

VAERS ID 30656 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1991-05-22
Sex F **Where Administered:** UNK
State GA **Purchased by:** UNK

	Vaccinations	Manufacturer	Lot	Dose	Route	Site
1	HEP	MSD				

Onset Date: 0000-00-00 **Days since Vaccination:**
Symptoms: EDEMA INJECT SITE HYSN INJECT
SITE VASODILAT

pt vax hepta B. arm became swollen, red and hot. md
said allergic reaction to thimerosal in hepta B.

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness:
Diagnostic Lab Data: NA
Previous Vaccinations:
Other Medications:
Preexisting Conditions:
allergy - penicillin, sun

VAERS ID 38314 **Vaccination Date:** 1991-05-21
Age 48.0 **Date filed:** 1992-01-30
Sex F **Where Administered:** OTH
State KY **Purchased by:** OTH

	Vaccinations	Manufacturer	Lot	Dose	Route	Site
1	HEP	SMITHKLINE			IM	LA

Onset Date: 1991-05-21 **Days since Vaccination:** 0
Symptoms: HYSN INJECT SITE PRURITUS
URTICARIA

Pt recvd 1s Engerix-B vax on 21MAY91 & 45 min post
inject exp itching & hives from site of inject to upper
middle back; treated in ER w/DPH; MD suggested
allergic to Thimerosal;

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No
Current Illness:
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: NONE
Preexisting Conditions:
allergic to sulfa

VAERS ID 39826 **Vaccination Date:** 1990-11-30
Age 31.9 **Date filed:** 1992-03-06
Sex F **Where Administered:** PVT
State OH **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0302S	1	IM	

Onset Date: 1990-11-30 **Days since Vaccination:** 0

Symptoms: PRURITUS RASH RASH MAC PAP

Pt recvd 2nd dose of vax & 1 hr later devel pruritic rash;
On 5DEC90 pt exp itching of rt breast, abdomen & back;
Seen by MD given meds; Dermatitis was resolving
w/hyperpigmented macules; 17DEC90 pt tested pos on
patch test for thimerosal;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no
relevant data;

Previous Vaccinations: pt
exp fever p/1st dose of vax;

Other Medications:

Preexisting Conditions: hx
eczema, hay fever; allergy
thimerosal

VAERS ID 44977 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1992-09-18
Sex F **Where Administered:** PVT
State MN **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		1	IM	A

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT RASH RASH MAC
PAP

Pt recvd 2 doses of Engerix-B & devel a rash; MD
described as macropapular rash; pt was seen 1 mo p/rash
devel; MD thinks pt may be allergic to Thimerosal;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: UNK

Diagnostic Lab Data: u

Previous Vaccinations:

Other Medications: UNK

Preexisting Conditions:

VAERS ID 50934 **Vaccination Date:** 1991-09-11
Age 41.4 **Date filed:** 1993-03-23
Sex F **Where Administered:** PVT
State NJ **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0671S	2	IM	

Onset Date: 1991-12-13 **Days since Vaccination:** 93

Symptoms: HYSN INJECT SITE NO DRUG EFFECT
PAIN INJECT SITE VASODILAT

Pt recvd 3 doses of Hep B vax on 11MAR91, 10JUL91, 11SEP91 & exp sensitivity to thimerosal manifested by a localized reaction of redness, heat & soreness @ the inject site; lab eval revealed a neg anti-HBs titer on 13DEC91;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

13DEC90 Anti-HBs neg,
basseline; Anti-HBs neg;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

VAERS ID 51195 **Vaccination Date:** 1992-05-28
Age 41.4 **Date filed:** 1993-03-31
Sex F **Where Administered:** OTH
State NY **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0229V	1		

Onset Date: 1992-05-29 **Days since Vaccination:** 1

Symptoms: ABSCESS INJECT SITE ALLERG REACT
EDEMA INJECT SITE EDEMA PERIPH

Pt recvd 2 doses of Hep B vax on 30Apr92 & 28MAY92 & on 29MAY92 pt devel lemon size swelling w/dischARGE @ the inject site; Tx w/meds; pt exp residual probs of swollen fingers & hands; pt may have an allergy to thimerosal;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: No
relevant data;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

VAERS ID 52195 **Vaccination Date:** 1992-08-14

Age 43.1 **Date filed:** 1993-04-30

Sex F **Where Administered:** PUB

State IL **Purchased by:** OTH

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

AUG92 Rast test pos,
Thimerosal;

Previous Vaccinations:

Other Medications: NONE

Preexisting Conditions:

cancer; Hysterectomy;
allergy, THimerosal;
allergy, Medrol; Tuberculin
test pos;

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0644V	1	IM	

Onset Date: 1992-08-28 **Days since Vaccination:** 14

Symptoms: ALLERG REACT PRURITUS URTICARIA

Pt recvd vax on 14AUG92 & approx 28AUG92 devel
generalized hives & itching that would come & go;
allergy testing revealed that was sensitive to thimerosal;
approx 8SPE92 seen by MD;

VAERS ID 53438 **Vaccination Date:** 0000-00-00

Age 0.3 **Date filed:** 1993-06-03

Sex U **Where Administered:** PVT

State DE **Purchased by:** PVT

Life Threatening Illness? No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab

Data: 3DEC92 f/u

pt skin tested

w/Thimerosal &

tested pos; also

skin tested

w/Tetanus toxoid

containing

Thimerosal & also

tested pos; MD

feels allergic react

was a Thimerosal

sensitivity;

Previous

Vaccinations:

Other

Medications: NA

Preexisting

Conditions:

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT ASTHMA URTICARIA

pt recvd vax & exp urticaria & wheezing; pt treated in ER: referred to allergist; skin tested pos to thimerosal ingredient of vax;

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	DTP	LEDERLE	304924		IM	
2	HIBV	LEDERLE(PRAXIS)	M210HK	1	IM	

VAERS ID 60243 **Vaccination Date:** 1993-04-26
Age 33.0 **Date filed:** 1994-03-07
Sex F **Where Administered:** PUB
State AR **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		0		

Onset Date: 1993-04-26 **Days since Vaccination:** 0
Symptoms: ALLERG REACT ECCHYMOSES FLU
SYND HEADACHE HERPES SIMPLEX
ecchymosis, flu synd, herpes simples, h/a; possibly due
to the Thimerosal;

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No
Current Illness: NONE
Diagnostic Lab Data: NA
Previous Vaccinations:
Other Medications:
Corgard, Estrace, Klonopin
Preexisting Conditions:
sulfur allergy

VAERS ID 61169 **Vaccination Date:** 1993-03-29
Age 21.0 **Date filed:** 1994-04-13
Sex F **Where Administered:** OTH
State VT **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE			IM	A

Onset Date: 1993-03-29 **Days since Vaccination:** 0
Symptoms: ALLERG REACT URTICARIA
Pt recvd vax & devel hives; pt was treated
w/Antihistamines (DPH); reporting MD indicated pt
devel hives on 2 separate occasions unrelated to vax; A
thimerosal allergy may exist;

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No
Current Illness: NONE
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: NONE
Preexisting Conditions:
NONE

VAERS ID 64540 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1994-07-30
Sex U **Where Administered:** OTH
State ID **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: REACT UNEVAL

pt recvd vax & devel sensitivity to contact lens solutions containing thimerosal;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

VAERS ID 69651 **Vaccination Date:** 1994-11-14
Age 56.3 **Date filed:** 1994-12-23
Sex M **Where Administered:** PVT
State VT **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH				

Onset Date: 1994-11-14 **Days since Vaccination:** 0

Symptoms: AGITATION ALLERG REACT
ASTHENIA CNS STIMULAT HYPOTHERMIA
MALAISE REACT AGGRAV

pt recvd vax in pm;noc,began feeling bad & by next am was sick,t 97.7;agitation & fatigue,called "erethism";inc in sinus/nasal allergy sx;s;allergic rxn to thimerosal;pt allergic to mercury & flu vax contained mercury preservatives;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations: in
pt,same event occured last yr,pt thought it was flu vax;lasted 1 day;

Other Medications: none;

Preexisting Conditions:
allergic to mercury, since early 1980's;

VAERS ID 70893 **Vaccination Date:** 1993-09-20
Age 41.0 **Date filed:** 1995-02-01
Sex F **Where Administered:** OTH
State FL **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	1099A4	0	IM	

Onset Date: 1993-09-20 **Days since Vaccination:** 0

Symptoms: ALLERG REACT EDEMA FACE

pt recvd vax; exp swollen eyes; resolved;sent to allergist & was found to be allergic to thimerosal in the vax;2nd & 3rd doses of engerix B given by allergist on 23nov93 & 27may94,respectively,w/out any adverse exp;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:
none

VAERS ID 74414 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1995-06-12
Sex U **Where Administered:** OTH
State WY **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD				

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT NODULE SKIN RASH

pt recv vax; exp an allergic-type rxn,including nodule formation & erythema;allergist believed rxn possibly an allergy to thimerosal or aluminum;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:
allergy,possible;

VAERS ID 84860 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1996-04-26
Sex F **Where Administered:** OTH
State TX **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		1		

Onset Date: 0000-00-00 **Days since Vaccination:**
Symptoms: ALLERG REACT POS RECHAL RASH
pt recv vax & broke out in rash;the patient's sensitivity
was determined to be d/t thimerosal;

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness:
Diagnostic Lab Data: no
relevant data;
Previous Vaccinations: pt
exp rash w/dose 1 of HEP B
vax;
Other Medications:
Preexisting Conditions:

VAERS ID 87328 **Vaccination Date:** 1996-05-31
Age 0.4 **Date filed:** 1996-07-01
Sex F **Where Administered:** PVT
State TX **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HIBV	CONNAUGHT LABS	5H61132	1	IM	LA
2	OPV	LEDERLE	0729F	1	PO	

Onset Date: 1996-06-01 **Days since Vaccination:** 1
Symptoms: HYSN INJECT SITE POS RECHAL RASH
w/in a 24hr period pt broke out w/rash on lt alt where vax
given;pt had no other rxn to vax but rash;It took about 48hr
for the rash to disappear;nurse stated poss thimerosal
allergy;pt devel rash w/ACT HIB & HEP B @ 2mos

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No
Hospitalized? No
Current Illness: URI
Diagnostic Lab Data:
Previous Vaccinations:
pt exp rash @ 2mos
w/ACT HIB & HEP B
Other Medications:
NONE
Preexisting Conditions:
NONE

VAERS ID 90605 **Vaccination Date:** 1996-09-29
Age 48.7 **Date filed:** 1996-10-15
Sex F **Where Administered:** PUB
State GA **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	UNCLASSIFIED	6F71293	1	IM	LA

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No

Hospitalized? No
Current Illness: NONE

Onset Date: 1996-10-01 **Days since Vaccination:** 2

Symptoms: HYSN INJECT SITE VASODILAT

pt recv flu vax 29SEP96 & on 1OCT96 reported that this AM large red warm area noted @ inj site;states knew was allergic to Thimerosal in eye solution-made eye burn;no tx other than APAP given;

Diagnostic Lab Data: NONE

Previous Vaccinations: NA

Other Medications: Zinc, Pepaid, Calritan, Lescol ASCOL, Premarin

Preexisting Conditions: NONE

VAERS ID 93072 **Vaccination Date:** 1995-11-01
Age 30.0 **Date filed:** 1997-01-27
Sex F **Where Administered:** OTH
State NE **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		0		A

Life Threatening Illness? No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Onset Date: 1995-11-03 **Days since Vaccination:** 2

Symptoms: URTICARIA

pt recv vax & w/in 48hr pt devel outbreak of hives;the hives resolved w/o tx in several days;it was noted that the pt also had an outbreak of hives p/a tetanus shot & may be sensitive to thimerosal;

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: Premarin

Preexisting Conditions: allergic rhinitis, allergy to PCN, allergy to sulfa;

VAERS ID 96185 **Vaccination Date:** 1996-09-09
Age 8.3 **Date filed:** 1997-05-02
Sex M **Where Administered:** OTH
State TX **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		1		

Onset Date: 1996-09-12 **Days since Vaccination:** 3

Symptoms: ALLERG REACT URTICARIA

pt recv vax 9SEP96 & 12SEp96 pt devel gen urticaria;pt was taken to MD 25SEP96 & was referred to a dermatologist;the 24 antigen test was performed, which determined the pt had an allergy to thimerosal;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data: 1996 allergy test allergy to thimerosal;

Previous Vaccinations:

Other Medications:

Preexisting Conditions: allergy, sulfa; allergy, thimerosal;allergy, nickel;

VAERS ID 98953 **Vaccination Date:** 0000-00-00
Age 53.0 **Date filed:** 1997-06-19
Sex F **Where Administered:** OTH
State LA **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TD	WYETH			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT HYSN INJECT SITE PRURITUS

pt recv vax & exp an allergic rxn characterized by gen pruritus & erythema;rxn was attributed to thimerosal;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: unk

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions:

VAERS ID 100227 **Vaccination Date:** 1992-05-28

Age 41.4 **Date filed:** 1997-07-16

Sex F **Where Administered:** OTH

State NY **Purchased by:** OTH

Life Threatening Illness?
No

Died? No

Disability? Yes

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data: No relevant data;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0229V	1		

Onset Date: 1992-05-28 **Days since Vaccination:** 0

Symptoms: ALLERG REACT ASTHMA COORDINAT
ABNORM EDEMA PERIPH HYPOKINESIA
MYASTHENIA MYOPATHY PAIN

pt recv vax 28MAY92 & exp thimerosal sensitivity & serious, painful permanent personal injuries;no further details were provided;

VAERS ID 108242 **Vaccination Date:** 0000-00-00

Age 51.0 **Date filed:** 1998-03-31

Sex F **Where Administered:** OTH

State **Purchased by:** OTH

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Synthroid;Prozac;Glucophage

Preexisting Conditions:

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH		0	IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT EUPHORIA RASH
VASODILAT

w/in 24hr of vax pt devel a rash on shoulders & arms, flushing of the face & neck & a buzzing feeling in head;tx w/DPH & recovered 2-3 days;pt attributed this event to an allerg rxn to thimerosal;

VAERS ID 108371 **Vaccination Date:** 1996-10-01
Age **Date filed:** 1998-04-06
Sex F **Where Administered:** UNK
State IL **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		1	IM	

Onset Date: 1996-10-01 **Days since Vaccination:** 0
Symptoms: ANGIOEDEMA ARTHRALGIA EDEMA
FACE EYE DIS PREV REACT RASH SERUM SICK
SKIN DIS
pt recv vax & 5 days p/vax in OCT9996 pt to hosp w/a
severely swollen face;pt was dx w/serum sickness & tx
w/atarax;also devel joint pains & rash;MD felt sx were a
rxn to thimerosal;

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No

Current Illness:
Diagnostic Lab Data:
OCT96 CBC negative;
Previous Vaccinations: pt
exp diarrhea w/dose 1 of hep
b vax;
Other Medications:
Metrogel;Retin
A;Thimerosal;
Preexisting Conditions:
atopic dermatitis;contact
dermatitis;dust allergy,
hayfever;seasonal allergy;

VAERS ID 109144 **Vaccination Date:** 1997-10-07
Age 35.2 **Date filed:** 1998-04-30
Sex F **Where Administered:** OTH
State FL **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	4978158	2	IM	LA

Onset Date: 1997-10-08 **Days since Vaccination:** 1
Symptoms: CONJUNCTIVITIS EDEMA FACE EYE DIS
Pt has history allergy to gentamicin & thimerosal, devel
inject site rxn within 24 after vax. Redness, swelling
resolved without tx after 1 day.

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No
Hospitalized? No
Current Illness: None
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: oral
contraceptive
Preexisting Conditions:
Genamicin, Thimerosal.

VAERS ID 113236 **Vaccination Date:** 1998-07-21
Age 9.0 **Date filed:** 1998-08-06
Sex F **Where Administered:** PVT
State CA **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2559A2	2	IM	LA

Onset Date: 1998-07-23 **Days since Vaccination:** 2
Symptoms: EDEMA PERIPH RASH
Pt. recv. vax. exp. arm Erythematous, swollen. Suspect thimerosal preservation.

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No
Hospitalized? No
Current Illness: None
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: None
Preexisting Conditions:
None

VAERS ID 118955 **Vaccination Date:** 1998-10-27
Age 43.0 **Date filed:** 1999-02-26
Sex F **Where Administered:** OTH
State NY **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH		1		RA

Onset Date: 1998-10-27 **Days since Vaccination:** 0
Symptoms: ALLERG REACT PAIN PAIN INJECT
SITE PARESTHESIA VASODILAT

Pt recv vax on 10/27/98; 10 min post vax pt exp rt arm sore, 30 min post vax pt exp numbness/ tingling "down a line" of rt arm to hand/fingers, right neck, face & breast; tx=oral fluids, Claritin, ice; dx=allergic rx to thimerosal; pt imp 2

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No
Hospitalized? No
Current Illness: NONE
Diagnostic Lab Data: UNK
Previous Vaccinations:
UNK
Other Medications: NONE
Preexisting Conditions:
possible sensitivity to thimerosal in contact lens solutions;

VAERS ID 119345 **Vaccination Date:** 0000-00-00

Age 44.0 **Date filed:** 1999-03-04

Sex U **Where Administered:** OTH

State CA **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TTOX	LEDERLE				

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: EDEMA INJECT SITE HYSN INJECT SITE PAIN CHEST

pt recv vax & exp chest tightness which resolved p/2min;pt also devel an inj site rxn characterized by swelling & redness;the vaccine provider said this event may represent & allerg rxn to thimerosal;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: unk

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions:

VAERS ID 121956 **Vaccination Date:** 1998-11-01

Age 54.7 **Date filed:** 1999-06-02

Sex F **Where Administered:** PUB

State IN **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH				

Onset Date: 1998-11-01 **Days since Vaccination:** 0

Symptoms: ALLERG REACT PAIN PRURITUS RASH VASODILAT

pt recv vax & devel dermatitis characterized by burning, itching & transitory redness over both eyes;pt recently discovered allergic to thimerosal;pt attributed dermatitis to allergic rxn to thimerosal;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data: unk

Previous Vaccinations: unk

Other Medications: NONE

Preexisting Conditions:

allergic to thimerosal

VAERS ID 124908 **Vaccination Date:** 1998-11-08 **Life Threatening Illness?**
Age 50.7 **Date filed:** 1999-07-16 No
Sex M **Where Administered:** OTH **Died?** No
State NE **Purchased by:** OTH **Disability?** No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	MEDEVA PHARMS LI				

Onset Date: 1998-11-12 **Days since Vaccination:** 4

Symptoms: ALLERG REACT EDEMA FACE EYE
DIS PAIN PRURITUS RASH MAC PAP RASH VESIC
BULL

p/vax pt exp swelling eyes/fluid filled, welts on face &
ears, bumps on neck, burning sensation & itching;tx
w/corticosteroids w/o success;patch testing revealed a
hypersensitivity to thimerosal;

Recovered? No
ER or Doctor Visit? No
Hospitalized? No

Current Illness:

Diagnostic Lab Data: skin
patch test hypersensitivity to
thiomersal, balsam of perm &
neomycin;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:
allergies: allergic contact
dermatitis, positive to patch
tests to: thimersol, balsam of
perm, noemycin;

VAERS ID 127527 **Vaccination Date:** 0000-00-00 **Life Threatening Illness?**
Age 58.0 **Date filed:** 1999-09-17 No
Sex F **Where Administered:** PUB **Died?** No
State FL **Purchased by:** PUB **Disability?** No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH				

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT INFECT PRURITUS
RASH RASH VESIC BULL

p/vax pt devel a migratory rash which was itchy & oozed
when scratched;pt devel 2 infections as a result of
scratching the rash;pt has been taking pred since 1996
for the rash;dx allergy to thimerosal;

Recovered? No
ER or Doctor Visit? Yes
Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data: unk

Previous Vaccinations:

Other Medications:

Premarin;Oscal;

Preexisting Conditions:

VAERS ID 157790 **Vaccination Date:** 0000-00-00

Age 63.0 **Date filed:** 2000-09-20

Sex M **Where Administered:** PVT

State NJ **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TD	LEDERLE			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT INJECT SITE REACT

Subsequent to receiving Tetanus and Diphtheria Toxoids Adsorbed Purogenated pt developed a severe injection site reaction which was diagnosed as possible a hypersensitivity to the preservative thimerosal contained in the vaccine.

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: UNK

Diagnostic Lab Data: UNK

Previous Vaccinations:

Other Medications: UNK

Preexisting Conditions:

UNK

VAERS ID 165328 **Vaccination Date:** 2001-01-22

Age 58.0 **Date filed:** 2001-02-05

Sex F **Where Administered:** PVT

State MN **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU		U0455AA	0	IM	LA

Onset Date: 2001-01-22 **Days since Vaccination:** 0

Symptoms: RASH

The pt had a rash, was treated with Benadryl and Medrol dose pack. MD thinks the reaction was due to preservative thimerosal.

Life Threatening

Illness? No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

VAERS ID 165400 **Vaccination Date:** 2000-11-01

Age **Date filed:** 2001-02-12
Sex M **Where Administered:** OTH
State **Purchased by:** OTH

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: UNK

Diagnostic Lab Data: UNK

Previous Vaccinations:

Other Medications: UNK

Preexisting Conditions:
UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT

A pharmacist reported that a male received an injection of Flu Shield '00-'01 in 11/00 and subsequently, has experienced irritation of his eyes when using contact lens solution containing thimerosal. The reporter indicated that the pt had no previous history of sensitivity to thimerosal. No further information was available at the date of this report.

VAERS ID 180971 **Vaccination Date:** 2000-09-15

Age 37.0 **Date filed:** 2002-02-06
Sex M **Where Administered:** OTH
State NC **Purchased by:** OTH

Life Threatening Illness? No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:
allergic to peas and tuna.

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TD	AVENTIS PASTEUR,	U0267AA			

Onset Date: 2000-09-15 **Days since Vaccination:** 0

Symptoms: ASTHMA FEVER PHARYNGITIS

It was reported that a 37 year old male pt received a TD Adult vaccination on 09/15/2000. Reportedly, several hours later, the pt developed a fever of 102F, a sore throat and an asthma attack. He was put on oral prednisone. The pt is allergic to peas and tuna. Since tuna has mercury possible conclusion pt may be allergic to the Thimerosal in TD.

VAERS ID 181336 **Vaccination Date:** 2001-11-16
Age **Date filed:** 2002-02-12
Sex F **Where Administered:** OTH
State MN **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH LABORATORI	4018028		IM	LA

Onset Date: 2001-11-16 **Days since Vaccination:** 0

Symptoms: INJECT SITE REACT PAIN INJECT SITE

A nurse reported that a female employee of a clinic received flu shield vaccine on 11/16/2001. On 11/16/2001, she developed an injection site reaction characterized by pain. The reporter noted that the employee may be allergic to thimerosal. No additional info was available as of the date of this report.

Life Threatening Illness? No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness: UNK
Diagnostic Lab Data: UNK
Previous Vaccinations:
Other Medications: NONE
Preexisting Conditions: Psoriasis

VAERS ID 182473 **Vaccination Date:** 1994-10-17
Age 0.1 **Date filed:** 2002-03-14
Sex F **Where Administered:** OTH
State **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MERCK & CO. INC.		0		

Onset Date: 1994-10-17 **Days since Vaccination:** 0

Symptoms: EDEMA INJECT SITE URTICARIA

Information has been received from a registered nurse concerning an 18 day old female who on 10/17/1994 was vaccinated with the first dose of hep b vaccine recombinant. Post vaccination, on 10/17/1994, the pt developed a large swollen area at injection site and had hives. The RN stated that the child's reaction was from thimerosal and the child will be revaccinated with thimerosal free vaccine. The pt sought unspecified medical attention. No further info is available.

Life Threatening Illness? No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? Yes
Hospitalized? No
Current Illness:
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications: UNK
Preexisting Conditions: UNK

VAERS ID 233500 **Vaccination Date:** 2004-11-12
Age 59.0 **Date filed:** 2005-02-08
Sex F **Where Administered:** OTH
State ID **Purchased by:** OTH

Life Threatening Illness? No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness: NONE

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	AVENTIS PASTEUR,	U1440AA	2	IM	LA

Onset Date: 0000-00-00 **Days since Vaccination:**
Symptoms: ALLERG REACT CONJUNCTIVITIS LAB TEST ABNORM PHARYNGITIS RASH STOMATITIS
 Approx 1 wk following injection developed rash on chest progressing up neck to face, eyes, forehead. Intense burning in throat, nose, eyes. Pt did not seek help until around Christmas. Saw eye doctor rx for betamethasone. Which worsened reaction. Referred to dermatologist. Patch test shows allergy to thimerosal. Treatment with steroids, pt reported allergy to pharmacist on 02/03/2005.

Diagnostic Lab Data:
 Patch test positive for thimerisol
Previous Vaccinations:
Other Medications:
 UNK
Preexisting Conditions:
 Allergies: Poss Aspirin, Penicillin

VAERS ID 234099 **Vaccination Date:** 2002-10-31
Age 67.0 **Date filed:** 2005-02-22
Sex F **Where Administered:** UNK
State **Purchased by:** UNK

Life Threatening Illness? No
Died? No
Disability? No
Recovered? No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	EVANS VACCINES	E33492HA			

Onset Date: 0000-00-00 **Days since Vaccination:**
Symptoms: PETECHIA PHOTSENSITIVITY PRURITUS RASH VESIC BULL
 A report was recieved from a consumer on 27Nov02, concerning a 67 year old female vaccinee who experienced blisters on her body within one week of receiving 0.5ml Fluvirin vaccine 0.5ml IM on 31Oct02. Within one week the vaccinee developed a severe outbreak of blisters on the body including the face, arms, legs and trunk. On 06 or 07Nov02 the vaccinee was seen by a physician who prescribed an unk antibiotic. On 14Nov02 the vaccinee was referred to a dermatologist who suggested that thimerosal in Fluvirin va

ER or Doctor Visit? No
Hospitalized? No
Current Illness:
Diagnostic Lab Data:
Previous Vaccinations:
Other Medications:
 Synthroid, Nexium, multivitamin, unspecified cataract medicine
Preexisting Conditions: NONE

VAERS ID 250619 **Vaccination Date:** 0000-00-00

Age **Date filed:** 2006-01-20

Sex U **Where Administered:** PUB

State FL **Purchased by:** PUB

Life Threatening Illness? No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit?
Yes

Hospitalized? No

Current Illness:
UNK

Diagnostic Lab Data:

Allergy test
Thimerosal

Previous Vaccinations:

Other Medications:

Preexisting Conditions: The patient's medical history, concurrent conditions, and concurrent medications were not reported.

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE		2		UN

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT PRURITUS

This case was reported by a nurse and described the occurrence of allergy to thimerosal in a patient who received hepatitis B vaccine recombinant (Engerix-B). On an unspecified date, the patient received the third dose of Engerix-B. At an unspecified time following the third administration of Engerix-B, on an unspecified date, the patient experienced itching. the patient was seen at a physician's office for "allergy testing." The results of the allergy testing indicated that the patient had an allergy to th

VAERS ID 252578 **Vaccination Date:** 0000-00-00

Age 33.0 **Date filed:** 2006-03-10

Sex F **Where Administered:** OTH

State **Purchased by:** OTH

Life Threatening Illness?

No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MERCK & CO. INC.				

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Unknown

Preexisting Conditions:

Hypothyroidism

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: PRURITUS URTICARIA

33 year old female nurse with hypothalamic hypothyroidism who in approximately 1990 in the AM was vaccinated in the deltoid with a first dose of Hepatitis B virus vaccine. There was no illness at the time of vaccination. In approximately 1990, within 30 minutes of receiving the vaccine, the patient broke out in hives. At the time, she was told that it was probably a reaction to the preservative used in the vaccine which she thought was thimerosal. Medical attention was sought and she was treated with an

VAERS ID 228828 **Vaccination Date:** 2004-11-02

Age 40.0 **Date filed:** 2004-11-05

Sex F **Where Administered:** UNK

State UT **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	AVENTIS PASTEUR,	U1479AA		IM	LA
2	HEPAB	SMITHKLINE BEECH	028AA	1	IM	RA

Onset Date: 2004-11-02 **Days since Vaccination:** 0

Symptoms: ALLERG REACT PRURITUS RASH
VASODILAT

Flu shot given approximately 11:00am. Client had indicated she had no allergies. 11:45 client returned complained of itching and red rash on neck. No wheezing or SOB. Denies dizziness, lightheadedness. Given Chlorpheniramine 90 mg tab PO. Observed x 30 min symptoms resolving by 12:20. After reaction client remembered previous allergic reaction to thimerosal in contact solution. Client counseled to only vaccine thimerosal free vaccine in future.

Life Threatening Illness? No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Recovering from
bronchitis

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

NONE

Preexisting Conditions:

VAERS ID 246744 **Vaccination Date:** 2005-11-03

Age 47.0 **Date filed:** 2005-11-04

Sex F **Where Administered:** UNK

State WA **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	LEDERLE LABORATO		0	ID	LA

Onset Date: 2005-11-03 **Days since Vaccination:** 0

Symptoms: CONJUNCTIVITIS DYSPNEA EDEMA
GENERAL EDEMA PERIPH LARYNGISMUS PAIN
EYE PHARYNGITIS PNEUMONIA THIRST

Within half an hour of receiving the flu shot, I experienced pneumonia like symptoms with restricted breathing, my throat swelled and ached, my eyes turned bloodshot, my mouth began to burn, and my tissues began to swell. I suspect I was allergic to the shot, perhaps there was thimerosal in it. 12 hours later, the pneumonia and restricted breathing were gone, but I experienced painful bloodshot eyes, swelling of hands and feet, gastric distress, and mouth burn and intense thirst.

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: none

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: none

Preexisting Conditions:

none

VAERS ID 215154 **Vaccination Date:** 0000-00-00

Age 52.0 **Date filed:** 2004-01-16

Sex F **Where Administered:** PVT

State **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	UNKNOWN MFR		0		

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ALLERG REACT HERPES SIMPLEX
PHARYNGITIS

This case described the occurrence of an allergic reaction in a 52 year old female pt who received hep B vaccine for prophylaxis. This report was received from the pt, who is an emergency medical technician. The pt's past medical history included allergy to thimerosal. The pt stated that she had unspecified adverse experiences following receipt of previous, unspecified immunizations. On an unspecified date in 2002 the pt received the 1st dose of hep B vaccine. At an unknown time post-immunization, the pt ex

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: UNK

Diagnostic Lab Data: UNK

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

Allergy to thimerosal

VAERS ID 211956 **Vaccination Date:** 2003-08-04

Age 12.0 **Date filed:** 2003-11-10

Sex M **Where Administered:** OTH

State **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MERCK & CO. INC.	0316M	0	IM	

Onset Date: 2003-08-06 **Days since Vaccination:** 2

Symptoms: ALLERG REACT AMBLYOPIA PAIN EYE RASH RASH VESIC BULL

Information has been received from a consumer concerning her 12 year old son with a skin allergy to thimerosal who on 8/4/03, also reported as 4/5/03, was vaccinated IM with a first dose of hepatitis B virus vaccine (lot # 643247/0316M). There was no concomitant medication. On 8/6/03, the next day, the patient began to have skin reactions. The skin reactions included sunburn-like condition all over and eye pain and blistering and diminished vision during the flare up. The patient has been treated with predn

Life Threatening Illness?
No

Died? No

Disability? Yes

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Allergen skin test showed allergy to thimerosal.

Previous Vaccinations:

Other Medications:

NONE

Preexisting Conditions:

Hypersensitivity

VAERS ID 199522 **Vaccination Date:** 2002-05-13

Age 27.0 **Date filed:** 2003-03-14

Sex F **Where Administered:** OTH

State **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MERCK & CO. INC.		0		

Onset Date: 2002-05-13 **Days since Vaccination:** 0

Symptoms: HYSN INJECT SITE

Info has been received from a 27 y.o. female pharmacist who on 5/13/02 was vax'd w/a first 10 mcg dose of Hep B vax recombinant. On 5/13/02 the PT developed a rash around the inject site. On 5/15/02, it was reported that the PT still had the local inject site rash. PT stated she "thinks that she may have allergy to thimerosal, but not sure". Unspecified medical attention was sought. Add'l info has been requested.

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: UNK

Preexisting Conditions:

UNK

VAERS ID 196339 **Vaccination Date:** 0000-00-00

Age 47.0 **Date filed:** 2003-01-17

Sex F **Where Administered:** OTH

State VT **Purchased by:** OTH

Life Threatening Illness? No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Visit? Yes

Hospitalized? No

Current Illness:
UNK

Diagnostic Lab Data: UNK

Previous Vaccinations:

Other

Medications:

Preexisting Conditions:

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE	3090A6	1	IM	LA

Onset Date: 1999-11-17 **Days since Vaccination:**

Symptoms: URTICARIA

In 1999 (specific date not provided), the vaccinee received her 2nd injection of Engerix-B (lot ENG3090A6). On 11/17/99, post vax, she experienced generalized hives. She was seen by a physician and the event resolved with unspecified sequelae on approx. 11/23/99. The Engerix-B immunization series was discontinued. The reporter indicated the event was probably related to the thimerosal in vaccine.

VAERS ID 196419 **Vaccination Date:** 2002-06-13
Age 27.0 **Date filed:** 2003-01-17
Sex F **Where Administered:** OTH
State KS **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE	5213A2	1		

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No

Hospitalized? No
Current Illness:
Diagnostic Lab Data:

Previous Vaccinations:
 Inject site reaction;Hep B (unknown mfr);;0;In Patient

Other Medications:
 Ethinyloestradiol + norgestr (Ethinyloestradiol + Norgestrel)
 Paracetamol

Preexisting Conditions:
 Allergy to thimerosal, environmental allergy. A few yrs ago, the subject experienced the "same type of reaction" (red, pimply rash with some hives) following the receipt of a tuberculin (TB) skin test. The subject denied any tobacco use and

Onset Date: 2002-06-13 **Days since Vaccination:** 0

Symptoms: HYSN INJECT SITE INJECT SITE REACT RASH URTICARIA

This report describes the occurrence of an inject site reaction in a 27 y.o. female who received Hep B vaccine recombinant (Engerix-B). This report was received from the subject who is a pharmacist and has been medically confirmed. The subject's medical history included environmental allergies and allergy to thimerosal (1999). She denied any tobacco use and indicated that she is a social drinker (approximately one drink/month). The subject experienced a "similar type of reaction" (red, pimply rash with some

VAERS ID 196439 **Vaccination Date:** 1991-04-23
Age 46.0 **Date filed:** 2003-01-17
Sex F **Where Administered:** OTH
State PA **Purchased by:** OTH

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE	630A4	0	IM	LA

Hospitalized? No
Current Illness: UNK
Diagnostic Lab Data: UNK

Onset Date: 1991-04-23 **Days since Vaccination:** 0
Symptoms: ALLERG REACT MYALGIA PAIN BACK
 PARESTHESIA SKIN DIS

Previous Vaccinations:
Other Medications:

A physician via Merck Pharmaceuticals reported the occurrence of an allergic reaction in a 46 y.o. female who was vaccinated with Hep B recombinant (Engerix-B) for prophylaxis. The subject had previously experienced an allergic reaction manifested by persistent eye redness to a contact lens solution containing thimerosal. She subsequently had to use a thimerosal-free solution. Concurrent medications were not specified. On 4/23/91 at 9:00, the vaccinee received her first injection of Engerix-B (lot ENG630A4;

Preexisting Conditions: The subject had previously experienced an allergic reaction manifested by persistent eye redness to a contact lens solution containing thimerosal. She subsequently had to use a thimerosal-free solution. Concurrent medications were not speci

VAERS ID 36515 **Vaccination Date:** 1991-10-28

Age 38.5 **Date filed:** 1991-11-25

Sex F **Where Administered:** PUB

State WA **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	4918147	1	IM	RA
2	TD	CONNAUGHT LABS	1H31128		IM	LA

Life Threatening Illness? No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit?
Yes

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:
Possible thimerosal rxn in past;

Previous Vaccinations:

Other Medications:
recvd wkly allergy shots

Preexisting Conditions:
possible allergy to "contacts" serious problems from lens;

Onset Date: 1991-10-28 **Days since Vaccination:** 0

Symptoms: DIZZINESS DYSPNEA PHARYNGITIS

Pt c/o SOB, dizziness, inability to breathe & throat swelling w/in 10 min p/shot, VS stable; pt given DPH; cont to c/o throat swelling; pt given epi;

VAERS ID 84200 **Vaccination Date:** 1995-11-01

Age 81.1 **Date filed:** 1996-04-03

Sex M **Where Administered:** OTH

State OH **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	4958124	0	IM	LA

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: CHF, muscle disuse atrophy, UTI

Diagnostic Lab Data:
MD thought maybe allergic to thimerosal or gentamicin

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions:

Onset Date: 1995-11-05 **Days since Vaccination:** 4

Symptoms: PRURITUS RASH

pt recv vax 1NOV95 & devel a fine,pink rash on face,back & arms;also c/o itchiness;pt was treated w/DPH & is recovered;

VAERS ID 84526 **Vaccination Date:** 1993-09-23
Age 49.8 **Date filed:** 1996-04-19
Sex M **Where Administered:** OTH
State AL **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		2	IM	

Onset Date: 1994-03-01 **Days since Vaccination:**
159

Symptoms: PRURITUS RASH RASH PUST
pt recv vax 23SEP93 & pt reported started seeing MD
for rash MAR94 on neck,scalp,arms,legs,shoulders &
back;dx contact dermatitis & tx for itching
w/zonolien,folonocide,povidone-iodine,xanax;pt devel
open sores on arms & trunk

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

allergy test-ture test;allergy,
thimerosal

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

VAERS ID 104681 **Vaccination Date:** 0000-00-00
Age 72.0 **Date filed:** 1997-11-24
Sex M **Where Administered:** PVT
State CT **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	CONNAUGHT LABS		0		RA

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: PRURITUS RASH MAC PAP REACT
AGGRAV

rash, red patches, sl elevated on belly part of abd, legs, rt
& lt near thighs, behind knees, spotty on one leg to
ankles;chronic dermatitis around neck & shoulders
exacerbated;rash itch;rash still running its course;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data: egg
sensitivity ruled
out;sensitivity to thimerosal
suspected

Previous Vaccinations: pt
exp major eruption skin in
face, neck, scalp area cracked
skin @ 68yr old w/t

Other Medications:

serevent;flovent

Preexisting Conditions:

atopic neurodermatitis (mild)
scalp, facial area;

VAERS ID 116011 **Vaccination Date:** 1997-12-11

Age 32.0 **Date filed:** 1998-12-01

Sex M **Where Administered:** OTH

State MI **Purchased by:** OTH

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

thimerosal patch test
positive;neomycin patch
test positive

Previous Vaccinations:

Other Medications:

Zantac;Deconamine;

Preexisting Conditions:

allergic to neomycin
sulfate, allergic to
thimerosal

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2186A4	2	IM	LA

Onset Date: 1997-12-11 **Days since Vaccination:** 0

Symptoms: ALLERG REACT EDEMA PERIPH
PRURITUS RASH MAC PAP RASH VESIC BULL
VASODILAT

pt recv vax 11DEC97 & same day exp redness, swelling,
itching which spread down lt arm to lt hand;26DEC97 was
seen by MD;had maculopapular eruptions w/blisters in lt
axilla, lt hand, lt upper extremity from deltoid to hand;

VAERS ID 116654 **Vaccination Date:** 1998-10-21
Age 37.9 **Date filed:** 1998-12-02
Sex F **Where Administered:** PVT
State NM **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	1965010110			LA

Onset Date: 1998-10-21 **Days since Vaccination:** 0

Symptoms: ALLERG REACT ANAPHYL ASTHMA
HYPOTENS PRURITUS VOICE ALTERAT

anaphylaxis w/gen pruritus, hoarseness, wheezing & possible
hypotension 20-30min p/vax;tx w/inhaled racemic epi & DPH
& kept on oral allegra bid for 3 days;

**Life Threatening
Illness?** No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit?
Yes

Hospitalized? No

Current Illness:
NONE

Diagnostic Lab Data:

skin testing done
12NOV98 induced a
rxn to thimerosal as
the suspected reagent
as pt showed an
adverse response to
thimerosal preserved
tetanus toxoid fluid
(could not find any
other thimerosal for
skin testing)

**Previous
Vaccinations:**

Other Medications:
Ibuprofen

**Preexisting
Conditions:** NONE

VAERS ID 244505 **Vaccination Date:** 2004-10-02

Age 50.0 **Date filed:** 2005-09-23

Sex F **Where Administered:** UNK

State IL **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	UNKNOWN MFR		4		

Onset Date: 2004-10-23 **Days since Vaccination:** 21

Symptoms: ALLERG REACT COUGH INC EDEMA
FACE HYSN INJECT SITE LAB TEST ABNORM
PHARYNGITIS PRURITUS

Client reports that she has received the flu vaccine for the past 5 years. Other than the flu vaccine the only other vaccine that she has received was a Td booster given by our Health Dept on 7/31/03. 3 weeks after she received the flu vaccine last year she developed redness, itching, puffiness of her eyelids. She also complained of a irritated throat and a dry cough. She sought medical attention as these symptoms persisted. She finally saw a dermatologist on 9/20/05 for a patch test and received the res

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: none

Diagnostic Lab Data:

Positive patch test for thimerosal.

Previous Vaccinations:

Other Medications: none

Preexisting Conditions:
none

VAERS ID 29722 **Vaccination Date:** 1990-03-16

Age 37.0 **Date filed:** 1991-05-02

Sex F **Where Administered:** UNK

State OH **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1380R		IM	

Onset Date: 1990-03-16 **Days since Vaccination:** 0

Symptoms: HYSN INJECT SITE PAIN INJECT SITE

16mar90 pt vax hepta B. pt devel induration and erythema at inject site. 04apr90 pt complained of soreness at inject site. pt remained under treatment

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: NA

Previous Vaccinations:

Other Medications:

Preexisting Conditions:
allergy to thimerosal

VAERS ID 30661 **Vaccination Date:** 1990-06-26
Age 36.0 **Date filed:** 1991-05-22
Sex F **Where Administered:** UNK
State PA **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1884R		IM	

Onset Date: 1990-06-26 **Days since Vaccination:** 0

Symptoms: RASH

26jun90 pt vax hepta B. same day pt devel rash on front of chest and inner aspect of wrists. rash not itchy and gradually faded over next 2 week. pt elected not to continue series.

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: NA

Previous Vaccinations:

Other Medications: synarel

Preexisting Conditions:

allergy- thimerosal;
endometriosis

VAERS ID 35603 **Vaccination Date:** 1991-07-17
Age 39.0 **Date filed:** 1991-10-22
Sex F **Where Administered:** OTH
State **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE			IM	

Onset Date: 1991-07-20 **Days since Vaccination:** 3

Symptoms: FEVER HEADACHE

17JUL91 pt recvd Engerix-B; 3rd day p/vax pt exp h/a & fever; tx Advil; events abated approx 4 days p/inject;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

allergic to Thimerosal

VAERS ID 39810 **Vaccination Date:** 1990-12-14
Age 37.0 **Date filed:** 1992-03-06
Sex F **Where Administered:** UNK
State MI **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		1	IM	

Onset Date: 1990-12-16 **Days since Vaccination:** 2

Symptoms: ARTHRALGIA EDEMA PERIPH
HEPATITIS HBSAG PAIN

Pt recvd 2nd dose of Hep b vax on 16DEC90 & devel
generalized arthralgia including swelling of the ankles;
pt seen by MD 24JAN92; PE revealed tenderness of the
hands, wrists, mid-feet, metatarsophalangeal;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

29JAN91 lab testing revealed
pos HBsAG; ANA-neg;
Rheumatoid factor-neg;

Previous Vaccinations: pt
exp achiness p/1st dose of
Recomb;

Other Medications:

Preexisting Conditions:

allergy thimerosal

VAERS ID 40375 **Vaccination Date:** 1990-12-14
Age 23.9 **Date filed:** 1992-04-17
Sex F **Where Administered:** OTH
State MI **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	0358S	1	IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: TWITCH

Pt recvd 2 doses of Hep B vax on 13NOV90 & 14DEC90
& following the 2nd dose pt exp intermittent twitching in
lt eyelid; pt reported that the eye twitching gradually
subsided & pt had no further problems; Pt recvd 3rd dose
w/no problems;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: No
relevant data;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

allergy Thimerosal

VAERS ID 52917 **Vaccination Date:** 1992-10-08
Age 36.2 **Date filed:** 1993-05-21
Sex F **Where Administered:** PVT
State MN **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1953T	0	IM	

Onset Date: 1992-10-08 **Days since Vaccination:** 0

Symptoms: DIZZINESS EAR DIS VERTIGO

Pt recvd vax 20OCT92 & w/in 30 minutes of receiving vax pt felt that ears plugged up; also exp dizziness & mild vertigo;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: No relevant data;

Previous Vaccinations:

Other Medications: NONE

Preexisting Conditions:
Allergy, Thimerosal

VAERS ID 57069 **Vaccination Date:** 1992-10-08
Age 37.3 **Date filed:** 1993-11-12
Sex F **Where Administered:** PVT
State OR **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	4918147	0	IM	LA

Onset Date: 1992-10-13 **Days since Vaccination:** 5

Symptoms: ASTHENIA HEADACHE HYPERTONIA NEUROPATHY PARESTHESIA THINKING ABNORM TWITCH

pt recvd vax 8OCT93 & 1 wk later devel a polyneuropathy characterized by vague progressive numbness on the lt side more than on the rt side, tingling electrical dysesthenia in all 4 extremities, h/a, fatigue, difficulty thinking/concentrat

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:
Thyroid function tests, B12, Serum chemistry panel, CBc, urinalysis, ANA, lead level, sed rate, protein electrophoresis, complement studies VDRL, CXR, MRI of the brain were all nl;

Previous Vaccinations:

Other Medications:
NONE

Preexisting Conditions:
pt has ocular sensitvity to thimerosal;

VAERS ID 57606 **Vaccination Date:** 1993-10-28
Age 40.6 **Date filed:** 1993-12-01
Sex F **Where Administered:** PUB
State NY **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1562V	2	IM	LA

Onset Date: 1993-10-28 **Days since Vaccination:** 0

Symptoms: PARESTH CIRCUMORAL TASTE
PERVERS

pt recvd vax & exp metallic taste in mouth & numbness of
lips & tongue; numbness dec p/waking the following
morning 29OCT93

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:
NONE

Previous Vaccinations: NA

Other Medications:

Estraderm patch

Preexisting Conditions:

self dx allergy to thimerosal;
prev use of OTC saline sol
for contact lenses; feeling of
chemical burn;

VAERS ID 64029 **Vaccination Date:** 0000-00-00
Age 33.0 **Date filed:** 1994-07-12
Sex F **Where Administered:** OTH
State MD **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		2	IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: PRURITUS

pt recvd vax; pt devel itching on entire body; tx w/
aveeno bath; symptoms recurred w/ 2nd & 3rd dose of
vax;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no
relevant data;

Previous Vaccinations: pt
devel itching after 1st & 2nd
dose of Recombivax @33
y/o;

Other Medications:

Preexisting Conditions:
allergy, thimerosal;

VAERS ID 64044 **Vaccination Date:** 1993-06-30
Age 31.8 **Date filed:** 1994-07-13
Sex F **Where Administered:** PVT
State WV **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1561V	0	IM	

Onset Date: 1993-06-30 **Days since Vaccination:** 0
Symptoms: ASTHENIA DEPERSONAL DIZZINESS
ERUCTAT MYALGIA PAIN ABDO URTICARIA
VASODILAT

pt recvd vax; approx 2 hrs after vax pt devel red, sore & "welty" arm, stomach pains w/ belching, dizziness, lightheadness, a "stupid feeling"; pt was hot & felt like passing out & was very tired;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no relevant data;

Previous Vaccinations: pt had reaction w/ other vax;

Other Medications:

zovirax;

Preexisting Conditions:

allergy, inhalant; allergy, candida; allergy, chemicals; allergy, thimerosal;

VAERS ID 64066 **Vaccination Date:** 1990-03-27
Age 34.6 **Date filed:** 1994-07-14
Sex F **Where Administered:** PUB
State MD **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1380R	0	IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ARTHRALGIA FEVER

pt recvd vax; pt devel joint pain & fever;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no relevant data;

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

allergy, thimerosal;

VAERS ID 64251 **Vaccination Date:** 1993-09-27
Age 44.4 **Date filed:** 1994-07-22
Sex F **Where Administered:** PUB
State MD **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		2	IM	

Onset Date: 1993-10-04 **Days since Vaccination:** 7
Symptoms: ARTHRALGIA ASTHENIA FEVER
HEADACHE PETECHIA PRURITUS RASH VESIC
BULL

pt recvd vax & devel arthralgia, generalized petechiae,
pruritis, vesicular eruption, fever, headache & fatigue;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no
relevant data;

Previous Vaccinations:

Other Medications: none;

Preexisting Conditions:
allergy, thimerosal; allergy,
dilantin;

VAERS ID 65249 **Vaccination Date:** 1993-10-26
Age 48.0 **Date filed:** 1994-08-25
Sex F **Where Administered:** UNK
State **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	PARKE-DAVIS			IM	

Onset Date: 1993-10-27 **Days since Vaccination:** 1
Symptoms: HYPERGLYCEM INFECT LUNG DIS
PAIN PAIN ABDO PAIN CHEST PHARYNGITIS
SINUSITIS

pt recvd flu vax 26OCT93 & 27OCT93 c/o throat felt
scratchy; pt devel a sinus infection, a burning feeling in
lungs & throbbing pain in the arm that inject was given;
arm throbbd 4 days p/vax; pt took advil but discont
when stomach pain

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: blood
sugars elevated at 211 to 296

Previous Vaccinations:

Other Medications:
Premarin

Preexisting Conditions:
allergy to Thimerosal;
diabetes controlled by diet &
exercise

VAERS ID 68567 **Vaccination Date:** 1994-10-28

Age 44.9 **Date filed:** 1994-11-28

Sex F **Where Administered:** PUB

State TN **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	CONNAUGHT LABS	4F51016	1		LA

Onset Date: 1994-10-28 **Days since Vaccination:** 0

Symptoms: EDEMA FACE EDEMA PERIPH EDEMA
TONGUE PAIN PHARYNGITIS SPEECH DIS VOICE
ALTERAT

pt recvd vax;noticed mouth burning & sore throat;approx
4pm,lips & tongue swollen;co-workers noticed voice change
& slurred speech;advised to take DPH;saw PMD approx
4:30,given meds;p/ 4hrs pt states swelling cont & moved to
hands; now nl;

**Life Threatening
Illness?** No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: none;

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

none;

Preexisting Conditions:

thimerosal, dust, mold,
rxn allergy shot;

VAERS ID 72197 **Vaccination Date:** 0000-00-00

Age 38.0 **Date filed:** 1995-03-28

Sex F **Where Administered:** PUB

State IN **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: DYSPEPSIA EDEMA INJECT SITE
HEADACHE HYPOKINESIA HYSN INJECT SITE
PAIN INJECT SITE PHARYNGITIS RHINITIS

pt recvd vax & devel burning, redness, & swelling @ inj
site which lasted for a couple of days & required ice;
also devel h/a, nausea, upset stomach, & cold; had to
stay in bed 3-4 days due to symptoms & couldn't use
arm;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions: pt is
allergic to thimerosal, & has
had rxn to eye products
preserved w/thimerosal

VAERS ID 72201 **Vaccination Date:** 1994-10-31

Age 38.3 **Date filed:** 1995-03-28

Sex M **Where Administered:** PVT

State VA **Purchased by:** PVT

Life Threatening Illness?

Yes

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions:

pt may have a hx of an allergic rxn to thimerosal in contact lens solution

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH	4948047		IM	RA

Onset Date: 1994-10-31 **Days since Vaccination:** 0

Symptoms: ANAPHYL ANGIOEDEMA ANXIETY
ASTHMA HYPERTENS PRURITUS TACHYCARDIA
URTICARIA

pt recvd vax & 20 to 30 mins later devel angioedema & anaphylaxis characterized by tachycardia, urticaria of the neck & face, an elevated BP, swelling & redness of the buccal mucosa, pruritus, bilateral wheezing & apprehension; tx DPH & Epi

VAERS ID 72842 **Vaccination Date:** 1994-07-25

Age 45.5 **Date filed:** 1995-04-12

Sex F **Where Administered:** PVT

State TX **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TTOX	LEDERLE	364935	1	IM	A

Life Threatening Illness?

Yes

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: minor
finger laceration

Diagnostic Lab Data:
NONE

Previous Vaccinations:
NONE

Other Medications:
Medrol

Preexisting Conditions:
last TTox was 10 yrs ago;
MD reports pt may be
allergic to Thimerosal; @
one time pt attempted to
wear contact lenses; had a
severe react to them
because lens solution
contained Thimerosal;

Onset Date: 1994-07-25 **Days since Vaccination:** 0

Symptoms: EDEMA LARYNX MYALGIA
PARESTHESIA VOICE ALTERAT

pt recvd vax & devel myalgias, tingling all over & body
laryngeal edema; tx'd w/Adrenalin (1/4 ml SQ) & DPH; pt
improved significantly w/in 30 mins; next day pt reported
to MD was still a little hoarse

VAERS ID 81557 **Vaccination Date:** 1994-09-01
Age 38.0 **Date filed:** 1996-02-26
Sex F **Where Administered:** OTH
State NC **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		0	IM	A

Onset Date: 1994-09-01 **Days since Vaccination:** 0

Symptoms: BRADYCARDIA DIZZINESS FLU SYND
NAUSEA SYNCOPE

pt recvd vax;w/in 5 min,passed out & had slow heart rate;w/in 1hr p/ vax she exp n,lightheadedness & flu like sx;observed for 2 hrs in the er;no tx necessary;sx lasted approx 3 days;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: demulen

Preexisting Conditions:

allergic to bee venom & others, ocular allergy to thimerosal;

VAERS ID 82252 **Vaccination Date:** 1995-02-08
Age 42.0 **Date filed:** 1996-02-27
Sex M **Where Administered:** OTH
State WA **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		0	IM	A

Onset Date: 1995-02-08 **Days since Vaccination:** 0

Symptoms: CONJUNCTIVITIS

pt recvd vax & w/in 4-5hrs p/vax exp irritated & reddened eyes;these adverse events lasted a few hrs, & was recovered by next day;

Life Threatening Illness?

No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: NONE

Preexisting Conditions:

allergic to thimerosal-in contact lens solution;had similar rxn;

VAERS ID 84456 **Vaccination Date:** 1995-03-01
Age 38.2 **Date filed:** 1996-04-16
Sex F **Where Administered:** PUB
State PA **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD		0		

Onset Date: 1995-03-01 **Days since Vaccination:** 0

Symptoms: ANGIOEDEMA EDEMA PERIPH POS
RECHAL URTICARIA

pt recv vax 1MAR95 & devel hives;pt awoke 3AM &
hands & forearms were swollen like sausages;tx DPH &
then Pred;pt exp urticaria & angioedema;required
ER/MD visit;

VAERS ID 84772 **Vaccination Date:** 0000-00-00
Age 36.0 **Date filed:** 1996-04-24
Sex F **Where Administered:** OTH
State IL **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD				

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: ASTHMA PAIN CHEST

pt recv vax;exp tightness in chest & wheezing 24 hrs p/
inject;tx w/ pred & albuterol;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness: sinus infect

Diagnostic Lab Data: No
relevant data;

Previous Vaccinations: pt
exp hives w/last dose of Hep
B vax & rash & fever w/TD
vax in 1991;

Other Medications: Bactrim

Preexisting Conditions:
allergy, tetanus;allergy,
Thimerosal;allergy, mercury

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data: no
relevant data

Previous Vaccinations: in
pt, cough for 1 wk;probable
allergic rxn to vax per MD;

Other Medications:

Preexisting Conditions:
allergy, thimerosal

VAERS ID 88872 **Vaccination Date:** 1995-06-30
Age 34.0 **Date filed:** 1996-08-14
Sex F **Where Administered:** PVT
State MA **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE		3	IM	RA

Onset Date: 1995-06-30 **Days since Vaccination:** 0
Symptoms: ALLERG REACT GAIT ABNORM LAB
TEST ABNORM LIVER FUNC ABNORM NAUSEA
PARESTHESIA POS RECHAL SERUM SICK
VASODILAT

pt recv vax 30JUN96 & exp numbness, tingling of
tongue, n,faintness, diaphoresis,diff walking;to ER
having serum sickness rxn to vax;hives, MD feels acute
allerg rxn to vax, liver test showed abn in 3 phases of
detoxification;

Life Threatening Illness?
No

Died? No

Disability? Yes

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

functional liver detoxification
profile was performed which
showed abn in 3 phases of
detoxification; elevation in
the catacal (catechol?)

Previous Vaccinations: red,
puffy, swollen eyelids,
contact dermatitis w/dose 1
HEP;h/a w/dose 2 in pt;

Other Medications:

Preexisting Conditions:

allergic to dust, cats, mold,
thimerosal; hayfever, hives,
tachycardia (1990),
tonsillectomy (1981);1990
episode of tachycardia was
holter & echo negative;

VAERS ID 95713 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1997-03-26
Sex F **Where Administered:** PVT
State WI **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH		1	IM	LA

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: BLEED TIME INC ECCHYMOSES HEM GI LAB TEST ABNORM PALLOR PARESTHESIA VASC DIS PERIPH VASODILAT

pt recv vax & tip of 1 finger of the rt hand became white & cold & hyperperfused;also had one episode of rectal bleeding;@ that time, bleeding time was 13min;all other hematologic & blood chem nl;devel small bruise, hemmorrhage rt eye;numb

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: none

Diagnostic Lab Data:
bleeding time was 13 minutes

Previous Vaccinations: pt recv flu vax approx 8yr ago w/o adverse exp

Other Medications: NONE

Preexisting Conditions:
thimerosal allergy

VAERS ID 105509 **Vaccination Date:** 1996-11-22
Age 25.0 **Date filed:** 1998-01-06
Sex F **Where Administered:** PVT
State AZ **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2009A4	0	IM	A

Onset Date: 1996-11-23 **Days since Vaccination:** 1

Symptoms: ASTHMA URTICARIA

pt recv vax & 12hr post vax pt exp hives on face & on back;24hr post vax pt exp hives & wheezing;ER or MD visit was required;tx DPH;sx resolved over 2 days;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:
NONE

Preexisting Conditions:
hypersensitive to thimerosal, hypersensitive to yeast, skin allergies to ATB;

VAERS ID 112092 **Vaccination Date:** 0000-00-00
Age **Date filed:** 1998-06-25
Sex U **Where Administered:** OTH
State IL **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TD	LEDERLE			IM	

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: HYSN INJECT SITE INFLAM INJECT SITE

pt recv vax & devel redness & inflammation @ the site of vax;pt recovered;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: unk

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications: unk

Preexisting Conditions: poss sensitivity to thimerosal

VAERS ID 115995 **Vaccination Date:** 1998-06-26
Age 30.0 **Date filed:** 1998-12-01
Sex F **Where Administered:** OTH
State MN **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2398B6	0	IM	

Onset Date: 1998-06-27 **Days since Vaccination:** 1

Symptoms: NEURALGIA PAIN PAIN NECK

pt recv vax 26JUN98 & 27JUN98 pt devel neuralgia, neck pain & arm pain;MD visit was required;pt was not treated for the event;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Preexisting Conditions: allergic to thimerosal

VAERS ID 118322 **Vaccination Date:** 1999-01-14
Age 32.5 **Date filed:** 1999-01-27
Sex F **Where Administered:** OTH
State VA **Purchased by:** PUB

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2724A4	0	IM	LA

Onset Date: 1999-01-14 **Days since Vaccination:** 0

Symptoms: EDEMA PAIN URTICARIA

approx 2hr p/vax lt arm swelling, tenderness, hives on upper body, neck, face, DPH given 11AM w/relief of sx;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness: NONE

Diagnostic Lab Data: NA

Previous Vaccinations:

Other Medications:

NONE

Preexisting Conditions:

allergies to erythromycin, peach, fuzz, ?thimerosal

VAERS ID 119993 **Vaccination Date:** 1998-08-07
Age 40.7 **Date filed:** 1999-03-29
Sex F **Where Administered:** PUB
State IL **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	MSD	1283D	0	IM	

Onset Date: 1998-08-14 **Days since Vaccination:** 7

Symptoms: DIARRHEA

pt recv vax 7AUG98 & approx 1wk p/vax pt exp diarrhea which lasted 203wk;21AUG98 pt recovered from exp;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? No

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations: No relevant data;

Other Medications: unk

Preexisting Conditions:

thimerosal allergy

VAERS ID 126729 **Vaccination Date:** 1999-06-03
Age 44.0 **Date filed:** 1999-09-15
Sex F **Where Administered:** PVT
State MD **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	LYME	SMITHKLINE		0	IM	LA

Onset Date: 1999-06-05 **Days since Vaccination:** 2

Symptoms: RASH MAC PAP

p/vax pt devel a systemic hypersensitivity rxn of macular annular dermatitis & was dx w/Gianotti-Crosti synd;seen by dermatologist;tx w/pred;MD felt rxn r/t vax;

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

Previous Vaccinations:

Other Medications:

Synthroid;

Preexisting Conditions:

allergic to Bee Stings;allergic to Thimerosal, Poison Ivy Exposure, Thyroid cancer;

VAERS ID 126958 **Vaccination Date:** 1999-07-12
Age 25.8 **Date filed:** 1999-08-10
Sex F **Where Administered:** PVT
State OH **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	SMITHKLINE	2388A1	2		

Onset Date: 1999-07-14 **Days since Vaccination:** 2

Symptoms: DIZZINESS FEVER HYPOCALCEM HYPOPROTEINEM LDH INC NAUSEA PAIN BACK PALPITAT PETECHIA VASCULITIS

2 days p/recv vax pt exp nausea, fever (100-102f), palpitations, back pain, lightheadedness, and petechiae from her ankles to 2" above knees; p/tests pt dx w/vasculitis

Life Threatening Illness?
No

Died? No

Disability? No

Recovered? Yes

ER or Doctor Visit? Yes

Hospitalized? No

Current Illness:

Diagnostic Lab Data:

7/21/99- ALB 3.4; LDH 361; low calcium; 7/14/99- urine culture neg

Previous Vaccinations:

Other Medications:

Preexisting Conditions:

possibly allergic to thimerosal, sulfa allergy

VAERS ID 164782 **Vaccination Date:** 2000-12-06
Age 38.0 **Date filed:** 2001-01-25
Sex F **Where Administered:** PUB
State MI **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU		U0399EA	3	IM	RA

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes

Onset Date: 2000-12-07 **Days since Vaccination:** 1
Symptoms: RASH

One day post vax, the pt developed a rash on upper anterior and posterior chest. Treated with over the counter medications and then resolved.

Hospitalized? No
Current Illness: NONE
Diagnostic Lab Data: NONE
Previous Vaccinations:
Other Medications:
Preexisting Conditions: allergy to PCN, sulfa, Flagyl, Benadryl, Atarax, Thimerosal

VAERS ID 193466 **Vaccination Date:** 2002-11-15
Age 27.0 **Date filed:** 2002-11-17
Sex F **Where Administered:** PVT
State NC **Purchased by:** UNK

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	UNKNOWN MFR				
2	PPV	UNKNOWN MFR				

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No
Current Illness: none

Onset Date: 2002-11-16 **Days since Vaccination:** 1
Symptoms: CELLULITIS MASS INJECT SITE RASH

Symptoms: local erythema, induration at the injection site within 24 hours; followed by the progression of the erythema to include the entire dorsal surface the the left arm; PT was diagnosed with cellulitis and begun on keflex 500 mg po QID this evening by a local emergency room

Diagnostic Lab Data:
Previous Vaccinations:
Other Medications:
Preexisting Conditions: Asthma, allergy to thimerosal (not anaphylaxis)

VAERS ID 196419 **Vaccination Date:** 2002-06-13
Age 27.0 **Date filed:** 2003-01-17
Sex F **Where Administered:** OTH
State KS **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE	5213A2	1		

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No

Hospitalized? No
Current Illness:
Diagnostic Lab Data:

Previous Vaccinations:
Inject site reaction;Hep B (unknown mfr);;0;In Patient

Other Medications:
Ethinylloestradiol + norgestr (Ethinylloestradiol + Norgestrel)
Paracetamol

Preexisting Conditions:
Allergy to thimerosal, environmental allergy. A few yrs ago, the subject experienced the "same type of reaction" (red, pimply rash with some hives) following the receipt of a tuberculin (TB) skin test. The subject denied any tobacco use and

Onset Date: 2002-06-13 **Days since Vaccination:** 0

Symptoms: HYSN INJECT SITE INJECT SITE REACT RASH URTICARIA

This report describes the occurrence of an inject site reaction in a 27 y.o. female who received Hep B vaccine recombinant (Engerix-B). This report was received from the subject who is a pharmacist and has been medically confirmed. The subject's medical history included environmental allergies and allergy to thimerosal (1999). She denied any tobacco use and indicated that she is a social drinker (approximately one drink/month). The subject experienced a "similar type of reaction" (red, pimply rash with some

VAERS ID 196439 **Vaccination Date:** 1991-04-23
Age 46.0 **Date filed:** 2003-01-17
Sex F **Where Administered:** OTH
State PA **Purchased by:** OTH

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	HEP	GLAXOSMITHKLINE	630A4	0	IM	LA

Hospitalized? No
Current Illness: UNK
Diagnostic Lab Data: UNK

Onset Date: 1991-04-23 **Days since Vaccination:** 0
Symptoms: ALLERG REACT MYALGIA PAIN BACK
 PARESTHESIA SKIN DIS

Previous Vaccinations:
Other Medications:

A physician via Merck Pharmaceuticals reported the occurrence of an allergic reaction in a 46 y.o. female who was vaccinated with Hep B recombinant (Engerix-B) for prophylaxis. The subject had previously experienced an allergic reaction manifested by persistent eye redness to a contact lens solution containing thimerosal. She subsequently had to use a thimerosal-free solution. Concurrent medications were not specified. On 4/23/91 at 9:00, the vaccinee received her first injection of Engerix-B (lot ENG630A4;

Preexisting Conditions: The subject had previously experienced an allergic reaction manifested by persistent eye redness to a contact lens solution containing thimerosal. She subsequently had to use a thimerosal-free solution. Concurrent medications were not speci

VAERS ID 213783 **Vaccination Date:** 0000-00-00
Age 40.0 **Date filed:** 2003-12-10
Sex F **Where Administered:** PVT
State VT **Purchased by:** PVT

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	EVANS VACCINES	765873	0	IM	LA

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? No
ER or Doctor Visit? No
Hospitalized? No
Current Illness: NONE

Diagnostic Lab Data:
NONE

Previous Vaccinations:

Other Medications:
Wellbutrin; Prednisone;
Remeron; Neurontin;
Trazodone;

Preexisting Conditions:
History of allergy to
Thimerosal.

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: FEVER PAIN INJECT SITE

After injection about 8-12 hours, noted increased injection site soreness and fever.

VAERS ID 215719 **Vaccination Date:** 0000-00-00
Age 45.0 **Date filed:** 2004-01-28
Sex F **Where Administered:** PVT
State MI **Purchased by:** OTH

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	FLU	WYETH LABORATORI			IM	

Life Threatening Illness?
No
Died? No
Disability? No
Recovered? No

ER or Doctor Visit? No
Hospitalized? No

Current Illness: UNK

Diagnostic Lab Data: UNK

Previous Vaccinations:

Other Medications: NONE

Preexisting Conditions:
Allergies to cats, dogs and
dust mites. A patch test
performed by an allergist
determined that the pt was
allergic to thimerosal.

Onset Date: 0000-00-00 **Days since Vaccination:**

Symptoms: HYSN INJECT SITE INJECT SITE
REACT

On a 45 year old female pt received a dose Flu Shield on an unspecified date in November 2002. On an unspecified date in November, one day post-immunization, the pt developed an injection site reaction characterized by a "welt that lasted a few days." No additional info was available at the time of this report.

VAERS ID 250888 **Vaccination Date:** 2005-10-19
Age 55.0 **Date filed:** 2006-01-26
Sex M **Where Administered:** PVT
State NC **Purchased by:** OTH

Life Threatening Illness? No
Died? No
Disability? No
Recovered? Yes
ER or Doctor Visit? Yes
Hospitalized? No

	<u>Vaccinations</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Dose</u>	<u>Route</u>	<u>Site</u>
1	TD	MASS. PUB HLTH B	143		IM	LA

Current Illness: Recovering from GBS

Diagnostic Lab Data: Results of Labs from Oct 21,2005: Thyroid Peroxidase TPO (Ab) = 1048;Glucose 2hr Postprandial = 237mg/dl;A1C Hemoglobin = 6.5;TSH = 4.091=T4 = 7.2;T3 uptake = 31%;Free Thyroxine Index = 2.2

Onset Date: 2005-10-21 **Days since Vaccination:** 2
Symptoms: ASTHENIA FEVER HYPERTONIA NAUSEA SYNCOPE THYR DIS
 Patient reported that 2 days after receiving Td injection he lost consciousness in the doctor's office while getting his blood drawn for the glucose test. Muscle stiffness next day, slight fever, continued weakness and nausea. Patient and begun a fast the night of the immunization for a glucose test being administered days 2 and 3 post immunization. Follow up received on 11/15/05: Patient (who is also the reporter of the adverse event) was contacted for additional information. Patient said that thyroid abno

Previous Vaccinations:
Other Medications: Altace;Hydrochlorothiazide;Protonix
Preexisting Conditions: NSAID; Aspirin and thimerosal sensitivity