**234051**	**Age:**	79	**Sex:**	F
Vaccination date:	12/3/2004	**Onset date:**	12/3/2004	**Days later:**	0
Report date:	2/18/2005			**Entry date:**	2/18/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: FLU
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: ATAXIA DIPLOPIA EDEMA FACE EDEMA INJECT SITE HEADACHE HYSN INJECT SITE NAUSEA NEURITIS OPTIC PAIN PARALYSIS FACIAL

12/03/2004 Flu shot gA By 12 P on 12/03/2004 arm at site swollen, slight nausea. Evening 12/03/2004 upper left arm swollen, painful, headache, nausea. Self medicated with tylenol. 12/04-12/05 in bed because of HA, nausea, throbbing arm. 12/06 out of bed, packed up for trip. Sequence of adverse events, signs and symptoms, treatment. The following is an account by the patient given 02/18/2005. 12/03/04 Within hour of injection, site became red and tender, By three hours, her left upper arm was hard and swolle

VAERS ID:	**242539**	**Age:**	79	**Sex:**	M
Vaccination date:	10/26/2004	**Onset date:**	10/28/2004	**Days later:**	2
Report date:	7/29/2005			**Entry date:**	8/4/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: CELLULITIS INJECT SITE REACT

Information has been received from a physician's assistant concerning a 78 year old male who on Oct 26 2004 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (lot 649988/0692P). On Oct 28 2004 the patient was seen in the doctors office and diagnosed with cellulitis at injection site which went down to elbow of left arm. The PA reported that the patient did not have a fever and that she could not read treatment given in the patients chart. It was also reported that the patient recovered (

VAERS ID:	**237168**	**Age:**	79	**Sex:**	F
Vaccination date:	11/21/2004	**Onset date:**	1/13/2005	**Days later:**	53
Report date:	5/9/2005			**Entry date:**	5/9/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	1

SYMPTOMS: AGITATION CRAMPS LEG GUILLAIN BARRE SYND LAB TEST ABNORM MYASTHENIA NEUROPATHY PARESTHESIA

Daughter called the county health department to report that her mother had been hospitalized with Gullian-Barre syndrome 1/13/2005 for 4 weeks, 1 week at hospital and the remainder at another hospital. Family reports that patient lost all feeling in bottom half of her body. Diagnosis was made at hospital. Local Doctor is unsure whether the illness was Gullian-Barre.

VAERS ID:	**245178**	**Age:**	79	**Sex:**	F
Vaccination date:	8/22/2005	**Onset date:**	9/1/2005	**Days later:**	10
Report date:	10/10/2005			**Entry date:**	10/11/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
DTP	UNKNOWN MFR	
YF	AVENTIS PASTEUR,	

SYMPTOMS: ENCEPHALOPATHY JAUNDICE LIVER FUNC ABNORM MALAISE
Started not feeling well 10 days after YF vaccine. Developed jaundice with increased LFT, encephalopathic, work up for bilary pathology, process was E (see below #12). Eventually LFT's normalized and became awake, alert, oriented. No prior YF vaccine administered.

VAERS ID:	**246018**	**Age:**	79	**Sex:**	F
Vaccination date:	10/18/2005	**Onset date:**	10/19/2005	**Days later:**	1
Report date:	10/24/2005			**Entry date:**	10/25/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	

SYMPTOMS: ANOREXIA DIZZINESS FEVER HEADACHE INSOMNIA RHINITIS SOMNOLENCE
Runny nose, fever, headache, loss of appetite, lethargic, couldn't sleep, dizzy. Today she feels congested.

VAERS ID:	**224952**	**Age:**	80	**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/30/2004			**Entry date:**	8/5/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	1

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE PAIN INJECT SITE
Information has been received from a physician concerning an 80 year old female who was vaccinated with a second dose of pneumococcal 23v polysaccharide vaccine. The reporter indicated that the patient recently developed a site reaction after vaccination. The reaction was marked by redness, swelling, and pain at the injection site. The patient did not have an extended recovery period. Unspecified medical attention was sought. A product quality complaint was not involved. Additional information has been requ

VAERS ID:	**260686**	**Age:**	80	**Sex:**	F
Vaccination date:	11/15/2005	**Onset date:**	11/16/2005	**Days later:**	1
Report date:	7/21/2006			**Entry date:**	7/25/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Cellulitis Injection site hypersensitivity Injection site oedema Tenderness

Information has been received from a physician, via a company representative, and a nurse concerning an 80 year old female, with unknown medical history and unknown drug reactions/allergies, who on 11/15/05 was vaccinated route unknown with a dose of Pneumococcal 23v polysaccharide vaccine (651523/0604R). The next day on 11/16/05, the pt developed swelling, redness, and tenderness to her right upper arm. The nurse confirmed that the pt developed cellulitis. The pt was treated with three doses of cephalexin

VAERS ID:	**207116**	**Age:**	80	**Sex:**	M
Vaccination date:	9/30/2002	**Onset date:**	9/30/2002	**Days later:**	0
Report date:	7/30/2003			**Entry date:**	8/5/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MFR	
PPV	MERCK & CO. INC.	1

SYMPTOMS: ASTHENIA CELLULITIS EDEMA INJECT SITE FEVER HYSN INJECT SITE MYALGIA VASODILAT

Information has been received from a registered nurse and the wife of an 80 year old male with arthritis NOS and penicillin allergy who on 9/30/02 was vaccinated in the right arm with pneumococcal vaccine 23 polyvalent. Concomitant vaccination on 9/30/02 included influenza virus vaccine in the left arm. Other concomitant therapy included Norvasc, Celebrex, Lipitor, Prilosec. The nurse reported that following the vaccination, the pt felt achy, and tired and had a temp of 102.8. It was also reported that by t

VAERS ID:	**212212**	**Age:**	80	**Sex:**	F
Vaccination date:	10/20/2003	**Onset date:**	10/21/2003	**Days later:**	1
Report date:	10/31/2003			**Entry date:**	11/13/2003
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: RASH

Approximately 30 hours after vaccination, patient developed rash over her entire body.

VAERS ID:	**296912**	**Age:**	81	**Sex:**	M
Vaccination date:	10/26/2007	**Onset date:**	11/2/2007	**Days later:**	7
Report date:	11/7/2007			**Entry date:**	11/15/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	UNKNOWN MANUFACTURER	

SYMPTOMS: Chills Nasal congestion Pain Pharyngolaryngeal pain Productive cough Pyrexia Rhinorrhoea

FLU SHOT GIVEN APPROXIMATELY 12:00 PM ONSET SYMPTOMS 11/7 PERSISTENT RUNNY NOSE, SCRATCHY SORE THROAT LOW GRADE FEVER, CHILLS NOW PRODUCTIVE COUGH ACHING BODY, CONGESTION, TREATMENT WAS SYMPTOMTIC, DECONGESTANTS, ANTIHISTAMINES REST AND HYDRATIENS

VAERS ID:	**275047**	**Age:**	82	**Sex:**	M
Vaccination date:	12/15/2006	**Onset date:**	2/13/2007	**Days later:**	60
Report date:	3/14/2007			**Entry date:**	3/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARZOS **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Erythema Pruritus Rash Swelling

Information has been received from a physician concerning an 82 year old male with an unspecified urological condition and dermatitis of the hands during winter seasons and a history of photosensitivity with Hytrin who on 15-DEC-2006 was vaccinated SC with a dose of Zostavax (lot # 652946/1012F). Concomitant therapy included simvastatin (manufacturer unknown), Uroxatral, Adodart. On approximately 13-FEB-2007, the patient developed a non-VZV rash. The patient initially experienced itching of his face which then developed into redness and swelling. The rash progressed to his lower jaw, arms, and abdomen. The patient was being treated with Zyrtec and the physician gave him a prescription for a Medrol Dosepak. The physician told the patient not to fill the prescription unless the rash worsened. No diagnostic laboratory tests were performed. At the time of the report, the patient had not recovered. The physician did not think that the rash was related to therapy with Zostavax. A product quality complaint was not involved. Additional information has been requested.

VAERS ID:	**211662**	**Age:**	82	**Sex:**	F
Vaccination date:	9/30/2003	**Onset date:**	9/30/2003	**Days later:**	0
Report date:	10/27/2003			**Entry date:**	11/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: UNK **Manufacturer:** UNKNOWN MFR **Dose:**

SYMPTOMS: FLU SYND PAIN

After using vaccine with no adverse effects for 7 months, last dose (new batch) burned upon injection. Experienced severe flu-like symptoms immediately afterward.

VAERS ID:	**265918**	**Age:**	82	**Sex:**	M
Vaccination date:	11/1/2006	**Onset date:**	11/1/2006	**Days later:**	0
Report date:	11/2/2006			**Entry date:**	11/2/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR, INC.	
PPV	MERCK & CO. INC.	0

SYMPTOMS: Cellulitis Injection site reaction

Cellulitis like local reaction began within hours of administration.

VAERS ID:	**219603**	**Age:**	84	**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/13/2004			**Entry date:**	4/28/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TTOX	AVENTIS PASTEUR,	1

SYMPTOMS: PAIN

02/17/04: As per pt progress note: "I had a tetanus shot about 1.5 weeks ago and I still have pain on my left arm, shoulder and rib cage". Pt denies swelling or redness to arm. Meets definition Brachial Neuritis.

VAERS ID:	**268747**	**Age:**	87	**Sex:**	F
Vaccination date:	11/27/2006	**Onset date:**	11/29/2006	**Days later:**	2
Report date:	11/30/2006			**Entry date:**	12/12/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	CHIRON CORPORATION	4
PPV	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site pain Tenderness

Patient developed 2 days pain, erythema, and tenderness of left arm, spreading into forearm.

VAERS ID:	**293168**	**Age:**	91	**Sex:**	F
Vaccination date:	2/12/2007	**Onset date:**	7/23/2007	**Days later:**	161
Report date:	10/3/2007			**Entry date:**	10/15/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARZOS
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Herpes zoster Muscular weakness Pain Pruritus Rash

Rec'd shingles shot - 2/12/07 - Shingles pain started on 7/23/07 followed by severe rash on left arm, shoulder and upper back. To date, pain and itch still occurs - left arm and hand are weak.

VAERS ID:	**215334**	**Age:**		**Sex:**	M
Vaccination date:	4/2/2001	**Onset date:**	6/14/2001	**Days later:**	73
Report date:	1/21/2004			**Entry date:**	1/22/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: LYME
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: ARTHROSIS ATROPHY MUSCLE FIBRO TENDON MED ERROR PAIN

This case was reported by a consumer and described the occurrence of muscle wasting in a male pt in his twenties who received Lyme disease vaccine recombinant OspA (LYMErix). The reporter is the pt's mother. A physician or other health care professional has not verified this report. The pt's medical history was notable for diagnosis of Lyme disease (stage 3) in 1989, right leg pain and right knee swelling in 1994, and a family history of muscle disease. At the time of vaccinations, the pt was not receiving

VAERS ID:	**219236**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	12/28/2003	**Days later:**	
Report date:	2/9/2004			**Entry date:**	4/19/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLUN
Manufacturer: MEDIMMUNE, INC./
Dose:

SYMPTOMS: MALAISE PHARYNGITIS RHINITIS SEC TRANS VACCINEE

Information regarding FluMist (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 Formula) (influenza virus vaccine, live intranasal (2003-2004 formula) nasal solution (frozen) was received from a 45-year-old female who did not receive FluMist vaccine but experience subsequent accidental exposure and development of and adverse event on 28-Dec-2003. Medical History: None reported. Product Details: Indication, dose and dates of FluMist (2003-2004 Formula) therapy were not provided. The re

VAERS ID:	**234330**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/22/2005			**Entry date:**	2/25/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: AUTISM

Information has been received from a health professional concerning a male who was vaccinated with a dose of MMR. Other vaccinations were routine childhood vaccinations including varicella virus vaccine live and maybe hepatitis B virus vaccine. Subsequently, the patient exhibited signs of autism. Unspecified medical attention was sought. There was no product quality complaint involved. Upon internal review, the patient's autism was considered to be an other important medical event (OMIC). Additional informa

VAERS ID:	**234495**	**Age:**		**Sex:**	F
Vaccination date:	8/24/2003	**Onset date:**	3/24/2004	**Days later:**	213
Report date:	2/25/2005			**Entry date:**	3/2/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
PNC	LEDERLE LABORATO	3

SYMPTOMS: AUTISM

This case was considered medically important (OMIC). Information regarding Prevnar was received from a consumer, a relative of a 3 year old female patient who received a fourth dose of Prevnar on 8/24/03. On 3/24/04, the child developed autism. The patient's concurrent illness includes ear infection (reported as ear tubes were inserted for chronic ear infections). Indication for Prevnar was immunization. Product was administered on 8/24/03. Dose regimen was 1 dose (IM). Additional suspect medication include

VAERS ID:	**241324**	**Age:**		**Sex:**	F
Vaccination date:	12/10/2002	**Onset date:**	3/24/2004	**Days later:**	470
Report date:	7/11/2005			**Entry date:**	7/14/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HIBV	AVENTIS PASTEUR,	
IPV	AVENTIS PASTEUR,	

SYMPTOMS: AUTISM

An initial report was received in the USA from another manufacturer (HQWYE049823FEB05) on 7/5/05. It was reported from the pt's relative to them that a female child, age not specified, was found to have autism that was diagnosed on 3/24/04. She received Act-Hib, (lot numbers, sites and routes not reported), on 12/10/02 and 10/8/02 and IPOL, (lot numbers, sites and routes not reported), on 10/8/02, 12/10/02 and 4/24/03. Exact latency, concomitant medicaitons and past medical history were no provided.

VAERS ID:	**242257**	**Age:**		**Sex:**	F
Vaccination date:	10/14/2004	**Onset date:**	10/14/2004	**Days later:**	0
Report date:	7/29/2005			**Entry date:**	8/4/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
PPV MERCK & CO. INC.

SYMPTOMS: DYSPEPSIA EDEMA PAIN

Information has been received from a female with a history of high blood pressure and allergies to penicillin, cholesterol medications and codeine, who on Oct 14 2004 was vaccinated with a dose of pneumococcal 23v polysaccharide vaccine (lot 648139/0009P). Concomitant therapy included hydrochlorothiazide (+) Valsartan (Diovan HCT), metoprolol succinate (Toprol XL Tablets), raloxifene hydrochloride (Evista), levothyroxine Na (Levoxyl), rabeprazole sodium (Aciphex) and aspirin (Ecotrin). On Oct 14 2004 the pa

VAERS ID:	**264188**	**Age:**		**Sex:**	M
Vaccination date:	8/1/2006	**Onset date:**	8/2/2006	**Days later:**	1
Report date:	10/4/2006			**Entry date:**	10/10/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
PNC LEDERLE LABORATORIES
ROTHB5 MERCK & CO. INC. 0

SYMPTOMS: Diarrhoea Faeces discoloured Haematochezia Vomiting

Information has been received from a physician concerning a male, with eczema and a history of milk colitis (no bloody diarrhea involved), which resolved when the pts formula was changed to alimentum, and a cold, who on 8/1/06, was vaccinated with a first oral 2 ml dose of Rotavirus (lot 653754/0139F). Concomitant therapy included a dose of Prevnar. On 8/2/06 the pt developed loose water stools, x 4. On 8/3/06 the pt was seen in the office. At that time, the pt had green watery stools with bright red specks

VAERS ID:	**261888**	**Age:**		**Sex:**	F
Vaccination date:	7/27/2006	**Onset date:**	8/1/2006	**Days later:**	5
Report date:	8/16/2006			**Entry date:**	8/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: **Manufacturer:** **Dose:**
MMRV MERCK & CO. INC.

SYMPTOMS: Encephalitis Sepsis Shock

Information has been received from a physician concerning a female who about 2 wks ago on approx 27Jul06 was vaccinated with a SC dose of MMR. In approx Aug 2006, the pt was admitted into the hospital in septic shock and the pt had encephalitis after receiving MMR + varicella virus vaccine live. The length of hospitalization was unspecified, however, the physician mentioned that the pt was still in the hospital. There was no product quality complaint involved. Septic shock and encephalitis were considered t

VAERS ID:	**258036**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/19/2006			**Entry date:**	5/22/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
MMR MERCK & CO. INC.

SYMPTOMS: Hypoacusis

Info has been received from a physician concerning a teenage pt who was vaccinated with a dose of MMRII as a child and then received it again prior to entering college. The physician noted that the pt reported that when she was collage age, the vaccine gave her hearing loss. At the time of the report, the pt had not recovered. Unspecified medical attention was sought. No product quality complaint was involved. No other info was provided. Hearing loss was considered to be an Other Important Medical Event (OM

VAERS ID:	**256687**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	9/1/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Rash maculo-papular Viral infection

Information has been received from a physician concerning a patient who was vaccinated with varicella virus vaccine live. In September 2005, the patient developed breakthrough, which was described as a mild case with less than 30 lesions. The lesions were reported as maculopapular in nature. The adverse event was improved and the patient is recovering. No further information was available regarding the adverse event. There was no product quality complaint reported The patient sought unspecified medica

VAERS ID:	**256684**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Rash maculo-papular Skin ulcer

Varicella Information has been received from a physician concerning a patient who was vaccinated with varicella virus vaccine live (Oka/Merck). In September 2005, the patient developed breakthrough, which was described as a mild case with less than 30 lesions. The lesions were reported as maculopapular in nature. The adverse event improved and the patient is recovering. No further information was available regarding the adverse event. There was no product quality complaint.

VAERS ID:	**256126**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	6/1/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Drug ineffective Rash vesicular

Information has been received from a physician concerning a healthy female child who in approx 2000 was vaccinated with a dose of varicella virus vaccine live. The physician reported that the pt was vaccinated at about 2 years of age and has been diagnosed with varicella rash a few times since vaccination (age unspecified at time of rash). A recent titer on 01Jun05 was negative for varicella antibodies. The pt currently (approx 02Jun05) has a rash which does not look like varicella. Additional information h

VAERS ID:	**256103**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	5/25/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Rash vesicular Skin ulcer Viral infection

Information has been received from a health professional concerning an adolescent female who in 1995 was vaccianted with a dose of varicella virus vaccine live. On 5/25/2005 the patient presented with chickenpox with more than 50 vesicular lesions. She was treated with OTC calamine lotion. No product quality complaint was involved. No other information was provided. The patients brother experienced chicken pox following vaccination with varicella virus vaccine live (WAES0505USA03010). Additional information

VAERS ID:	**256092**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	5/25/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Drug ineffective Infection

Info has been received from a health professional concerning an adolescent male who in 1995 was vaccinated with a dose of varicella virus vaccine live. On 5/25/05, the pt presented with chickenpox with more than 50 vesicular lesions. He was treated with OTC calamine lotion. No product quality complaint was involved. No other information was provided. The pt's sister experienced chickenpox following vaccination with varicella virus vaccine live. Additional info has been requested.

VAERS ID:	**252571**	**Age:**		**Sex:**	F
Vaccination date:	1/5/2005	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/7/2006			**Entry date:**	3/10/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
HEP	MERCK & CO. INC.	

SYMPTOMS: Medication error Rash erythematous Unintended pregnancy

Information has been received from a physician concerning an adult female employee who "sometime last week" on approximately 05-Jan-2005 may have been vaccinated with an intradermal dose of hepatitis B virus vaccine rHBsAg (yeast) (Lot #646996/1093N) while 7 months pregnant. It was reported the patient developed a red, indurated area about 35 mm in diameter. The patient's status was reported as recovering. Unspecified medical attention was sought. No product quality complaint was involved. No other informat

VAERS ID:	285378	Age:		Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	7/16/2007			Entry date:	7/18/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	

SYMPTOMS: Injection site pain

Information has been received from a nurse concerning a female (age unknown) who, on an unspecified date, was vaccinated with a 0.5mL dose of Gardasil. Subsequently the patient experienced injection site pain that had persisted for over a month after receiving the vaccination. The patient sought unspecified medical attention. At the time of this report, the patient had not recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	276672	Age:		Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	4/13/2007			Entry date:	4/16/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Urinary tract infection

Information has been received from a physician concerning a female patient who was vaccinated with a first dose of Gardasil. She was due for her second dose of Gardasil on 13-MAR-2007. Subsequently, she developed a urinary tract infection. Unspecified medical attention was sought. Urinary tract infection persisted. Additional information has been requested.

VAERS ID:	271268	Age:		Sex:	M
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	1/16/2007			Entry date:	1/22/2007
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	No
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:

VARZOS MERCK & CO. INC.

SYMPTOMS: Pain in extremity

Information has been received from a physician concerning a male who on an unspecified date was vaccainted with a dose of Zostavax. Subsequently the patient experienced a sore arm that lasted several weeks after vaccination. Unspecified medical attention was sought. At the time of the report the patient had not recovered. There was no product quality complaint involved. No further information was provided. Additional information has been requested.

VAERS ID:	**303940**	**Age:**		**Sex:**	F
Vaccination date:	5/4/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/15/2008			**Entry date:**	1/21/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Abdominal pain

Information has been received from a health professional concerning a female patient who on 04-MAY-2007 and in October 2007, was vaccinated with first dose of GARDASIL, respectively. Subsequently, the patient experienced abdominal pain. Unspecified medical attention was sought. No laboratory diagnostic studies were performed. At the time of this report, the patient had not recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**303121**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	12/4/2007	**Days later:**	
Report date:	1/7/2008			**Entry date:**	1/16/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Injection site pain Lymphadenopathy Pain in extremity

Information has been received from a healthcare professional (who is also the patient) who on an unspecified date was vaccinated (route and site not reported) with the 2nd dose of Gardasil (lot# not reported). On 04-DEC-2007, after receiving the 2nd dose of Gardasil, the patient experienced inflamed lymph node, a pain all throughout her left arm which was the injection site and across her chest. No diagnostic laboratory test were performed. Per the patient, the "swelling has improved and so has the pain". At the time of this report the patient was recovering. Additional information has been requested.

VAERS ID:	**302882**	**Age:**		**Sex:**	F
Vaccination date:	9/1/2007	**Onset date:**	9/1/2007	**Days later:**	0
Report date:	1/8/2008			**Entry date:**	1/16/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	UNKNOWN MANUFACTURER	0

SYMPTOMS: Musculoskeletal pain

This case was reported by a pharmacist and described the occurrence of shoulder pain in a female subject of unspecified age who was vaccinated with Hepatitis B vaccine for prophylaxis. In September 2007 the subject received 1st dose of Hepatitis B vaccine (unknown). In September 2007, less than one day after vaccination with Hepatitis B vaccine, the subject experienced shoulder pain. The patient required medical attention in the emergency room. It was unknown whether the subject was hospitalized or stayed overnight in the emergency room. At the time of reporting the event was unresolved. It is unknown if the subject had experienced any adverse events following previous vaccinations.

VAERS ID:	**306340**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/18/2008			**Entry date:**	2/20/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	MERCK & CO. INC.	

SYMPTOMS: Injection site reaction

Information has been received from a physician, via a company representative, concerning a patient (age and gender not reported) who on an unspecified date was vaccinated with a dose of PedvaxHIB (lot # not reported, though indicated "one of the recalls lot"). Subsequently the patient developed an injection site reaction (details not provided). The patient sought unspecified medical attention. At the time of this report, the patient was recovering from the event. Additional information has been requested.

VAERS ID:	**213641**	**Age:**		**Sex:**	F
Vaccination date:	7/12/2002	**Onset date:**	7/12/2002	**Days later:**	0
Report date:	12/3/2003			**Entry date:**	12/8/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	3
TD	UNKNOWN MFR	
YF	AVENTIS PASTEUR,	0

SYMPTOMS: DIARRHEA DIZZINESS DYSPHAGIA DYSPNEA FEVER PHARYNGITIS

Had sore throat several days before receiving second group of vaccines on 07/12/2003. 07/12/2002 received: Td/Yellow Fever/MMR. Presented same day to sick with complaints of difficulty swallowing, diarrhea, started that day, lasting several days. On 07/13/2003 "found on floor of squad bay" in "obvious respiratory distress". See attached notes: 17 year old female patient complained of light-headedness/dizzyness/shortness of breath for 15 minutes. Patient found on floor of squad bay upon entry of dispen

VAERS ID:	**219024**	**Age:**		**Sex:**	M
Vaccination date:	3/25/2004	**Onset date:**	3/26/2004	**Days later:**	1
Report date:	4/2/2004			**Entry date:**	4/14/2004
Administered by:	PUB	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	Manufacturer:	Dose:
DTAPHE	GLAXOSMITHKLINE	2

SYMPTOMS: DIZZINESS STOMATITIS ULCER VOMIT

Child woke up day after vaccine vomited for 8 hours. Seemed "dizzy" to parent. Toppled when trying to sit or crawl. Seemed distant when spoken to. Taken to emergency room on next day, but developed canker sores in mouth. MD said above was probably virus.

VAERS ID:	220567	Age:		Sex:	F
Vaccination date:	0000-00-00	Onset date:	4/7/2003	Days later:	
Report date:	5/14/2004			Entry date:	5/18/2004
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: RASH

Information has been received from a RN concerning a house wife who in approx. MArch 2003, was vaccinated SC in the arm with a first dose of varicella virus vaccine live. On 07Apr2003, the pt developed a rash on her forehead and body. Unspecified medical attention was sought. Subsequently the pt recovered. Additional information is not expected.

VAERS ID:	233519	Age:		Sex:	F
Vaccination date:	6/11/2004	Onset date:	6/12/2004	Days later:	1
Report date:	1/31/2005			Entry date:	2/8/2005
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
TD	MASS. PUB HLTH B	

SYMPTOMS: EDEMA HYSN INJECT SITE VASODILAT

The patient experiences swelling, redness and itchiness in the site of injection, 24 hours after a TD vaccine was administered. Follow up on 06/18/2004: Patient's doctor was contacted and stated that the patient recovered.

VAERS ID:	245629	Age:		Sex:	F
Vaccination date:	10/14/2005	Onset date:	10/16/2005	Days later:	2
Report date:	10/19/2005			Entry date:	10/19/2005
Administered by:	PVT	State:	NJ	Funded by:	PVT
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination:	Manufacturer:	Dose:
FLUN	MEDIMMUNE, INC./	

SYMPTOMS: FEVER HEADACHE RHINITIS
Oral temperature of 101.7, headache, runny nose, Motrin taken. Symptoms subsided Monday. Went back to school on Tuesday.

VAERS ID:	**264084**	**Age:**		**Sex:**	M
Vaccination date:	8/8/2006	**Onset date:**	8/8/2006	**Days later:**	0
Report date:	9/26/2006			**Entry date:**	10/6/2006
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
MNQ AVENTIS PASTEUR, INC. 0

SYMPTOMS: Asthenia Hypoaesthesia
A male pt (date of birth not reported) had received a left deltoid dose of Menactra, lot number Y204578A (this is not a valid lot number), on 8/8/06. The trade name and route of administration were not reported. The expiration date of the Menactra used was 10/13/2007. Six hours post immunization, the pt developed numbness, and tingling in his legs lasting two weeks. The numbness and tingling had started on the right leg and then went to the left leg and groin area. The pt was subsequently evaluated by a phy

VAERS ID:	**258346**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/9/2006			**Entry date:**	6/13/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
ROTHB5 MERCK & CO. INC.

SYMPTOMS: Vomiting
Vomiting Information has been received from a physician concerning a pediatric patient who in approximately March 2006, was vaccinated PO with a dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human-bovine). The physician reported that in approximately March 2006, the patient experienced vomiting for one full week following vaccination with rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human-bovine). Unspecified medical attention was sought. Subsequently, the patient's vomiting resolved. Add

VAERS ID:	**256669**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: Rash vesicular

Varicella Information has been received from a physician concerning a healthy female patient who in 1995 was vaccinated with a dose of varicella virus vaccine live (Oka/Merck). "Earlier this year", in 2005, the patient experienced full blown chicken pox. Subsequently, the patient recovered from chicken pox. Unspecified medical attention was sought. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**253962**	**Age:**		**Sex:**	M
Vaccination date:	3/2/2006	**Onset date:**	3/3/2006	**Days later:**	1
Report date:	3/10/2006			**Entry date:**	4/11/2006
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR, INC.	3

SYMPTOMS: Cellulitis Injection site reaction

Dx'd with cellulitis at immunization site. Treated with Keflex.

VAERS ID:	**299477**	**Age:**		**Sex:**	M
Vaccination date:	10/23/2006	**Onset date:**	10/23/2006	**Days later:**	0
Report date:	12/28/2006			**Entry date:**	11/14/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	SANOFI PASTEUR	

SYMPTOMS: Eye swelling Pruritus

Initial report received from a physician on 25 October 2006. A male patient (age not reported), developed swelling of the eyes and itching of the upper extremities, 1/2 hour after he received Fluzone (lot number U2199AA) on 23 October 2006. He went to the emergency room (he works as an EMT and was at the hospital) and was treated with Prednisone and Benadryl. He was not on any concomitant medications. He has had similar reactions in the past but is unclear to what. His symptoms have resolved. Follow-up information received ion 27 December 2006 from a health care professional. Under the description of the adverse event, the reporter had written "seasonal allergies". No other medically relevant information was provided.

VAERS ID:	**288905**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/23/2007			**Entry date:**	8/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Condition aggravated Convulsion

Information has been received from a physician concerning a female (age not reported) with a history of past seizures who on an unspecified date was vaccinated with a first dose of Gardasil (lot # unknown). On an unspecified date the patient was vaccinated with a second dose of Gardasil (lot # unknown) 0.5mL injection. On an unspecified date several weeks after receiving her second dose of Gardasil the patient had a seizure. Medical attention was sought. On an unspecified date the patient had recovered from the seizure. No further information was provided. Upon internal review seizure was considered to be an other important medical event. Additional information has been requested.

VAERS ID:	**289659**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Anxiety Syncope

Information has been received from a physician concerning a female (age not reported) who on an unspecified date was vaccinated with a dose of Gardasil (lot# unknown) 0.5 mL IM. On an unspecified date the patient experienced an anxiety attack and fainted. Medical attention was sought. The patient recovered on the same day as the vaccination was given. No additional adverse event information was provided. Additional information has been requested.

VAERS ID:	**289652**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Syncope

Information has been received from a physician concerning three female patients who on unspecified dates were vaccinated with first doses of Gardasil (lot # unknown) injection and fainted. Medical attention was sought. On unspecified dates at the time of reporting all three patient's recovered. No additional information was provided. Additional information has been requested.

VAERS ID:	**288890**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	1

SYMPTOMS: Injection site reaction Injection site swelling

Information has been received from a registered nurse concerning a female who on an unspecified date was vaccinated with a first dose of Gardasil (lot# unknown). ON an unspecified date the patient was vaccinated with a second dose of Gardasil (lot# unknown). The nurse reported that the patient had an injection site reaction after receiving the second dose. She developed a "lump" the size of a baseball at the injection site. The patient had no reaction on her first vaccination. No further information is available. Additional information has been requested.

VAERS ID:	**285639**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/16/2007			**Entry date:**	7/18/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	2

SYMPTOMS: Fungal infection Vaccine positive rechallenge

Information has been received from a physician concerning a female who was vaccinated with the first dose of Gardasil. One week later, the patient developed a yeast infection and she sought unspecified medical attention. Subsequently she recovered from the yeast infection. On an unspecified date, the patient was vaccinated with the second dose of Gardasil and developed a yeast infection one week later. She sought unspecified medical attention and subsequently recovered. On an unspecified date, the patient was vaccinated with the third dose of Gardasil. With the third dose, the physician gave the patient unspecified medication along with the dose and no yeast infection occurred. Additional information has been requested.

VAERS ID:	**281779**	**Age:**		**Sex:**	M
Vaccination date:	1/1/2004	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	0

SYMPTOMS: Rash

Information has been received from a physician concerning a male who two years ago, in 2004, was vaccinated with a first dose of varicella virus live vaccine (Oka/Merck). Subsequently, the patient experienced a shingles-like symptoms and a rash. Unspecified medical attention was sought. Subsequently, the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**279466**	**Age:**		**Sex:**	U
Vaccination date:	5/16/2007	**Onset date:**	5/16/2007	**Days later:**	0
Report date:	5/24/2007			**Entry date:**	5/24/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	0

HEPAB	GLAXOSMITHKLINE BIOLOGICALS	0
TDAP	SANOFI PASTEUR	0

SYMPTOMS: Erythema Rash erythematous Rash pruritic

Red, raised and itchy per SM and, some reported it to FOB sick call on 5/16/07 recommendation for anthrax route

VAERS ID:	**273376**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	3/2/2007			**Entry date:**	3/5/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Haematochezia

Information has been received from a physician concerning a patient who was vaccinated with a 2 ml oral dose of Rotateq. Subsequently the patient developed bloody stools. It was reported that the patient recovered. Unspecified medical attention was sought. No product quality complaint was involved. No other information was provided. Upon internal review, the patient's bloody stool was determined to be an other important medical event. Additional information has been requested.

VAERS ID:	**272640**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccinated with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272639**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Injection site pain Myalgia
Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccinated with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the tiem of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272638**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia
Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccainted with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272637**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia
Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccainted with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272636**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccainted with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272635**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccainted with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272634**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccinated with Gardasil, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injections. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**272633**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC.

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient, who was vaccinated by HPV vaccine, (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sough unspecified medical attention. Additional information has been requested

VAERS ID:	**272604**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Injection site pain Myalgia

Information has been received from a registered nurse concerning a female, pediatric patient who was vaccinated with Gardasil (yeast), (lot not reported). Subsequently the patient experienced severe injection site pain. It was reported that the pain was in the muscle and started at the time of injection that the pain was in the muscle and started at the time of injection. The pain lasted for 2 days and then resolved. The patient was treated with warm compresses. The patient sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**270737**	**Age:**		**Sex:**	M
Vaccination date:	3/14/2006	**Onset date:**	3/14/2006	**Days later:**	0
Report date:	1/11/2007			**Entry date:**	1/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE BIOLOGICALS	1

SYMPTOMS: Abdominal discomfort Dizziness Fatigue Feeling abnormal Muscular weakness Nausea Paraesthesia Vomiting

Nausea, Dizziness, Abdominal discomfort, Muscular weakness, Vomiting, Fatigue, Paraesthesia, Feeling abnormal This case was reported by a nurse and described the occurrence of nausea in an adult male subject who was vaccinated with hepatitis B vaccine recombinant (Engerix-B, GlaxoSmithKline) for prophylaxis. There was concurrent medications. On 13 February 2006 the subject received 1st dose of Energix-B (lot AHBVB229AA). Approximately 2 weeks after vaccination with Engerix-B, on an unspecified date after 13 February 2006 and before 14 March 2006, the subject experienced nausea, muscle weakness, "felt weird," and had "abnormal skin sensations like pins and needles while having unprotected sex." The subject "did go to a sexually transmitted disease clinic to be tested for any possible sexually transmitted diseases." The results of these test were not provided. The events resolved on an unspecified date before 14 March 2006, the subject received the 2nd dose of Engerix-B (lot AHBVB256AA). "Immediately" following the receipt of the 2nd dose of Engerix-B, on 14 March 2006, the subject again experienced nausea and dizziness. The events resolved after "a few minutes." On 15 March 2006, the subject again experienced nausea, gastrointestinal distress, and dizziness. on 16 March 2006, the subject experienced muscle weakness, vomiting and fatigue. The subject was unable to "work out in the gym due to these side effects." On 17 March 2006, the events improved, but the subject experienced a "pins and needles sensation" on his skin. The events resolved on 20 March 2006. The nurse considered the events to possibly be related to vaccination with Engerix-B and also possibly due to sexual disease exposure.

VAERS ID:	304569	Age:		Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	2/7/2008			Entry date:	2/8/2008
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Convulsion Syncope

Information has been received from a physician concerning a female who on unspecified date was vaccinated with a dose of Gardasil and fainted and then had seizure. Subsequently, the patient recovered from the seizure and fainting. Unspecified medical attention was sought. No other information was provided. Upon internal review the seizure was found to be an other important medical event. Additional information has been requested.

VAERS ID:	305842	Age:		Sex:	F
Vaccination date:	0000-00-00	Onset date:	0000-00-00	Days later:	
Report date:	2/14/2008			Entry date:	2/19/2008
Administered by:	OTH	State:	NJ	Funded by:	OTH
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 0

SYMPTOMS: Asthma Influenza like illness

Information has been received from a nurse (patient's mother) concerning her daughter (age unspecified) with a history of asthma who was vaccinated intramuscularly with a first dose of Gardasil. Concomitant therapy included "birth control pill" hormonal contraceptives (unspecified) and inhaler for asthma (therapy unspecified). Subsequently, on an unknown date the patient had an asthma attack and also experienced flu like symptoms. The patient had her inhaler with her and used it to stop the adverse event. Subsequently, on an unknown date the patient recovered. It was reported that the therapy was discontinued. Unspecified medical attention was sought. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	267279	Age:		Sex:	F
Vaccination date:	11/1/2006	Onset date:	0000-00-00	Days later:	
Report date:	11/16/2006			Entry date:	11/20/2006
Administered by:	PVT	State:	NJ	Funded by:	UNK
DEATH RESULTED		Disability resulted:	No	Recovered:	Yes
ER/doc visit?	Yes	Hospitalized:	Y		

Vaccination: MNQ **Manufacturer:** AVENTIS PASTEUR, INC. **Dose:**

SYMPTOMS: Pneumonia

Initial information received on 11/10/06 from a health care professional. A female pt (age and date of birth not reported) received an injection of Menactra, lot number U1948AA, on 11/1/06. The route and site of administration were not reported. Within 24 to 36 hours post administration, the pt developed pneumonia and was hospitalized for five days. The pt was treated for Rocephin and Levaquin. She had a neg culture. The reporter stated that the pt had no signs or symptoms of meningitis and has

recovered fr

VAERS ID:	**267278**	**Age:**		**Sex:**	F
Vaccination date:	11/1/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/16/2006			**Entry date:**	11/20/2006
Administered by:	PVT	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: MNQ
Manufacturer: AVENTIS PASTEUR, INC.
Dose:

SYMPTOMS: Pneumonia

Initial information received on 11/10/2006 from a health care professional. A female pt (age and date of birth not reported) received an injection of Menactra, lot number U1948AA, on 11/1/06. The route and site of administration were not reported. Within 24 to 36 hours post administration, the pt developed pneumonia and was hospitalized for one week. The pt was treated with Rocephin and Levaquin. She had a negative culture. The reporter stated that the pt had no signs or symptoms of meningitis and has recov

VAERS ID:	**297764**	**Age:**		**Sex:**	M
Vaccination date:	9/7/2007	**Onset date:**	9/7/2007	**Days later:**	0
Report date:	11/21/2007			**Entry date:**	11/26/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination: ROTHB5
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Culture stool positive Gastrooesophageal reflux disease Rotavirus test positive Vomiting

Information has been received from a registered nurse concerning a male who on 07-SEP-2007 was vaccinated PO with a single dose of Rotateq. In September 2007, the patient experienced vomiting and reflux (development unclear) and tested positive for rotavirus in the stools and was hospitalized. Subsequently, the patient recovered. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**286709**	**Age:**		**Sex:**	F
Vaccination date:	1/9/2007	**Onset date:**	7/16/2007	**Days later:**	188
Report date:	8/2/2007			**Entry date:**	8/3/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: HPV4
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Tachycardia

Information has been received from a certified medical assistant concerning a female patient with a penicillin allergy who on 09-JAN-2007, was vaccinated with a dose of Gardasil. On 16-JUL-2007, the patient experienced tachycardia and was hospitalized. On 20-JUL-2007, it was reported that the patient was released from the hospital. On an unspecified date, the patient recovered. No product quality complaint was involved. The reporter considered tachycardia to be life threatening and an other important medical event. Additional information is not expected.

VAERS ID:	**279744**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	3/1/2006	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	Yes
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Herpes zoster Pain Pruritus

Information has been received from a physician concerning a female who was vaccinated with Varivax. Subsequently, "in the past couple of weeks", in approximately March 2006, the patient experienced zoster with pain and itchiness and was hospitalized. It was reported that the patient recovered. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**196049**	**Age:**		**Sex:**	F
Vaccination date:	8/1/2002	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/8/2003			**Entry date:**	1/13/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: RAB
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: SCLEROSIS MULT

From faxed correspondence received at manufacturer on 1/2/03 it was reported that a pt who received Imovax Rabies Vaccine in August 2002 and shortly after developed symptoms of multiple sclerosis (exact date not provided). The pt was seen by the consulting neurologist in November 2002. No other info was available from the physician. (OMIC)

VAERS ID:	**196313**	**Age:**		**Sex:**	M
Vaccination date:	1/6/2003	**Onset date:**	1/10/2003	**Days later:**	4
Report date:	1/12/2003			**Entry date:**	1/17/2003
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: EVANS VACCINES
Dose:

SYMPTOMS: COUGH INC FEVER MYALGIA RHINITIS

Cough, congestion, low-grade fever and body aches. Recovery in progress.

VAERS ID:	**199381**	**Age:**		**Sex:**	M
Vaccination date:	3/2/2002	**Onset date:**	3/15/2002	**Days later:**	13
Report date:	2/27/2003			**Entry date:**	3/12/2003
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HEPA
Manufacturer: GLAXOSMITHKLINE
Dose:

SYMPTOMS: ASTHENIA PAIN ABDO PURPURA RASH

This report describes purpura on the legs of an adult male vaccinee of unspecified age who received Havrix vax. Medical history, concurrent conditions, and concurrent medications were not specified. On 3/2/02, the vaccinee received an injection of Havrix; the # of previous injections of Havrix were not provided. On 3/15/02, he experienced purpura on his legs. An unspecified time post-vax, he also experienced rash, fatigue, and abdominal pain. He was seen by an MD. Treatment and outcome of the events were no

VAERS ID:	**204452**	**Age:**		**Sex:**	F
Vaccination date:	1/15/2003	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/30/2003			**Entry date:**	6/4/2003
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: MMR
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: FEVER

Information has been received from a registered nurse concerning a female with no known drug allergies who on approximately 1/15/03 was vaccinated with MMR II. There was no concomitant medication. The RN reported that in January 2003, the pt developed a fever of 103-104. Unspecified medical attention was sought. At the time of this report, the outcome was unknown. Additional info has been requested.

VAERS ID:	**219709**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/30/2003			**Entry date:**	4/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PNC
Manufacturer: LEDERLE LABORATO
Dose: 1

SYMPTOMS: URTICARIA

Information regarding Prevnar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a pt who experienced urticaria. The pt received the second dose of Prevnar on an unspecified date. Relevant medical history was not provided. The indication for Prevnar was immunization. The product was administered on an unspecified date. The dose regimen was one dose of 0.5mL (IM). Concomitant medications were not reported. The pt experie

VAERS ID:	**219710**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/31/2003			**Entry date:**	4/29/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PNC
Manufacturer: LEDERLE LABORATO
Dose: 0

SYMPTOMS: URTICARIA

Information regarding Prevnar (pneumococcal 7-valent conjugate vaccine (diphtheria CRM197 protein) injection) was received form a healthcare professional regarding a patient who experienced urticaria. The patient received the first dose of Prevnar on an unspecified date. See related case HQWYE067318JUL03 (adverse event, non-expedited: urticaria following receipt of the second dose of Prevnar). No additional information was available at the date of this report.

VAERS ID:	**220548**	**Age:**		**Sex:**	U
Vaccination date:	3/24/1999	**Onset date:**	4/7/2003	**Days later:**	1475
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFECT RASH VESIC BULL ULCER SKIN

Information has been received from a registered nurse (RN) concerning a child who on 24-Mar-1999, was vaccinated with a dose of varicella virus vaccine live (Lot 31842-invalid). The RN reported that 07-Apr-2003, the patient visited a physician's office due to a chickenpox rash characterized by about 20 chickenpox lesions. At the time of this report, the outcome was unknown. Additional information has been requested.

VAERS ID:	**220624**	**Age:**		**Sex:**	U
Vaccination date:	2/4/1997	**Onset date:**	4/2/2003	**Days later:**	2248
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: INFECT NO DRUG EFFECT PRURITUS

Information has been received from a health professional concerning a pt who on 04Feb1997 was vaccinated with a dose of varicella virus vaccine live. There was no concomitant medication. On 02Apr2003 the pt experienced breakthrough chickenpox which was described as a small fluid filled rash all over the body with itching. The reporter indicated that 2 other patients were vaccinated with a dose of varicella virus vaccine live and developed breakthrough chickenpox on 02Apr2003. Additional information has been

VAERS ID:	**220627**	**Age:**		**Sex:**	U
Vaccination date:	7/21/1998	**Onset date:**	4/2/2003	**Days later:**	1716
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT NO DRUG EFFECT

Information has been received from a health professional concerning a pt who on 21Jul1998 was vaccinated with a dose of varicella virus vaccine live. There was no concomitant medication. On 02Apr2003 the pt experienced breakthrough chickenpox which was described as a small, fluid filled rash all over the body with itching. The reporter indicated that 2 other pt's were vaccinated with a dose of varicella virus vaccine live and developed breakthrough chickenpox on 02Apr2003. Additional information has been re

VAERS ID:	**220628**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	4/2/2003	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/18/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMR	MERCK & CO. INC.	
VARCEL	MERCK & CO. INC.	

SYMPTOMS: INFECT

Information has been received from a health professional concerning a pt who was vaccinated with a dose of varicella virus vaccine live. Concomitant medications included a dose of measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (second generation) (MSD). There were no other concomitant medications. On 02Apr2003 the pt experienced breakthrough chickenpox which was described as a small, fluid filled rash all over the body with itching. It was noted that the pt had over

VAERS ID:	**221039**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/14/2004			**Entry date:**	5/20/2004
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: LAB TEST ABNORM NO DRUG EFFECT

Information has been received from a physician concerning a male who in approximately 1993 was vaccinated with a dose varicella virus vaccine live. Subsequently, the patient's titer for varicella is negative. Unspecified medical attention was sought. There was no product quality complaint involved. No further information was available at the time of the report. Additional information is requested.

VAERS ID:	**221732**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
DTAP GLAXOSMITHKLINE

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse to a sales representative and described the occurrence of an injection site reaction in a child who received diphtheria and tetanus toxoids and acellular pertussis vaccine absorbed for prophylaxis. On an unspecified date, the patient received either the 18 month or 4 year dose of Infanrix. At an unspecified time post immunization, the patient developed an injection site reaction characterized by swelling and redness. The outcome of the event was unknown. Comment: The report

VAERS ID:	**221733**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/18/2004			**Entry date:**	5/25/2004
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
DTAP GLAXOSMITHKLINE 4

SYMPTOMS: EDEMA INJECT SITE HYSN INJECT SITE

This case was reported by a nurse via a company representative and described the occurrence of an injection site reaction in a child who received diphtheria and tetanus toxoids and acellular pertussis vaccine absorbed. Concurrent medications/vaccines, concurrent medical conditions and medical history were not provided. On an unspecified date, the patient received the booster dose of Infanrix in the deltoid. At an unspecified time post immunization, the patient developed an injection site reaction characteri

VAERS ID:	**227778**	**Age:**		**Sex:**	U
Vaccination date:	9/17/2004	**Onset date:**	9/27/2004	**Days later:**	10
Report date:	10/13/2004			**Entry date:**	10/15/2004
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
FLU UNKNOWN MFR

SYMPTOMS: PURPURA THROMBOPEN THROMBOCYTOPENIA

From initial information received from a health care professional through a manufacturer's sales force representative on 10/6/04 regarding an adverse event occurring in the USA, it was reported that a child (no specific information provided), received INFLUENZA VACCINE on 9/17/04. The manufacturer, lot number, route and site of administration were not reported. Ten days later, on 9/27/04, the patient presented to the physician with bruising. Blood work was drawn and showed a decreased platelet count. The pa

VAERS ID:	**234411**	**Age:**		**Sex:**	M
Vaccination date:	7/1/1997	**Onset date:**	4/1/2004	**Days later:**	2466
Report date:	8/12/2004			**Entry date:**	2/28/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTP	LEDERLE LABORATO	3
HIBV	LEDERLE LABORATO	3
OPV	LEDERLE LABORATO	3

SYMPTOMS: NO DRUG EFFECT

Information regarding Hib-titer Vaccine (haemophilus b conjugate vaccine(diphtheria crm 197 protein conjugate)injection) was received from a physician, the mother of a 7 year old male patient who, experienced decreased immune responsiveness after having completed a primary series of Hib-titer at 15 months of age, in 07/1997. Product Details: Indication for HIb-titer vaccine was immunization. Product series was administered in 06/1996, 08/1996, 10/1996, and completed in 07/1997. Dose regimen was 0.5ml 1 tim

VAERS ID:	**234494**	**Age:**		**Sex:**	M
Vaccination date:	6/27/1997	**Onset date:**	2/5/2001	**Days later:**	1319
Report date:	2/25/2005			**Entry date:**	3/2/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HIBV	LEDERLE LABORATO	3

SYMPTOMS: MENTAL RETARD SPEECH DIS THINKING ABNORM

This case was considered medically important (OMIC). Information regarding Hib-Titer Vaccine was received from a healthcare professional regarding a 4 year old male patient who experienced developmental delay and weakness of all aspects of language based learning. The patient received the fourth dose of Hib-Titer on 6/27/97. Reported stated no medical history or conditions other than developmental delay. Indication for Hib-Titer vaccine was immunization. Product was administered on 6/27/97. Dose regimen was

VAERS ID:	**236513**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/17/2004			**Entry date:**	4/22/2005
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PNC	LEDERLE LABORATO	

SYMPTOMS: INJECT SITE REACT RASH RASH VESIC BULL
Information regarding Prevnar (pneumococcal 7-valent conjugate vaccine(diphtheria crml97 protein) injection) was received from a physician regarding a 6 month old pt who experienced a small, circular, blistering, a patchy rash (approximately 1") around the injection site. The pt received a dose on an unspecified date in 08/2004. Event Details: 1-2 days post immunization, a 6 month old pt developed a small, circular rash. A few days later the pt developed blistering, patchy rash (approximately 1") around the

VAERS ID:	**237981**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2005			**Entry date:**	5/24/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: EDEMA PAIN
Information has been received from a physician concerning a female employee who was vaccinated with a dose of varicella virus vaccine live. Subsequently, the patient developed local pain and swelling. Unspecified medical attention was sought and no treatment was required. No product quality complaint was involved. The physician may not be contacted. No further information is expected.

VAERS ID:	**238448**	**Age:**		**Sex:**	M
Vaccination date:	4/16/2004	**Onset date:**	8/3/2004	**Days later:**	109
Report date:	5/16/2005			**Entry date:**	5/27/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
VARCEL MERCK & CO. INC.

SYMPTOMS: INFECT VIRAL RASH
Information has been received from a licensed practical nurse concerning a male who on 4/16/04 was vaccinated with a dose of varicella virus vaccine live (lot # 647242/0895N). On approximately 8/3/04, the patient developed chicken pox. Unspecified medical attention was sought. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**239610**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/27/2005			**Entry date:**	6/3/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
MMR MERCK & CO. INC.

SYMPTOMS: FEVER RASH

Information has been received from a physician concerning a patient who was vaccinated with MMR. Subsequently, the patient experienced rash and fever 4-5 days post vaccination. The patient sought unspecified medical attention. No further information is available.

VAERS ID:	**240144**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	12/13/2004			**Entry date:**	6/10/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: TD
Manufacturer: AVENTIS PASTEUR,
Dose:

SYMPTOMS: RASH

From initial info received on 7/30/04 from a health care professional regarding an adverse event occurring in the USA, it was reported that a male pt (age unknown) received a TD ADS ADULT vaccination on an unspecified date. Lot number, route and site of administration were not reported. Unspecified time later, the pt developed a rash. No other info was reported. The pt's recovery was not reported.

VAERS ID:	**240630**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/17/2005			**Entry date:**	6/23/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: NO DRUG EFFECT

This case was reported by a nurse and described an adult female pt who did not respond to the hep b vaccine recombinant (Engerix B). The pt's medical history, concurrent conditions and concurrent medications were not reported. On an unspecified date the pt received the third dose of Engerix B (lot ENG5446A4). On an unspecified date approx one to two months later, a hep B surface antibody titer was negative.

VAERS ID:	**240632**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/17/2005			**Entry date:**	6/23/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HEP
Manufacturer: GLAXOSMITHKLINE
Dose: 2

SYMPTOMS: NO DRUG EFFECT

This case was reported by a nurse and described an adult male pt who did not respond to the hep b vaccine recombinant (Engerix B). The pt's medical history, concurrent conditions and concurrent medications were not reported. On an unspecified date the pt received the third dose of Engerix B (lot ENG5446A4). On an unspecified date approx one to two months later, a hep B surface antibody titer was negative.

VAERS ID:	**240633**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/17/2005			**Entry date:**	6/23/2005
Administered by:	PUB	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	2

SYMPTOMS: NO DRUG EFFECT

This case was reported by a nurse and described an adult male pt who did not respond to the hep b vaccine recombinant (Engerix B). The pt's medical history, concurrent conditions and concurrent medications were not reported. On an unspecified date the pt received the third dose of Engerix B (lot ENG5446A4). On an unspecified date approx one to two months later, a hep B surface antibody titer was negative.

VAERS ID:	**240684**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/17/2005			**Entry date:**	6/23/2005
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEP	GLAXOSMITHKLINE	3

SYMPTOMS: NO DRUG EFFECT

This case was reported by a physician and described a female patient who did not respond to Hep-B vaccine. The patient's medical history, concurrent conditions and medications were not reported. On 06 MAY 2003, 03 JUN 2003, and 03 NOV 2003 the patient received the first dose of Energix-B. On an unspecified date in APR 2004 a Hep-B surface antibody titer was "negative". On an unspecified date later in 2004 the patient received a booster dose of Energix-B. On an unspecified date three to four months lat

VAERS ID:	**247310**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/8/2005			**Entry date:**	11/11/2005
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
FLU	AVENTIS PASTEUR,	

SYMPTOMS: ANAPHYL

Initial report received from another company on 11/2/2005. It was initially reported by a physician that a health care professional (no individual patient identification provided) received a dose of influenza vaccine in the deltoid on an unspecified date. The lot numbers was not reported, but the manufacturer was reported. An unspecified amount of time later, the patient experienced an anaphylactic reaction. No other information was provided. The reporter of this case is the same as for non serious case 200

VAERS ID:	**267564**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	11/14/2006			**Entry date:**	11/21/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPAB	GLAXOSMITHKLINE	0

SYMPTOMS: Fatigue Injection site pain Myalgia Pyrexia

This case was reported by a physician and described the occurrence of fever in a male subject in his thirties who was vaccinated with Twinrix for prophylaxis. The subject's medical history, concurrent conditions, and concurrent medications were not reported. The reporting physician denied that the subject had experienced any adverse events following previous vaccinations. On an unspecified date prior to 24 July 2006, the subject received the 1st dose of Twinrix. One day after vaccination with Twinrix, the s

VAERS ID:	**264785**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning a female patient "between the ages of 11 and 16 years old" who on an unspecified date was vaccinated with HPV rL1 6 11 16 18 VLP vaccine (yeast). Within 1 to 2 days after receiving HPV rL1 6 11 16 18 VLP vaccine (yeast), the patient developed a fever and headache (date unknown). At the time of this report, the outcome of the events were unknown. Additional information has been requested.

VAERS ID:	**264784**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning a female patient "between the ages of 11 and 16 years old" who on an unspecified date was vaccinated with HPV rL1 6 11 16 18 VLP vaccine (yeast). Within 1 to 2 days after receiving HPV rL1 6 11 16 18 VLP vaccine (yeast), the patient developed a fever and headache (date unknown). At the time of this report, the outcome of the events were unknown. Additional information has been requested.

VAERS ID:	**264782**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/13/2006			**Entry date:**	10/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Headache Pyrexia

Information has been received from a physician concerning a female patient "between the ages of 11 and 16 years old" who on an unspecified date was vaccinated with HPV rL1 6 11 16 18 VLP vaccine (yeast). Within 1 to 2 days after receiving HPV rL1 6 11 16 18 VLP vaccine (yeast), the patient developed a fever and headache (date unknown). At the time of this report, the outcome of the events were unknown. Additional information has been requested.

VAERS ID:	**264869**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/10/2006			**Entry date:**	10/16/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Gastrooesophageal reflux disease Irritability

Information has been received from a physician concerning an infant who was vaccinated PO with the first dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human bovine) (lot number not reported). The physician reported that the infant subsequently developed GERD and irritability. Unspecified medical attention was sought. The physician recommended further testing for the GERD (not further specified). At the time of this report, the outcome was unknown. Additional information has been requested.

VAERS ID:	**264867**	**Age:**		**Sex:**	U
Vaccination date:	9/25/2006	**Onset date:**	9/25/2006	**Days later:**	0
Report date:	10/10/2006			**Entry date:**	10/16/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Vomiting

Vomiting Information has been received from a physician concerning an infant who on 25 September 2006 was vaccinated with a 2 mL PO dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human bovine). Subsequently the patient "threw it up". The patient was not experiencing any known symptoms. Unspecified medical attention was sought. There was no product quality complaint involved. Additional information has been requested.

VAERS ID:	**264362**	**Age:**		**Sex:**	M
Vaccination date:	7/24/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/6/2006			**Entry date:**	10/11/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
MMRV	MERCK & CO. INC.	

SYMPTOMS: Unevaluable event

Information has been received concerning a male described as "fairly healthy" with no significant medial history with a birth twin and a history childhood illnesses such as colds and ear infections who on 24-Jul-2006 was vaccinated with measles virus vaccine live (+) mumps virus vaccine live (+) rubella virus vaccine live (+) varicella virus vaccine live. Subsequently the patient developed several "bumps" on back of neck for which he was seen in the emergency room. These had not developed into anything mo

VAERS ID:	**263208**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/14/2006			**Entry date:**	9/19/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Urticaria

Information has been received from a physician concerning a pt who on an unspecified date was vaccinated with HPV rL1 6 11 16 18 VLP vaccine yeast. Subsequently the pt experienced hives. No further details were provided, and at the time of this report, the outcome of the event was unknown. Additional information has been requested.

VAERS ID:	**262899**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	9/8/2006			**Entry date:**	9/12/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DPP	UNKNOWN MANUFACTURER	
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Rash

Information has been received from a physician concerning a patient who was vaccinated by mouth with a 2.0 ml dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live (human-bovine). Concomitant vaccinations included a dose of diphtheria toxoid (+) pertussis acellular vaccine (unspecified) (+) tetanus toxoid. The physician reported that the patient subsequently developed a rash. Unspecified medical attention was sought. At the time of this report, the outcome was unknown. Additional information has be

VAERS ID:	**259595**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/10/2006			**Entry date:**	7/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAPHE	GLAXOSMITHKLINE	
ROTHB5	MERCK & CO. INC.	0

SYMPTOMS: Vomiting

Information has been received from a physician concerning a patient who in June 2006, was vaccinated by mouth with the first dose of rotavirus G1 G2 G3 G4 P1 reassortant vaccine live. Concomitant vaccinations included a dose of diphtheria toxoid (+) hepatitis B virus vaccine rHBsag (yeast) (+) pertussis acellular 3 component vaccine (+) poliovirus vaccine inactivated (+) tetanus toxoid. The physician reported that in June 2006, a half hour after being vaccinated, the patient began vomiting. Unspecified me

VAERS ID:	**257447**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Condition aggravated Eczema

Information has been received from a health professional concerning her child who has eczema on her arm and was vaccinated with a dose of varicella virus vaccine live in the same arm that had the eczema rash. The eczema rash worsened. The child was seen in the physician's office on 03Mar06 and the physician confirmed that the rash was eczema and not varicella. No further information is available. Additional information has been requested.

VAERS ID:	**256819**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Drug ineffective Rash vesicular Viral infection

Information has been received from a physician concerning a 37 month old male pt who was vaccinated with varicella virus vaccine live and he now has a full blown case of chickenpox. There was no product quality complaint reported. The pt sought unspecified medical attention. Additional information has been requested.

VAERS ID:	**256787**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	10/13/2005	**Days later:**	
Report date:	5/12/2006			**Entry date:**	5/17/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: VARCEL
Manufacturer: MERCK & CO. INC.
Dose:

SYMPTOMS: Drug ineffective Infection

Info has been received from a physician concerning a pediatric pt who was vaccinated with a dose of varicella virus vaccine live. The physician reported that on 10/13/05, the pt developed a mild case of breakthrough chickenpox. Unspecified medical attention was sought. At the time of this report the outcome was unknown. Additional info has been requested.

VAERS ID:	**254744**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	7/29/2005			**Entry date:**	4/26/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PNC
Manufacturer: LEDERLE LABORATORIES
Dose:

SYMPTOMS: Hyperpyrexia

Information regarding Prevenar (pneumococcal 7-valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding an unspecified number of patients who experienced extremely high fevers. The patients received doses on unspecified dates. Relevant medical history was not provided. Indication for Prevnar was not provided. product was administered on an unspecified date. Dose regimen was not provided. Additional suspect medication included Polio vaccine (poliom

VAERS ID:	**254737**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	4/18/2005			**Entry date:**	4/26/2006
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: PNC
Manufacturer: LEDERLE LABORATORIES
Dose:

SYMPTOMS: Urticaria

Information regarding Prevnar (pneumococcal 7 valent conjugate vaccine (diphtheria crm197 protein) injection) was received from a healthcare professional regarding a pt who experienced hives. The pt received vaccine. The pts concurrent illness includes an allergy to eggs. Indication for Prevnar was immunization. Product was administered on an unspecified date. Dose regimen was not provided. Concomitant medications were not reported. The pt experienced hives (urticaria). No additional information was availab

VAERS ID:	**294626**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/26/2007			**Entry date:**	10/29/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: ROTHB5 **Manufacturer:** MERCK & CO. INC. **Dose:** 0

SYMPTOMS: Diet refusal Vomiting

Information has been received from a physician concerning a patient who was vaccinated with a first oral dose of Rotateq. It was reported that 3 days post vaccination; the patient developed vomiting, refused to eat and was hospitalized. Diagnostics, treatment, and current patient status were not reported. A product quality complaint was not reported. No further information was available. Additional information has been requested.

VAERS ID:	**293059**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	10/10/2007			**Entry date:**	10/15/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: DTP **Manufacturer:** UNKNOWN MANUFACTURER **Dose:**

SYMPTOMS: Convulsion

A patient (gender not reported) experienced a seizure as a child after receiving "DPT vaccine" (manufacturer, lot number, route, site and date of administration not reported). No other information was available. Follow-up information was received from the health professional on 08 October 2007 which provided patient identifiers. The patient, a female in her early 20's, had experienced a seizure following DPT administration as a child. Per the reporter, no other information was available, and she had no other contact information for the administering physician. Due to the additional patient identifiers provided, this case will be reported to the health authority.

VAERS ID:	**289356**	**Age:**		**Sex:**	F
Vaccination date:	7/1/2007	**Onset date:**	7/1/2007	**Days later:**	0
Report date:	8/29/2007			**Entry date:**	8/30/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 0

SYMPTOMS: Rash

Information has been received from a nurse, via a company representative, concerning a female patient (age unspecified), who in approximately July 2007 ("about a month ago"), was vaccinated with the first dose of Gardasil (Lot # not provided). Within 48 hours of the vaccination, she developed a rash which "started on her arms and moved down to the legs, then back up to her arms again." She was hospitalized for "a day and a half." Treatment included intravenous therapy (unspecified). At the time of this report, the outcome of the event was unknown. Additional information has been requested.

VAERS ID:	**289776**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Body temperature increased Headache Oedema peripheral

Information has been received from a registered nurse concerning a patient who was vaccinated with Gardasil. Subsequently the patient experienced elevated temperature, headache and swollen arm. At the time of the report, the outcome of the patient was unknown. This is one of two reports from the same source.

VAERS ID:	**289526**	**Age:**		**Sex:**	F
Vaccination date:	7/9/2007	**Onset date:**	7/11/2007	**Days later:**	2
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0
MNQ	SANOFI PASTEUR	
TDAP	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Mouth ulceration

Information has been received from a nurse concerning a female patient who on approximately 09-JUL-2007 "about two weeks ago", was vaccinated IM with a first dose of Gardasil. Concomitant therapy included a dose of Boostrix and a dose of Menactra. "Within 48 hours after receiving the vaccine", the patient developed ulcers in her mouth. Unspecified medical attention was sought. It was reported that the patient was advised to visit the infectious disease department in order to treat the ulcers in her mouth. At the time of this report, the patient's outcome was unknown. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**289455**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**

HPV4 MERCK & CO. INC.

SYMPTOMS: Syncope

Information has been received from a registered nurse concerning a patient (age and gender not reported) who on an unspecified date was vaccinated with a dose of Gardasil (lot number unknown) and fainted. No additional information was available. Additional information has been requested.

VAERS ID:	**288748**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC. 1

SYMPTOMS: Urticaria

Information has been received from a physician concerning a female patient who was vaccinated with her second dose of Gardasil and developed hives all over her body. The hives were not concentrated to one specific area of the body. Medical attention was sought. The patient's outcome was not reported. Additional information has been requested.

VAERS ID:	**288737**	**Age:**		**Sex:**	F
Vaccination date:	4/13/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
HPV4 MERCK & CO. INC. 0

SYMPTOMS: Pregnancy test false positive Ultrasound abdomen normal Vaginal discharge

Information has been received from a physician, via a company representative, concerning a female patient (age unspecified), who on 13-APR-2007 was vaccinated with the first dose of Gardasil (Lot # not provided). The patient later presented to the office for her second vaccination, however, she reported an irregular vaginal discharge, and the vaccine was not administered. A pregnancy test showed a "false" positive, as an ultrasound then confirmed she was not pregnant. At the time of this report, it was unknown if the patient had recovered. Additional information has been requested.

VAERS ID:	**288337**	**Age:**		**Sex:**	U
Vaccination date:	7/17/2007	**Onset date:**	7/18/2007	**Days later:**	1
Report date:	8/14/2007			**Entry date:**	8/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
ROTHB5 MERCK & CO. INC. 0

SYMPTOMS: Crying Diarrhoea Ultrasound abdomen Vomiting X-ray

Information has been received from a physician concerning a patient who on 17-JUL-2007 was vaccinated PO with a first dose of Rotateq. Subsequently, on 18-JUL-2007, the patient experienced vomiting, diarrhea and crying. The patient was sent to the hospital, but it was unknown is she/he was admitted. An ultrasound and an X-ray were obtained. It was found that the patient did not have intussusception or pyloric stenosis. No further information was provided. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**282424**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/20/2007			**Entry date:**	6/20/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MANUFACTURER
Dose:

SYMPTOMS: Pneumonia

This case was reported by a consumer and described the occurrence of pneumonia in an adult female subject who was vaccinated with influenza virus vaccine (manufacturer unspecified) for prophylaxis. A physician or other health care professional has not verified this report. On an unspecified date the subject received unspecified dose of Influenza virus vaccine (ml, unknown). At an unspecified time after vaccination with Influenza virus vaccine, the subject experienced pneumonia. This case was assessed as medically serious by GSK. At the time of reporting the outcome of the event was unspecified.

VAERS ID:	**282423**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/20/2007			**Entry date:**	6/20/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MANUFACTURER
Dose:

SYMPTOMS: Pneumonia

This case was reported by a consumer and described the occurrence of pneumonia in a male subject of unspecified age who was vaccinated with influenza virus vaccine (manufacturer unspecified) for prophylaxis. A physician or other health care professional has not verified this report. On an unspecified date the subject received unspecified dose of Influenza virus vaccine (unknown). At an unspecified time after vaccination with Influenza virus vaccine, the subject experienced pneumonia. This case was assessed as medically serious by GSK. At the time of reporting the outcome of the event was unspecified.

VAERS ID:	**282422**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/20/2007			**Entry date:**	6/20/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: FLU
Manufacturer: UNKNOWN MANUFACTURER
Dose:

SYMPTOMS: Pneumonia
This case was reported by a consumer and described the occurrence of pneumonia in an adult male subject who was vaccinated with influenza virus vaccine (unknown manufacturer) for prophylaxis. A physician or other health care professional has not verified this report. On an unspecified date the subject received unspecified dose of Influenza virus vaccine (unknown). At an unspecified time after vaccination with Influenza virus vaccine, the subject experienced pneumonia. This case was assessed as medically serious by GSK. At the time of reporting the outcome of the event was unspecified.

VAERS ID:	**282330**	**Age:**		**Sex:**	F
Vaccination date:	6/13/2007	**Onset date:**	6/14/2007	**Days later:**	1
Report date:	6/16/2007			**Entry date:**	6/19/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1
TYP	SANOFI PASTEUR	

SYMPTOMS: Erythema Pain
Lt upper arm affected by 2nd Anthrax, erythema present. Circular area measuring 1 1/2 x 2 cm. Soldier stated that the area was much bigger in diameter. (+) pain.

VAERS ID:	**282327**	**Age:**		**Sex:**	F
Vaccination date:	6/15/2007	**Onset date:**	6/15/2007	**Days later:**	0
Report date:	6/16/2007			**Entry date:**	6/19/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	2

SYMPTOMS: Erythema Induration Pruritus Skin warm
rt upper arm-itching, warm to touch, erythema 4 cm x 3 1/2 cm, hard in the center. Seen by Lt Col who prescribed Benadryl.

VAERS ID:	**282328**	**Age:**		**Sex:**	F
Vaccination date:	6/13/2007	**Onset date:**	6/13/2007	**Days later:**	0
Report date:	6/16/2007			**Entry date:**	6/19/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	4
TYP	SANOFI PASTEUR	

SYMPTOMS: Erythema Induration
5th Anthrax shot rt upper arm-positive for erythema-round area of 2 1/2 x 2 1/2 cm, hard lump.

VAERS ID:	**281154**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	6/8/2007			**Entry date:**	6/11/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	SANOFI PASTEUR	4
IPV	SANOFI PASTEUR	3
MMRV	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site induration Injection site swelling
Below injection site of Dtap swollen redness and induration 12 cm x 5 cm

VAERS ID:	**282547**	**Age:**		**Sex:**	U
Vaccination date:	12/8/2006	**Onset date:**	12/29/2006	**Days later:**	21
Report date:	5/25/2007			**Entry date:**	6/6/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	MERCK & CO. INC.	

SYMPTOMS: Blood immunoglobulin M increased
Information has been received from a physician concerning a patient who on approximately 08-DEC-2006 was vaccinated with a dose of hepatitis A virus vaccine inactivated. On approximately 29-DEC-2006 the patient presented with a positive IgM. The physician declined to share any further information, but stated that she will be conducting another IgM test, and if that was positive she would call back to share more. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**280106**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/31/2007			**Entry date:**	5/31/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	1

SYMPTOMS: Contusion Injection site mass
Lump around injection site, patient states she is bruised. Denies any pain, declines to see a provider at this time.

VAERS ID:	**282477**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	GLAXOSMITHKLINE BIOLOGICALS	4

SYMPTOMS: Injection site swelling
This case was reported by a physician via sales representative and described the occurrence of limb swelling from the injection site to the elbow in an unspecified number of subjects of unspecified age and gender who were vaccinated with diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed (Infanrix, GlaxoSmithKline) for prophylaxis. It was reported that lately, the physician's office had been noticing that with the majority of the 5th doses that have been given with Infanrix, the children have had swelling from the injection site to the elbow. The subjects had received Tripedia or Daptacel for their first four doses of the series. At the time of reporting the outcome of the events were was unspecified.

VAERS ID:	**280496**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Antibody test negative
Information has been received from a licensed practical nurse concerning her college aged son who 2-4 years ago was vaccinated with a dose of Varivax. A recent varicella titer was equivical with an IgG of 0.98, did not show seroconversion. Unspecified medical attention was sought. It was noted that no other symptoms were noted. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**280385**	**Age:**		**Sex:**	M
Vaccination date:	1/1/2003	**Onset date:**	5/1/2006	**Days later:**	1216
Report date:	5/16/2007			**Entry date:**	5/24/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
VARCEL	MERCK & CO. INC.	

SYMPTOMS: Antibody test negative
Information has been received from a licensed practical nurse concerning a college-aged male who in approximately 2003 was vaccinated with a dose of Varivax. In approximately May 2006 the patient had a varicella titer drawn that did not show seroconversion. The varicella IgG titer came back as equivocal. No other symptoms were noted. Unspecified medical attention was sought. No other information was available. There was no product quality complaint. Additional information has been requested.

VAERS ID:	**279100**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/18/2007			**Entry date:**	5/21/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
PPV	MERCK & CO. INC.	

SYMPTOMS: Injected limb mobility decreased Injection site pain Pain in extremity Pyrexia
Initial and follow-up information has been received from a nurse concerning several patients who were vaccinated with Pneumovax. No lot number provided. It was reported that several patients experienced "fever", "injection site pain" and "other random complaints". At the time of the report it was unknown if the patients recovered. Attempts are being made to obtain additional identifying information to distinguish the individual patients mentioned in this report. Additional information will be provided if available. In follow-up it was reported by the licensed practical nurse. (L.P.N.) that approximately 10 patients, mostly males all 50 plus (+) complained of not being able to move their arms, soreness, and an almost "paralysis" in the injected arm. The L.P.N. could not confirm if the patients were given the same lot of product. The remaining vials were discarded and a new batch was requested. Upon medical review it was determined that no being able to move their arms, and almost "paralysis" were considered other important medical events. Additional information has been requested.

VAERS ID:	**279163**	**Age:**		**Sex:**	F
Vaccination date:	10/26/2006	**Onset date:**	2/1/2007	**Days later:**	98
Report date:	5/14/2007			**Entry date:**	5/17/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Basilar migraine Paraesthesia Vertigo Vertigo
Information has been received from a physician concerning a female (age not reported) who on 26-OCT-2006 was vaccinated with a first dose of Gardasil. In February 2007, approximately 3 to 4 months after receiving Gardasil, the patient experienced a spinning sensation along with tingly, paralyzed feeling. The physician stated that it was possibly basilar artery migraine, and the physician referred the patient to a neurologist. The physician did not plan to continue the series of injections. At the time of this report, the outcome was unknown. Additional information has been requested.

VAERS ID:	**278376**	**Age:**		**Sex:**	U
Vaccination date:	4/1/2007	**Onset date:**	0000-00-00	**Days later:**	
Report date:	5/9/2007			**Entry date:**	5/11/2007
Administered by:	UNK	**State:**	NJ	**Funded by:**	UNK
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**	Y		

Vaccination:	**Manufacturer:**	**Dose:**
RAB	UNKNOWN MANUFACTURER	

SYMPTOMS: Oedema peripheral Palatal disorder Pharyngolaryngeal pain Swelling

Initial report received on 27 April 2007 from a health care professional. A patient (unknown gender and age) received in on an unspecified date ("days ago") in April 2007 a dose of rabies vaccine (unknown manufacturer) for unknown indication and experienced sore throat, swelling of the hand and soft palate. Reporter denied itchiness. The patient admitted to the hospital and treated with prednisone. The patient's outcome was unknown. No other information was provided.

VAERS ID:	**277839**	**Age:**		**Sex:**	F
Vaccination date:	4/28/2007	**Onset date:**	4/30/2007	**Days later:**	2
Report date:	5/2/2007			**Entry date:**	5/3/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ANTH	EMERGENT BIOSOLUTIONS	8
TYP	SANOFI PASTEUR	2
UNK	UNKNOWN MANUFACTURER	4

SYMPTOMS: Erythema Oedema peripheral Pain

Patient received 9th Anthrax immunization on 4/28/2007 and presented 4/30/07 with a swollen upper arm with redness, pain. Doctor prescribed Motrin and Benadryl, no more Anthrax vaccination.

VAERS ID:	**277014**	**Age:**		**Sex:**	M
Vaccination date:	4/16/2007	**Onset date:**	4/18/2007	**Days later:**	2
Report date:	4/19/2007			**Entry date:**	4/19/2007
Administered by:	PVT	**State:**	NJ	**Funded by:**	PUB
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
DTAP	AVENTIS PASTEUR	4
IPV	AVENTIS PASTEUR	3
MMR	MERCK & CO. INC.	1
VARCEL	MERCK & CO. INC.	1

SYMPTOMS: Injection site erythema Injection site swelling

6cm by 4 cm swollen redness below shot site on rt arm

VAERS ID:	**274884**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	

Report date:	3/14/2007			**Entry date:**	3/19/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**	Y		

Vaccination: **Manufacturer:** **Dose:**
ROTHB5 MERCK & CO. INC.

SYMPTOMS: Diarrhoea

Information has been received from a physician concerning a patient who was vaccinated with an oral dose of Rotateq. Subsequently the patient experienced severe diarrhea and was hospitalized overnight. It was noted that that patient had been in for follow-up with the pediatrician. Unspecified medical attention was sought. No product quality complaint was involved. No other information was provided. Additional information has been requested.

VAERS ID:	**274886**	**Age:**		**Sex:**	F
Vaccination date:	2/1/2007	**Onset date:**	2/15/2007	**Days later:**	14
Report date:	3/14/2007			**Entry date:**	3/19/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
ROTHB5 MERCK & CO. INC.

SYMPTOMS: Vomiting

Information has been received from a physician concerning a female who on 01-FEB-2007 was vaccinated with an oral dose of Rotateq. On 15-FEB-2007 the patient experienced vomiting. The vomiting lasted for four days. It was not specified if the patient had recovered. Unspecified medical attention was sought. No product quality complaint was involved. No other information was provided. Additional information has been requested.

VAERS ID:	**273855**	**Age:**		**Sex:**	M
Vaccination date:	2/10/2007	**Onset date:**	2/11/2007	**Days later:**	1
Report date:	2/28/2007			**Entry date:**	3/13/2007
Administered by:	MIL	**State:**	NJ	**Funded by:**	MIL
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: **Manufacturer:** **Dose:**
TDAP AVENTIS PASTEUR 1

SYMPTOMS: Chills Nausea Pyrexia

Fever, chills, nausea.

VAERS ID:	**272662**	**Age:**		**Sex:**	U
Vaccination date:	8/15/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/13/2007			**Entry date:**	2/16/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: ROTHB5 **Manufacturer:** MERCK & CO. INC. **Dose:** 1

SYMPTOMS: Diarrhoea Ear infection Nasopharyngitis

Information has been received from a licensed practical nurse (LPN) concerning a child who on 14-JUN-2006 and 15-AUG-2006 was vaccinated PO with the first and second dose, respectively, of Rotateq (human-bovine). The LPN reported that the patient subsequently developed diarrhea, an ear infection and a cold. Unspecified medical attention was sought. It was noted that the third dose of Rotateq (human-bovine) was not given at the recommended schedule due to the child's events (no symptoms noted from not getting 3rd dose at recommended schedule). At the time of this report, the outcome was unknown. Additional information has been requested.

VAERS ID:	**272587**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Injection site pain

Information has been received from a licensed practical nurse concerning approximately 75 female patients who were vaccinated IM with 0.5ml doses of Gardasil. Subsequently the patients experienced pain at the injection site. Unspecified medical attention was sought. Subsequently, the patients recovered. Attempts are being made to obtain additional identifying information regarding the patients mentioned in this report. Additional information will be provided when available.

VAERS ID:	**272336**	**Age:**		**Sex:**	F
Vaccination date:	9/19/2006	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Injection site pain

Information has been received from a licensed practical nurse concerning a female who on 19-SEP-2006 was vaccinated IM with a first 0.5 ml dose of HPV rL1 6 11 16 18 VLP vaccine (yeast). Subsequently the patient experienced pain at the injection site. Unspecified medical attention was sought. It was reported that the patient did not return to complete the schedule. Additional information has been requested.

VAERS ID:	**272319**	**Age:**		**Sex:**	F
Vaccination date:	12/1/2006	**Onset date:**	12/8/2006	**Days later:**	7
Report date:	2/14/2007			**Entry date:**	2/15/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Rash Upper respiratory tract infection

Information has been received from an office manager concerning a female patient who on 01-DEC-2006 was vaccinated with a dose of Gardasil (yeast). One week later the patient developed a rash and an upper respiratory tract infection. She was treated with BENADRYL and ORAPRED. The patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**271369**	**Age:**		**Sex:**	F
Vaccination date:	1/10/2007	**Onset date:**	1/10/2007	**Days later:**	0
Report date:	1/26/2007			**Entry date:**	1/29/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HEPA	UNKNOWN MANUFACTURER	
HPV4	MERCK & CO. INC.	0
TDAP	GLAXOSMITHKLINE BIOLOGICALS	

SYMPTOMS: Convulsion Loss of consciousness

Information has been received from a Registered Nurse concerning a female patient (demographics not reported) who on 10-JAN-2007 was vaccinated intramuscularly with the first dose of Gardasil vaccine (yeast) (lot # not provided). Concomitant therapy included BOOSTRIX and hepatitis A virus vaccine (manufacturer unknown). On 10-JAN-2007 immediately post vaccination the patient "passed out and went into a seizure." The patient sought unspecified medical attention. At the time of this report it was not reported if the patient had recovered from her experience. Upon internal review the seizure was considered to be an other medical event. Additional information has been requested.

VAERS ID:	**271168**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/16/2007			**Entry date:**	1/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	

SYMPTOMS: Allergy to vaccine

Information has been received from an RN concerning a patient who has an allergic reaction after being vaccinated with a dose of Gardasil vaccine (yeast). The patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**271159**	**Age:**		**Sex:**	F
Vaccination date:	12/27/2006	**Onset date:**	12/27/2006	**Days later:**	0
Report date:	1/16/2007			**Entry date:**	1/22/2007
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Oedema peripheral

Information has been received from a nurse concerning a female who on approximately 27 Dec 2006 was vaccinated with a second dose of Gardasil. On approximately 27 Dec 2006 the patient developed swelling in the arm. The patient was treated with Benadryl. At the time of the report, the patient's outcome was unknown. Additional information has been requested.

VAERS ID:	**303371**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	1/23/2008			**Entry date:**	1/23/2008
Administered by:	PVT	**State:**	NJ	**Funded by:**	PVT
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
TYP	SANOFI PASTEUR	0
YF	SANOFI PASTEUR	0

SYMPTOMS: Erythema Pruritus Rash Rash Rash macular

7 days post vaccine complained of red blotchy rash to chest torso arms legs with itching; taken Benadryl as needed; rash still present 5 days later; denies any other symptoms

VAERS ID:	**305318**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Infantile spitting up Underdose

Information has been received from a health professional concerning a female infant who was vaccinated with a dose of ROTATEQ. Subsequently the patient spit up. No product quality complaint was involved. No other information was provided. This is one of two reports from the same source. Additional information has been requested.

VAERS ID:	**305646**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No

ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	2

SYMPTOMS: Bronchospasm

Information has been received from a physician concerning a patient, with a history of asthma, who was vaccinated with a third dose of ROTATEQ. Subsequently the patient experienced bronchospasms. No other information was provided. This is one of two reports from the same source. Additional information has been requested.

VAERS ID:	**305674**	**Age:**		**Sex:**	M
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	Yes	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
ROTHB5	MERCK & CO. INC.	

SYMPTOMS: Accidental exposure Diarrhoea

Information has been received from a male physician who reported after he administered ROTATEQ physician will get 3 loose stools afterwards. Unspecified medical attention was sought. The outcome was unknown. There was no product quality complaint. No further information is available.

VAERS ID:	**305949**	**Age:**		**Sex:**	F
Vaccination date:	1/15/2008	**Onset date:**	1/15/2008	**Days later:**	0
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination:	**Manufacturer:**	**Dose:**
HPV4	MERCK & CO. INC.	0

SYMPTOMS: Abdominal pain lower Diarrhoea Drug exposure during pregnancy Nausea Urine analysis Vomiting

Information has been received from Merck pregnancy registry through a physician concerning a female who on approximately 15-JAN-2008 was vaccinated IM with the first dose of Gardasil. On approximately 15-JAN-2008 the patient experienced nausea, vomiting, lower abdominal pain and diarrhea. The patient received the second dose at an unspecified date while pregnant. Unknown medical attention was sought. The patient's outcome was unknown. No product quality complaint was involved. Additional information has been requested.

VAERS ID:	**306105**	**Age:**		**Sex:**	F
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/14/2008			**Entry date:**	2/19/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH

DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HPV4 **Manufacturer:** MERCK & CO. INC. **Dose:** 2

SYMPTOMS: Human papilloma virus test positive

Information has been received from a physician concerning a female with no known allergies or medical history who in October 2007, was vaccinated with her third dose of Gardasil. Subsequently the patient had a positive HPV DNA test indicating high risk for human papillomavirus even though she received all three doses. No further information was available. Additional information has been requested.

VAERS ID:	**306441**	**Age:**		**Sex:**	U
Vaccination date:	0000-00-00	**Onset date:**	0000-00-00	**Days later:**	
Report date:	2/18/2008			**Entry date:**	2/20/2008
Administered by:	OTH	**State:**	NJ	**Funded by:**	OTH
DEATH RESULTED		**Disability resulted:**	No	**Recovered:**	No
ER/doc visit?	No	**Hospitalized:**			

Vaccination: HIBV **Manufacturer:** MERCK & CO. INC. **Dose:**

SYMPTOMS: Local reaction

Information has been received from a physician, via a company representative, concerning a patient (age and gender not specified), who on an unspecified date was vaccinated with a dose of PEDVAXHIB (OMPC) (lot # not reported). Subsequently the patient developed a localized reaction (details not provided). At the time of this report, the outcome of the events was unknown. Additional information has been requested.