

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360012-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	07-Oct-2009	07-Oct-2009	0	08-Oct-2009	08-Oct-2009	NC		08-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Pyrexia

**Symptom Text:** Chills, fever of 101 F

**Other Meds:**

**Lab Data:**

**History:** Reflux of the kidneys, but mild and no longer in active treatment for it.

**Prex Illness:** Mild sore throat, no fever or other symptoms

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360113-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	08-Oct-2009	08-Oct-2009	0	09-Oct-2009	09-Oct-2009	AL		09-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	By Mouth	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash pruritic

**Symptom Text:** MY SON BROKE OUT IN WHAT APPEARED TO BE BUG BITES AND HE W AS REAL ITCHY THEN IT SPREAD FROM HIS NECK TO UNDERARMS CHEST SCALP STOMACH LEGS AND FEET

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360231-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	08-Oct-2009	08-Oct-2009	0	09-Oct-2009	28-Oct-2009	WA		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007649	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Flushing, Hypoaesthesia oral, Malaise, Palpitations, Throat tightness

**Symptom Text:** Within moments of vaccine administration, patient reported not feeling well, dizzy, wanted to lie down after lying down, feet elevated, she reported her throat feeling tight, face flushed, around mouth feeling numb, heart feeling fast. HR ED, BP 140/80 911 called, pt transported to Emerg Dept (went to hosp)

**Other Meds:** Birth control pills

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360288-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	08-Oct-2009	09-Oct-2009	1	09-Oct-2009	12-Oct-2009	OR		14-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	U3260DA	4	Right leg	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pyrexia

**Symptom Text:** 103.6 degree F fever

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360291-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	M	07-Oct-2009	08-Oct-2009	1	09-Oct-2009	12-Oct-2009	MO		12-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	DTAP FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Depressed mood, Fatigue, Feeling hot, Headache, Nasal congestion, Oropharyngeal pain, Pain, Pulmonary congestion

**Symptom Text:** General fatigue, body aches, feeling of fever (however none), nasal congestion, headache, sore throat, cough, lung congestion, and depressed mood.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360322-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	09-Oct-2009	09-Oct-2009	0	11-Oct-2009	12-Oct-2009	MD		12-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Burning sensation, Herpes simplex, Lip blister, Paraesthesia oral

**Symptom Text:** Lip tingling, burning, developed blister, HSV appearance w/no previous history of HSV outbreak. Next day, further HSV like lesions appeared on torso/back/buttocks/chest. Vaccine given was live flu mist.

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360327-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
23.0	F	10-Oct-2009	10-Oct-2009	0	11-Oct-2009	12-Oct-2009	IA		12-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Dyspnoea, Nausea, Vomiting

**Symptom Text:** Recieved h1n1 laiv around 12:15pm. At 4:30 I developed nausea and I vmitted four times. Nausea ended around 8pm. At around 8:30pm I noticed a sharp pain under right rib cage and I had difficulty breathing. This continued until 10:00pm

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360338-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	06-Oct-2009	08-Oct-2009	2	11-Oct-2009	14-Oct-2009	CA		14-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P		Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3205CA		Unknown	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Influenza, Pyrexia

**Symptom Text:** I took the 2009 H1N1 influenza vaccine (LAIV which is sprayed into the nose). After taking the vaccine, I have fever, cough and other symptoms as H1N1 flu.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** started on the evening of 10/08/2009

**Prex Vax Illns:** fever, cough and etc~Influenza (H1N1) (Influenza A (H1N1) 2009 Monovalent, Intranasal Spray)~~26.83~Patient



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360339-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
37.0	M	09-Oct-2009	10-Oct-2009	1	11-Oct-2009	12-Oct-2009	OR		12-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness, Ear infection, Eustachian tube dysfunction

**Symptom Text:** Stuffy head feeling. Eustacian tube dysfunction. Serous otitis. Dizziness. Syptoms resolved in 36 hours.

**Other Meds:**

**Lab Data:** N/A

**History:** No.

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360346-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	08-Oct-2009	09-Oct-2009	1	09-Oct-2009	12-Oct-2009	MA		12-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Headache, Nasal congestion, Oropharyngeal pain, Pyrexia, Rhinorrhoea, Vomiting

**Symptom Text:** Fever 101 10/8/09 during night followed by vomiting early AM 10/9/09; vomiting every hour. Also with nasal congestion, runny nose, sore throat and headache.

**Other Meds:** None

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360451-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
15.0	F	09-Oct-2009	10-Oct-2009	1	12-Oct-2009	12-Oct-2009	NC		13-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Fatigue, Headache, Hypoaesthesia, Oropharyngeal pain, Pain in extremity, Peripheral coldness, Pyrexia, Vomiting

**Symptom Text:** sudden sever headache followed by vomiting; numbness in hands followed by aching in arms which moved into legs; cold hands/feet; fever 101; administered acetaminophen; symptoms subsided after a few hours then returned the next day as extreme fatigue; cold hands;fever 101.5; treated with acetimenophen; symptoms subsided then changed by this morning to sore throat and chest with occasional mild cough, no sputnam. fever has not returned as of 11:05 am.

**Other Meds:** multivitamins and certizine hydrochloride 10 mg for seasonal hayfever

**Lab Data:** none

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360454-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
47.0	F	03-Oct-2009	07-Oct-2009	4	12-Oct-2009	12-Oct-2009	MD		15-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness postural

**Symptom Text:** Dizziness when changing positions - especially when getting up from lying down. Has lasted until today (Oct 12). I plan to call my primary doctor today.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360456-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	F	08-Oct-2009	10-Oct-2009	2	12-Oct-2009	12-Oct-2009	MN		30-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** HOSPITALIZED, SERIOUS

**MedDRA PT**

Anxiety, Asthenia, Chest pain, Chills, Condition aggravated, Cough, Dizziness, Dyspnoea, Headache, Influenza like illness, Nausea, Painful respiration, Pharyngeal erythema, Productive cough, Pyrexia, Respiratory distress, Respiratory rate increased, Rhinorrhoea, Sinus disorder, Sputum discoloured, Steroid therapy, Tachycardia, Vomiting

**Symptom Text:**

Please note that this individual is a HCW. Developed fever, SOB, N/V with coughing, headache. Initial episode of ILI began on 10/1 (out from work until 10/8. Saw physician 1 week ago (10/5) for follow-up after having been on Prednisone, Albuterol and Codiene cough medication and received clearance to return to work. Stated since receiving the H1N1 FluMist vaccine on 10/8 her symptoms worsened. 10/13/09 ED/Outpatient Clinic records received service dates 9/30/09 to 10/11/09 Assessment: H1N1 Suspected. Patient presents with fever, productive cough, weakness, chills, shortness of breath, runny nose, sinus drainage, hurts to breath, headache, vomiting. Mild erythema pharynx. Respiratory distress, rapid respiratory rate, tachycardia. 10/13/09 PCP medical records from 9/15/09 to 9/30/09 hospital records 10/11/09 to 10/13/09. Assessment: Influenza like illness. Patient presents with anxiety, productive cough with yellow sputum, fatigue. Dizzy spells. Chest pain. Admitted for influenza like illness, respiratory distress and tachycardia. Shortness of breath with activity. Head pain. 10/29/2009 Discharge summary received for DOS 10/11-10/12. Final DX not provided. Brief discharge summary noting multiple treatment meds including prednisone, Duoneb, and Tamiflu. Pateint to rtc in 5-10 days for follow-up

**Other Meds:**

**Lab Data:** 10/13/09 ED/Outpatient Clinic records received service dates 9/30/09 to 10/11/09 10/13/09 PCP medical records from 9/15/09 to 9/30/09 hospital records 10/11/09 to 10/13/09. LABS and DIAGNOSTICS: Rapid FLU A/B Antigen (-). CBC - WNL. CHEM

**History:** Employee neglected to share with vaccinator that she had been diagnosed with exercise induced asthma as a child. Screening tool was also used and this did not trigger acknowledgement of this history by the employee. 10/13/09 ED/Outpatient Clinic records received service dates 9/30/09 to 10/11/00. Postinfectious cough. Anxiety. Patient presented with runny nose, congestion, coughi

**Prex Illness:** HCW Employee had just ended a prescribed course of Prednisone on 10/5/09 and had recently been away from work (HCW) for approx.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360458-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	12-Oct-2009	12-Oct-2009	0	12-Oct-2009	12-Oct-2009	NC		12-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	
	FLU	NOVARTIS VACCINES AND DIAGNOSTICS	9721601	2	Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Hyperhidrosis, Pallor, Syncope

**Symptom Text:** diaphoresis, pallor and fainting within ~ 5 minutes of vaccination; rescue squad was called, child stabilized and mom chose not to go to ER via rescue

**Other Meds:**

**Lab Data:** 02 sat 99% at time of EMS assessment, left clinic ambulatory in no distress approximately 30 minutes from onset of sx.

**History:** No

**Prex Illness:** No, mom reported as healthy

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360520-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	F	09-Oct-2009	10-Oct-2009	1	12-Oct-2009	13-Oct-2009	MO		13-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	1	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Oropharyngeal pain, Pain, Pyrexia

**Symptom Text:** SORE THROAT, FEVER BODY ACHE, HEAD ACHE

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360526-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
46.0	F	11-Oct-2009	11-Oct-2009	0	13-Oct-2009	13-Oct-2009	WI		13-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	
	FLU	GLAXOSMITHKLINE BIOLOGICALS	AFLUA476AA	0	Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Hyperhidrosis, Paraesthesia oral, Pruritus, Wheezing

**Symptom Text:** Intense itching in areas of sweating. Arm Pits, groin, between breasts. Lip tingling and wheezing. Itching & wheezing relieved with benadryl. Itching continued with less severity for 36 hrs.

**Other Meds:** Prilosec, Synthroid, Vytorin, Zyrtec, Zolof

**Lab Data:**

**History:** GERD, Hypothyroid, Ragweed, tree & grass allergies

**Prex Illness:** NO

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360528-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	06-Oct-2009	06-Oct-2009	0	12-Oct-2009	13-Oct-2009	NY		13-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN	MEDIMMUNE VACCINES, INC.	500687P	0	Unknown	Unknown	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Nasal congestion, Rhinorrhoea

**Symptom Text:** Pt returned to clinic on 10/9/09 complaining of runny nose and cough for three days and was diagnosed with nasal congestion and

**Other Meds:**

**Lab Data:**

**History:** Well child visit - Pt has NKDA. Pt also with phimosis & dysuria on DOS.

**Prex Illness:** None documented

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360555-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
19.0	F	12-Oct-2004	12-Oct-2009	1826	13-Oct-2009	22-Oct-2009	WV		22-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dyspnoea, Ear discomfort, Feeling hot, Headache, Pruritus, Urticaria

**Symptom Text:** Developed headache, ears burning, hives on trunk, neck and head with itching. Felt hot and difficulty taking deep breath. Rx Famotidine 20 mg Atarax 50mg / Solumedrol 125 mg.

**Other Meds:**

**Lab Data:**

**History:** No allergies; Mitral Valve prolapse

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360588-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
55.0	F	13-Oct-2009	Unknown		13-Oct-2009	14-Oct-2009	CO		14-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** I gave vaccine that was indicated for 2-49 years of age. The client was a 55 year old healthcare worker working in our jail. Client will inform us about possible adverse events.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360622-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	M	07-Oct-2009	08-Oct-2009	1	13-Oct-2009	23-Oct-2009	TN		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Nausea, Vomiting

**Symptom Text:** Received INFLUENZA A H1N1 FLU MIST 10-7-09, next day had N/V for short period of time.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360627-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	07-Oct-2009	07-Oct-2009	0	13-Oct-2009	23-Oct-2009	TN		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Nausea, Vomiting

**Symptom Text:** Received H1N1 mist 10-7-09- started s/s of N/V- low grade temp that HS- improved next.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360656-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	F	09-Oct-2009	10-Oct-2009	1	13-Oct-2009	14-Oct-2009	UT		14-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Cough, Diarrhoea, Dysphonia, Nasal congestion, Oropharyngeal pain, Productive cough, Rhinorrhoea

**Symptom Text:** 10/09/09 4:00PM H1N1 Vaccine (Live, Attenuated) nasal spray administered. 10/10/09 Upon waking at 7:00AM noted coughing and sore throat. Temp. 99 range 10/11/09 Continued coughing and sore throat with hoarseness and diarrhea. Temp. 99 range. 10/12/09 Coughing, sore throat, hoarseness, diarrhea, with nasal congestion and runny nose. Temp.99 range 10/13/09 Cough has worsened and slightly productive, nasal congestion has worsened. Temp. 99 range. The following symptoms have subsided: sore throat and hoarseness. A visit to her doctor today as a precautionary. Continue to monitor symptoms.

**Other Meds:** No

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360692-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	10-Oct-2009	10-Oct-2009	0	13-Oct-2009	14-Oct-2009	WA		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Asthma, Chest discomfort, Condition aggravated, Cough, Dyspnoea, Headache, Nausea, Pain, Postnasal drip, Sneezing

**Symptom Text:** Began with post-nasal drip, then headache, sneezing. Over next 30 hours, progressed to severe headache with aches across chest and arms, nausea, 'adrenaline rush' sensation with tightening of chest and asthma symptoms-short of breath, cough, continued tight-chested feeling. So far, this has lasted through today, 10/13 at 1700. I will be seeing my own PCP tomorrow as symptoms have persisted.

**Other Meds:** None prior to vaccine.

**Lab Data:**

**History:** Very mild asthma that hasn't bothered me for the last 3 years or so, as long as allergies are kept under control. I had no symptoms until receiving the vaccination.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360696-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	13-Oct-2009	13-Oct-2009	0	13-Oct-2009	14-Oct-2009	OR	OR	21-Oct-2009
<b><u>VAX Detail:</u></b>	<b><u>Type</u></b>	<b><u>Manufacturer</u></b>		<b><u>Lot</u></b>	<b><u>Prev Doses</u></b>	<b><u>Site</u></b>	<b><u>Route</u></b>	<b><u>Other Vaccine</u></b>	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.		500751P		Unknown	Unknown		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Stomach cramping from 4:35-5:45 Vomiting at 5:45

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360699-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	F	09-Oct-2009	11-Oct-2009	2	14-Oct-2009	14-Oct-2009	SC		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal discomfort, Activities of daily living impaired, Chills, Cough, Headache, Influenza, Oropharyngeal pain, Pain, Postnasal drip, Pyrexia, Sinus congestion, Sneezing

**Symptom Text:** It started with sore throat and post nasal drainage the first night (10/11). The next day it progressed to sinus congestion, headache, cough, sneezing, sore throat. On 10/13 I had fever, chills, body aches, cough, sore throat, upset stomach. I started Tamiflu mid day on 10/13 after being tested. I did not have to work on 10/13 anyway, and am unable to work on 10/14 due to this illness. As a physician, I exposed my patients unknowingly on 10/12, and it is a huge inconvenience (to my patients and to my office) to have to miss work due to illness.

**Other Meds:** Zyrtec, Advair, Apri OCPs, glucosamine chondroitin, multivitamin

**Lab Data:** Influenza A +, Flu B neg

**History:** asthma, allergic rhinitis

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360786-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
47.0	M	12-Oct-2009	12-Oct-2009	0	14-Oct-2009	14-Oct-2009	NC		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Intramuscular	FLU

**Seriousness:** ER VISIT, LIFE THREATENING, SERIOUS

**MedDRA PT** Allergy to vaccine, Hypersensitivity, Pharyngeal oedema, Swollen tongue

**Symptom Text:** Throat and tongue swelling. I was treated in the ER for allergic reaction. Received IV benadryl, solumedrol and Tagamet. Released after 2 and one half hours. 10/14/09 ED records received service date 10/12/09. Assessment: Allergic reaction to FluMist. Patient complained of throat swelling. Later said he felt better and was discharged.

**Other Meds:**

**Lab Data:** 10/14/09 ED records received service date 10/12/09. LABS and DIAGNOSTICS: Puls Ox 100% Room Air.

**History:** none. 10/14/09 ED records received service date 10/12/09. Occasional alcohol use.

**Prex Illness:** no.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360874-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	M	13-Oct-2009	13-Oct-2009	0	14-Oct-2009	15-Oct-2009	TN		15-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness

**Symptom Text:** 10/13/09 MedImmune Flu Mist at 630PM. C/O dizziness shortly after. Observation: VS, P 84, R 20, B/P 130/80: Color good after having pt rest with cool cloth. He was able to stand and walk with steady gait. Refuse - 911 ask to allow friend to be called.

**Other Meds:** Unknown

**Lab Data:** Flu Mist Clinic

**History:** NKDA

**Prex Illness:** Brief dizziness

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360877-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	08-Oct-2009	12-Oct-2009	4	14-Oct-2009	14-Oct-2009	PA		14-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	MMR	MERCK & CO. INC.	0764Y	1	Left arm	Subcutaneously	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	
	DTAP	SANOFI PASTEUR	C3142AA	4	Left arm	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Eye pain, Headache, Lethargy, Pyrexia

**Symptom Text:** Woke up lethargic, with severe headache, and fever (Temp 101.5). Neck supple. Advised tylenol for H/A & fever. Called back for office visit that evening. Temp up to 102.5 oral with eye pain, head pain top & front of head.

**Other Meds:**

**Lab Data:**

**History:** None.

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360880-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	07-Oct-2009	08-Oct-2009	1	14-Oct-2009	15-Oct-2009	NE		15-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	UP002AA	7	Unknown	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pruritus, Urticaria

**Symptom Text:** Pt. had hives and itching approx. 5 hrs. post administration.

**Other Meds:** No

**Lab Data:** None

**History:** Penicillin & Sulfa

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360902-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	M	14-Oct-2009	14-Oct-2009	0	14-Oct-2009	15-Oct-2009	LA		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Flushing, Hyperhidrosis, Mechanical urticaria

**Symptom Text:** Sweating, flushing of face, and dermatographism treatment Benadryl and Motrin.

**Other Meds:**

**Lab Data:**

**History:** Rocephin; local reation to seasonal flu vaccine several years ago

**Prex Illness:** no

**Prex Vax Illns:** local reaction~Influenza (Seasonal) (no brand name)~-0.00~Patient

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360905-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
42.0	F	14-Oct-2009	14-Oct-2009	0	14-Oct-2009	15-Oct-2009	OR		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest discomfort, Chest pain, Dyspnoea

**Symptom Text:** shortness of breath, tightness in chest, pain in chest

**Other Meds:**

**Lab Data:**

**History:** None.

**Prex Illness:** None.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 360991-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	13-Oct-2009	13-Oct-2009	0	15-Oct-2009	28-Oct-2009	PA		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Croup infectious

**Symptom Text:** Croup symptoms - 12 hr after mist given with fever. Steroids given.

**Other Meds:**

**Lab Data:**

**History:** H/O Croup

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361015-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	M	Unknown	Unknown		15-Oct-2009	16-Oct-2009	OK		16-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	
	FLUN	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** No adverse event

**Symptom Text:** None. H1N1 nasal mist given same day as FLUMIST.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361016-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	Unknown	Unknown		15-Oct-2009	16-Oct-2009	OK		16-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	
	FLUN	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** No adverse event

**Symptom Text:** None. H1N1 nasal mist given same day as FLUMIST.

**Other Meds:** None

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361018-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
50.0	F	14-Oct-2009	14-Oct-2009	0	15-Oct-2009	16-Oct-2009	CA		16-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU	NOVARTIS VACCINES AND DIAGNOSTICS	960363P	0	Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, Rash

**Symptom Text:** Rash on neck, head, arms, and slightly on legs - began approx. 2 hours after vaccine was administered. No treatment given.

**Other Meds:** LIPITOR; Levothyroxine

**Lab Data:**

**History:** Hypothyroidism; Hyperlipidemia

**Prex Illness:** Back pain

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361024-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	13-Oct-2009	13-Oct-2009	0	15-Oct-2009	16-Oct-2009	KS		16-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Condition aggravated, Cough, Headache, Wheezing

**Symptom Text:** WHEEZING, HEAD ACHE, STOMACH ACHE AND COUGHING

**Other Meds:**

**Lab Data:** X RAYS SO FAR AND INHALER

**History:** none

**Prex Illness:** wheezing, and short of breath with head ache and stomach aches

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361049-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	07-Oct-2009	08-Oct-2009	1	15-Oct-2009	16-Oct-2009	CA		16-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	FLUN		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Anxiety

**Symptom Text:** SUDDEN ONSET ANXIETY

**Other Meds:**

**Lab Data:**

**History:** NO

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361065-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
44.0	U	15-Oct-2009	15-Oct-2009	0	15-Oct-2009	29-Oct-2009	AZ		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chest discomfort, Dyspnoea

**Symptom Text:** SOB, tightness in the chest

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361123-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	F	14-Oct-2009	15-Oct-2009	1	16-Oct-2009	19-Oct-2009	CA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Rash on both legs, arms, buttocks and waist. She was given Benadryl-D.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361124-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
45.0	F	15-Oct-2009	15-Oct-2009	0	16-Oct-2009	16-Oct-2009	WI		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Hypoaesthesia facial

**Symptom Text:** Right side of mouth to chin became red and numb. Over the next 10 minutes or so whole face, from eyes down became numb. No breathing problems. Numbness/redness lasted 4 hours then slowly subsided.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:** redness, swollen arm~Influenza (Seasonal) (Fluvirin)~~0.00~Patient



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361137-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	F	14-Oct-2009	14-Oct-2009	0	16-Oct-2009	29-Oct-2009	NY		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pruritus, Rash

**Symptom Text:** Pt c/o itching and rash from neck down to thighs for 3 hrs. Itching subsided, redness still present 48 hrs later. BENADRYL relieved itching. Denies any respiratory problems.

**Other Meds:** Depo-shot 1 1/2 months ago

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361140-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
45.0	F	15-Oct-2009	15-Oct-2009	0	16-Oct-2009	29-Oct-2009	NY		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash, Throat irritation

**Symptom Text:** c/o hives across trunk of body and scratchy throat- relieved by BENADRYL. 7 hrs later after receiving vaccine.

**Other Meds:**

**Lab Data:**

**History:** Allergy Penicillin, E-mycin, tetracycline, Sulfa and Celebrex

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361200-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	14-Oct-2009	15-Oct-2009	1	16-Oct-2009	16-Oct-2009	CA		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P		Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3205CA		Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pyrexia, Vomiting

**Symptom Text:** At dinner time child vomited and fever was 100 degree Fahrenheit. Mother gave Ibuprofen every 6 hours and fever continued off and on. This morning vomited again and fever went to 102 degree Fahrenheit.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361202-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	14-Oct-2009	14-Oct-2009	0	16-Oct-2009	16-Oct-2009	MA		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Respiratory distress, Wheezing

**Symptom Text:** Croupy cough/wheezing/respiratory distress

**Other Meds:**

**Lab Data:** Chest Xray with Right lower lobe infiltrate

**History:** History of febrile seizures

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361257-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	F	14-Oct-2009	15-Oct-2009	1	16-Oct-2009	19-Oct-2009	RI		19-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Hypersensitivity, Paraesthesia oral, Swelling face

**Symptom Text:** Pt was treated at Hasbro ER. Awaiting reports 10/18/09 Spoke with reporter's office. Seen for allergic rxn of facial swelling and itchy tongue and released on Benadryl

**Other Meds:**

**Lab Data:**

**History:** Recent labwork (9/09)revealed elevated lead level of 10..

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361259-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	14-Oct-2009	15-Oct-2009	1	16-Oct-2009	19-Oct-2009	PA		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives - Torso, neck, head, arms, legs. Initial treatment - Benadryl 25 mg. every 6 hrs. Symptoms worsened. Treated with prednisone 10mg. taper and Hydroxyzine 9 ml. every 8 hours

**Other Meds:** N/A

**Lab Data:** N/A

**History:** No Allergies MRSA

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361263-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
46.0	M	09-Oct-2009	12-Oct-2009	3	16-Oct-2009	19-Oct-2009	IL		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Malaise, Pain, Rhinorrhoea

**Symptom Text:** runny nose, headache that increased in intensity over 2 days, Body aches by 3rd day of symptoms with c/o malaise

**Other Meds:** vitamin, Fish oil

**Lab Data:** No testing-

**History:** minor-mold treated with OTC meds

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361270-1      **Related reports:** 361270-2

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	15-Oct-2009	15-Oct-2009	0	16-Oct-2009	30-Oct-2009	CT		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Croup infectious, Stridor

**Symptom Text:** 4 hours after vaccine -pt had severe strider - received EPONEPHRINE and ambulance transport to ED. Dx spasmodic croup

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** Upper respiratory

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361270-2 (S) **Related reports:** 361270-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	15-Oct-2009	15-Oct-2009	0	20-Oct-2009	22-Oct-2009	CT	500757PMEDIMMUNE	26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757	0	Unknown	Unknown	

**Seriousness:** ER VISIT, LIFE THREATENING, SERIOUS

**MedDRA PT** Condition aggravated, Cough, Croup infectious, Cyanosis, Dyspnoea, Stridor, Tachypnoea, Vomiting

**Symptom Text:** CROUP SOUNDING COUGH-WITHIN 3-5 MINUTES..HE COULD NOT BREATH,OR EVEN TRIED CRYING-HE WAS NOT ABLE TO GET AIR IN HIS LUNGS..TURNED ON SHOWER FOR STEAM, BUT TOO LATE FOR ANY RELIEF..STARTED TURNING BLUE/GRAY.ALSO VOMITTED GETTING INTO THE AMBULANCE...CALLED 911..HAD BEEN TAKEN BY AMBULANCE TO CLOSEST EMERGENCY FACILITY..IN ROUTE A MEDIC DID ADMINISTER A NEBULIZER TREATMENT-STARTED TO COME AROUND..DID HAVE 2 MORE TREATMENTS WHILE WE REMAINED AT THE CLINIC-ALSO DR. DID HAVE X-RAYS DONE TO CHECK FOR ANY OBSTRUCTION-NOTHING BUT SIGNS OF CROUP..WAITING FOR DR.S DECISION TO ADMIT HIM IN THE HOSPITAL OR DECIDE IF STABLE ENOUGH TO GO HOME...FINALLY WE WERE RELEASED TO GO HOME @ 6:00 AM FRIDAY MORNING TO FOLLOW-UP WITH OUR PEDIATRICIAN..PEDIATRICIAN DID PRESRIBE A STERIOD MEDICATION FOR 3 DAYS FOLLOWING..RYAN STILL HAS A COUGH (NOT CROUP SOUNDING) AT THIS POINT IN TIME. 10/23/2009 records from PCP and ED visit date 10/15/2009 received. Patient presented post vaccination with c/o's croupy cough, difficulty breathing, loud stridor, vomiting and tachypnea. Tx'd with O2, racemic Epinephrine neb, and oral Decadron with resolution of sx. Dx: Acute Croup

**Other Meds:**

**Lab Data:** XRAYS TAKEN @ CLINIC TO CHECK FOR OBSTRUCTIONS-N/A.. Lab : none Dx studies: CXR and Xrays of neck normal

**History:** NO PMH: Otitis Media Allergies: Bactrim and Keflex 10/22/09 PCP records service dates 9/7/09 to 10/7/09. PMH: Clear fluid from nares. Dizziness secondary from epistaxis.

**Prex Illness:** WOKE UP IN THE MORNING OF 10/15/09 WASLIGHT COUGH-NO FEVER-SENT TO SCHOOL-WAS OK ALL DAY-SO I WENT AHEAD WITH THE VACCINE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361275-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	14-Oct-2009	15-Oct-2009	1	16-Oct-2009	19-Oct-2009	AZ		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Diet refusal, Urine output decreased, Vomiting

**Symptom Text:** Temp of 99 degrees began on 10/15/2009, axillary temp in the am 10/16/2009 was 101.5 degrees farenheight, vomited x1 10/16/2009. No void over 18 hours, refused fluids. Seen in our office today 10/16/2009 for fluids. After 2 hours of pushing fluids pt voided.

**Other Meds:** none

**Lab Data:** None

**History:** No known allergies or chronic conditions

**Prex Illness:** None reported

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361281-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	09-Oct-2009	10-Oct-2009	1	16-Oct-2009	19-Oct-2009	WA		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Cough, Rhinorrhoea

**Symptom Text:** 102.5 F temp at highest, cough, runny nose

**Other Meds:** None

**Lab Data:** none

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361291-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	14-Oct-2009	14-Oct-2009	0	16-Oct-2009	19-Oct-2009	OK		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3210AA	0	Right arm	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Hallucination, visual, Headache, Muscle twitching, Nausea, Pain, Respiratory tract infection viral

**Symptom Text:** headache, body aches, and nausea; No fever, no vomiting on night of 10/14. s/s continued until 10/15, when child developed "twitching" and visual hallucinations of "dancing purple hearts" Child was taken to hospital ED 10/15, dx: "viral respiratory illness." Developed cough on 10/16. No congestion, No fever, No stiff neck, no diarrhea. Mother treating with tylenol.

**Other Meds:** tylenol

**Lab Data:** none known

**History:** none known

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361297-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	09-Oct-2009	14-Oct-2009	5	16-Oct-2009	19-Oct-2009	OR		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P		Unknown	Unknown	
	DTAP	SANOFI PASTEUR	C3141AA	2	Left leg	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** urticarial rash with no other likely precipitating cause. Treated with benedryl. No respiratory or GI symptoms.

**Other Meds:**

**Lab Data:** none

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361302-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	M	16-Oct-2009	16-Oct-2009	0	16-Oct-2009	19-Oct-2009	WI		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Aphonia, Chest discomfort, Dysphagia, Dyspnoea, Muscular weakness, Oropharyngeal pain, Throat tightness

**Symptom Text:** It got harder to swallow food and drink not due to pain but muscle weakness but I did have a slight sore throat. Then at about 2:00 PM after I woke up I had lost my voice and when I try to talk or if I cough it is very hard to get air out it almost feels like my throat is swollen and a heavy pressure on my chest or lungs(when I take a breath my air movement is good) it is just when I talk or cough. My throat does not bother me at all any more today. I have not seen a Dr. as of yet but I will go in if I do not get better in the next day or two or instructed by you.

**Other Meds:** Baclofen 10mg 3x a day Lyrica 75mg 4x a day

**Lab Data:**

**History:** Cervical Dystonia

**Prex Illness:** Seasonal Allergies

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361325-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	F	15-Oct-2009	15-Oct-2009	0	18-Oct-2009	19-Oct-2009	CA		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Vomiting

**Symptom Text:** Diarrhea around 7:30 PM, then at 1:00 AM vomiting, followed by 2 other days of diarrhea. So far, diarrhea continues.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361328-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
15.0	M	15-Oct-2009	16-Oct-2009	1	18-Oct-2009	19-Oct-2009	OR		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Cough, Pain, Pyrexia

**Symptom Text:** coughing, fever (102.5), chills, achy

**Other Meds:** none

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361332-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	17-Oct-2009	17-Oct-2009	0	18-Oct-2009	19-Oct-2009	AZ		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	By Mouth	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain, Asthenia, Chills, Cough, Dyspnoea, Headache, Myalgia, Nasal congestion, Oropharyngeal pain, Pyrexia

**Symptom Text:** Headache, Cough, fever, shortness of breath, weakness, nasal congestion, sore throat, fever and chills, abdominal pain, muscle aches

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361343-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	F	13-Oct-2009	15-Oct-2009	2	18-Oct-2009	19-Oct-2009	FL		19-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pruritus, Rash erythematous, Rash pruritic, Urticaria

**Symptom Text:** Symptoms started Thursday night 10/15 with itchy legs, feet and hands during the night, no rash identified. After the second night(Friday 10/16), small faint red bumps appeared on lower legs. Sunday morning 10/18 woke to severly itchy rash/hives all over legs, feet, arms, hands and belly. Gave dose of benadryl @ 12:10 pm. At this point, almost 3 hours later (2:40 pm) rash and hives are gone. Do not know if they will return after Benadryl wears off.

**Other Meds:** Focalin XR 10 MG Capsules once daily

**Lab Data:**

**History:** None

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361353-1 (D)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	08-Oct-2009	14-Oct-2009	6	16-Oct-2009	19-Oct-2009	CA		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOPI PASTEUR	U3203AA	2	Left arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** DIED, SERIOUS

**MedDRA PT** Apnoea, Cardiac arrest, Chills, Death, Lividity, Lung consolidation, Mydriasis, Pallor, Pupil fixed, Resuscitation

**Symptom Text:** None Stated. On 10/19/09, the PCP stated that coroner called him and told him that he found consolidation of the lungs on autopsy. Autopsy report is not complete yet. 10/20/09 ER records received service date 10/14/09. Assessment: Cardiac arrest. CPR initiated. Pupils fixed and dilated. Apnea, pale. Rigor, lividity. 10/22/09 PCP /Nursing medical records received, service dates 11/11/03 to 10/14/09. Assessment: Death. Office staff unable to contact patient's family, eventually visited patient's home. learned that patient was found dead at home and taken to ER.

**Other Meds:** None

**Lab Data:** CBC: 2.5, 7.5, 21.3, 207; Sed rate 125. 10/20/09 ER records received service date 10/14/09. LABS and Diagnostics: EEG - Asystole. CHEM - Glucose 107 mg/dL (H) Calcium 3.5 mg/dL (L) Albumin 3.4 g/dL (L) Alk Phos 170 U/L (L). CBC - WBC 2.5

**History:** H/O Leukemia 2002; Down's Syndrome. 10/22/09 PCP /Nursing medical records received, service dates 11/11/03 to 10/14/09. Down Syndrome. Cough, fever. Frequent colds. Discharge from eyes. Vomiting and diarrhea. Lymphadenopathy. Foot pain. CBC abnormal.

**Prex Illness:** Limping

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361426-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
46.0	F	16-Oct-2009	18-Oct-2009	2	19-Oct-2009	20-Oct-2009	VA		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug eruption, Rash erythematous, Rash macular

**Symptom Text:** Noticed diffuse macular red rash/drug eruption rash over entire trunk, lower extremities and some on arms. Also on neck and around hair line.

**Other Meds:**

**Lab Data:**

**History:** allergy to sulfa no other medical conditions

**Prex Illness:** not ill

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361430-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	F	18-Oct-2009	19-Oct-2009	1	19-Oct-2009	20-Oct-2009	PA		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Severe stomach pains and vomiting. Vomited 12 times within 2 hours. Severe stomach pains subsided after 1.5 hour, but vomiting continued. Stomach pains so severe that she was writhing on the floor and in bed. After 3 hours, no additional vomiting or pains.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361454-1      **Related reports:** 361454-2

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.3	F	19-Oct-2009	Unknown		19-Oct-2009	20-Oct-2009	GA		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	
	DTAP	SANOFI PASTEUR	U2470BA	3	Left leg	Intramuscular	
	FLU	SANOFI PASTEUR	U3260AA	0	Right leg	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** vaccine administered to a 15 month old. vaccine licensed for 24 month and up. No adverse reaction at this time

**Other Meds:** MOTHER DENIES

**Lab Data:** none at this time

**History:** mother denies

**Prex Illness:** mother denies

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361454-2      **Related reports:** 361454-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.3	F	19-Oct-2009	19-Oct-2009	0	19-Oct-2009	20-Oct-2009	GA		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	
	DTAP	SANOFI PASTEUR	U2470BA	3	Left leg	Intramuscular	
	FLU	SANOFI PASTEUR	U3260AA	0	Right leg	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** H1N1 INFLUENZA ADMINISTERED TO 15 MONTH OLD. LICENSED FOR 24 MONTH'S AND UP. NO ADVERSE SYMPTOMS AT THIS TIME.

**Other Meds:** MOTHER DENIES

**Lab Data:** NONE AT THIS TIME

**History:** MOTHER DENIES

**Prex Illness:** MOTHER DENIES

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361493-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	15-Oct-2009	15-Oct-2009	0	19-Oct-2009	20-Oct-2009	KS		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chest discomfort, Wheezing

**Symptom Text:** Tightness of chest, wheezing

**Other Meds:**

**Lab Data:** patient failed to mention had history of egg allergy

**History:** history of asthma

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361494-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
49.0	M	15-Oct-2009	16-Oct-2009	1	19-Oct-2009	20-Oct-2009	MT		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Tinnitus

**Symptom Text:** Left Ear tinnitus

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361499-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	16-Oct-2009	19-Oct-2009	3	19-Oct-2009	20-Oct-2009	VA		20-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	UNKNOWN	0	Unknown	Unknown	FLUN		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Inappropriate schedule of drug administration, Pyrexia, Respiratory tract congestion

**Symptom Text:** PT WITH FEVER, CONGESTION, STOMACH ACHE. MOM REALIZED THAT PATIENT HAD RECEIVED FLUMIST IN OUR OFFICE ON 10/02/2009 AND THEN RECEIVED THE H1N1 MIST AT SCHOOL THROUGH THE HEALTH DEPARTMENT ON 10/16/2009. MOM HAD SIGNED PERMIT TO GIVE AND ANSWERED THE QUESTION ABOUT LIVE VACCINE IN THE LAST 30 DAYS INCORRECTLY.

**Other Meds:**

**Lab Data:** NONE

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361523-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	16-Oct-2009	17-Oct-2009	1	19-Oct-2009	20-Oct-2009	MI		20-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500779P		Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chills, Myalgia, Oedema peripheral, Pain, Vomiting, Wheezing

**Symptom Text:** vomiting x4 from 1:00 - 6:00am, muscle aches to whole body 8:30am, chills, no fever 11-17-09, 10-18-09 c/o pain to hands, arms legs feet & lower back. 10-19-09 swelling noted to all extrimites, wheezing started 6:00am.

**Other Meds:**

**Lab Data:** influenza A & B neg strep test neg

**History:** allergic to sulfa

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361532-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	18-Oct-2009	19-Oct-2009	1	19-Oct-2009	20-Oct-2009	OH		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764 P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Nausea, Vomiting

**Symptom Text:** Diarrhea, Nausea, Vomiting

**Other Meds:** Ortho tricyclin

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361563-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	F	16-Oct-2009	17-Oct-2009	1	19-Oct-2009	29-Oct-2009	WA		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	GLAXOSMITHKLINE BIOLOGICALS	AFLLA283AA	1	Left arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Fatigue, Headache, Hot flush, Nausea

**Symptom Text:** Nausea, headache, fatigue, hot flashes-(no actual fever), diarrhea. No treatment required.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361578-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	15-Oct-2009	15-Oct-2009	0	19-Oct-2009	20-Oct-2009	MI		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	50751P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pruritus, Rash erythematous, Rash macular

**Symptom Text:** Had a rash that started on her legs with intense itching. The rash was very red and blotchy (she said it looked strange), somewhat raised. It moved up to her neck and back. She asked her boss, who is a physician and he gave her an allergy medication. She did not know the name. She did say it was not Benadryl. She said she had the rash for a couple of days and continued to take the medication for that time. She has no known allergies

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361586-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	15-Oct-2009	18-Oct-2009	3	19-Oct-2009	20-Oct-2009	CA		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash pruritic, Urticaria

**Symptom Text:** 4 y/o previously healthy boy with history of erythema multiforme reaction to penicillin (3/16/09) took H1N1 FLUMIST 10/15/09 and developed itchy hive like rash 10/18/09. Seen in clinic 10/19 for hives (some almost erythema multiforme appearing).

**Other Meds:** None

**Lab Data:**

**History:** Erythema multiforme reaction to penicillin 3/16/09, resolved

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361590-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	15-Oct-2009	15-Oct-2009	0	19-Oct-2009	20-Oct-2009	NJ		20-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives on arms. Advised mother to give benadryl and call if no better. No shortness of breath, no vomiting. Hives went away after one dose of benadryl.

**Other Meds:** Tums chewable was also given on the same day.

**Lab Data:** none

**History:** none

**Prex Illness:** patient had a stomach ache, but no nausea, vomiting or fever.

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361591-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	15-Oct-2009	16-Oct-2009	1	19-Oct-2009	20-Oct-2009	NJ		20-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Fatigue, Pyrexia, Sneezing

**Symptom Text:** Fever up to 102, cough, sneezing, fatigue. Advised to give motrin, watch symptoms. Call if any changes

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361617-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
15.0	F	14-Oct-2009	18-Oct-2009	4	20-Oct-2009	21-Oct-2009	NJ		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Burning sensation, Cough, Lung disorder, Throat irritation

**Symptom Text:** patient began complaining of throat burning, lungs burning that feels like after she is running. She also has a dry cough. No fever. Asked mother to just monitor symptoms, and let us know if they don't resolve or they get worse.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361620-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
53.0	F	17-Oct-2009	17-Oct-2009	0	20-Oct-2009	21-Oct-2009	SC		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Heart rate increased, Inappropriate schedule of drug administration, Urticaria

**Symptom Text:** Redness, increased heart rate, slight hives

**Other Meds:** birth control

**Lab Data:**

**History:** kidney stone

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361636-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	F	16-Oct-2009	17-Oct-2009	1	20-Oct-2009	21-Oct-2009	NC		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Fall, Muscular weakness

**Symptom Text:** On October 17 & 18 had 5 episodes where my knees went weak & felt like jelly causing me to fall to the ground. Only lasted a few seconds & there was no numbness at all. Just felt like jelly and gave out. Called local hospital (I was out of town) and talked to Doc on call. Told me if it got worse to come to ED otherwise report the employer as possible reaction to H1N1 vaccine.

**Other Meds:** MIRTIPINE; DISIPTIMINE; ORTHO TRI CYCLIN

**Lab Data:**

**History:** Coarctation of aorta; VSD

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361638-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
20.0	F	14-Oct-2009	Unknown		20-Oct-2009	21-Oct-2009	TN		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug exposure during pregnancy

**Symptom Text:** H1N1 mist was provided to pt during early pregnancy. Provider was not aware pt. was pregnant at the time she administered vaccine. Pt. not "late" on menstrual cycle at time of administration.

**Other Meds:** FLEXERIL

**Lab Data:**

**History:** None

**Prex Illness:** None except unknown pregnancy

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361646-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.9	F	09-Oct-2009	Unknown		20-Oct-2009	21-Oct-2009	UT		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** Mother documented wrong age & incorrect DOB. Child was too young not two years old.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361647-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	12-Oct-2009	13-Oct-2009	1	20-Oct-2009	21-Oct-2009	CA		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Pyrexia, Respiratory tract congestion

**Symptom Text:** Developed 103-104 fever 12-16 hours after receiving H1N1 vaccine (live). Also has cough & congestion. No treatment other than symptomatic treatment with TYLENOL/ADVIL, fids, etc. Sibling given H1N1 same day. No fever until 4 days after receiving vaccine.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361654-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
66.0	F	14-Oct-2009	Unknown		20-Oct-2009	21-Oct-2009	GA		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** None.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361660-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	12-Oct-2009	12-Oct-2009	0	20-Oct-2009	22-Oct-2009	OR		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Hyperhidrosis, Pallor

**Symptom Text:** 915 gave patient H1N1 spray - while giving sibling N/S H1N1 I noticed patient very pale - complained of stomach ache - laid down & put cool cloth on forehead - BP 90/60, HR-80 - diaphoretic - T-97.4 ax. 9:30 recovered & went home. Mom thought anxiety attack.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361665-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	F	15-Oct-2009	16-Oct-2009	1	20-Oct-2009	21-Oct-2009	MI		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Pain, Pyrexia

**Symptom Text:** fever, body aches weak

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361666-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	16-Oct-2009	16-Oct-2009	0	20-Oct-2009	21-Oct-2009	NC		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Pyrexia, Vomiting

**Symptom Text:** Began with fever after receiving H1N1 intranasal vaccine on Friday, fever 103 Monday, 10/19, vomiting began Tuesday, 10/20--referred to pediatrician for eval.

**Other Meds:** None reported, mom denied reactions to prior vaccinations

**Lab Data:**

**History:** None reported

**Prex Illness:** None reported, mom denied asthma or wheezing last 12 mos.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361669-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
20.0	M	19-Oct-2009	19-Oct-2009	0	20-Oct-2009	21-Oct-2009	NE		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Syncope

**Symptom Text:** Syncopal episode lasting approx. 30 seconds. BP 80/40. P 40. Given PO fluids and carbohydrate snack, elevated feet. VS stable within 5 minutes (116/70, P 64).

**Other Meds:**

**Lab Data:**

**History:** sports induced asthma as a child

**Prex Illness:** Headache, no fever-later discovered hadn't eaten since breakfast

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361671-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	15-Oct-2009	15-Oct-2009	0	20-Oct-2009	21-Oct-2009	VA		21-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness, Feeling abnormal, Feeling cold, Feeling hot, Syncope

**Symptom Text:** 11:50AM felt hot after receiving FLUMIST then lightheaded and dizzy at 12:10pm fainted when she awoke after about 2-3 minutes felt "out of it" very cold B/P 118/84, P 80. Laid on table did not get up on her own until 2:30pm.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361684-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	15-Oct-2009	15-Oct-2009	0	20-Oct-2009	21-Oct-2009	MT		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Productive cough, Pyrexia

**Symptom Text:** Low grade Fever (not taken with a thermometer). Had a cough productive of small amount of sputum

**Other Meds:** No regular medications

**Lab Data:** None

**History:** Viral induced asthma about once a year

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361688-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	16-Oct-2009	16-Oct-2009	0	20-Oct-2009	21-Oct-2009	CA		21-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Increased upper airway secretion, Nasal congestion, Nasopharyngitis

**Symptom Text:** By the time we went to swim class at 4:30 his nose was significantly congested! HE RECEIVED THE NASAL VACCINE, NOT NEEDLE. By 10/17/09 he seemed to have a moderate cold. By 10/19/09 he had a pretty bad cough (I could hear phlegm in his lungs). He still has this cough which wakes him at night today, 10/20/09. He has only had coughs twice in his life. He generally develops cold symptoms without cough. He's never had a flu in his life. I think this moderate to severe cold with cough is directly related to the nasal vaccine. He has had no fever so far, but it is 4 days after the vaccine, and he's still sick. I thought this was worth reporting, since it is causing pretty bad coughing.

**Other Meds:** It is important to note my son has NEVER had even mild syptoms following a vaccine of any kind. That is why I think this is signifigant.

**Lab Data:**

**History:** None

**Prex Illness:** None whatsoever!

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361696-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	20-Oct-2009	20-Oct-2009	0	20-Oct-2009	22-Oct-2009	GA		22-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis, Haematemesis

**Symptom Text:** Pt began to have a severe nosebleed. Pt also began to vomit clots of blood. Provider applied Neosynephrine to a cotton ball and packed pt nose.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** N/a

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361723-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	16-Oct-2009	19-Oct-2009	3	20-Oct-2009	22-Oct-2009	--		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	50759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal discomfort, Fatigue, Pyrexia

**Symptom Text:** Fever, stomach discomfort and fatigue

**Other Meds:**

**Lab Data:**

**History:** Fine Mmtor delay

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361763-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
16.0	M	14-Oct-2009	17-Oct-2009	3	20-Oct-2009	30-Oct-2009	MA		31-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Headache, Oropharyngeal pain, Pyrexia, Vomiting

**Symptom Text:** About 3 days after H1N1 Flu Vax he developed cough sore throat headache, and active fever. He also vomited 3 times with no diarrhea.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361843-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	14-Oct-2009	16-Oct-2009	2	20-Oct-2009	31-Oct-2009	CA		01-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	
	HEPA	GLAXOSMITHKLINE BIOLOGICALS	AHAVB286AA	1	Right arm	Unknown	
	HIBV	SANOFI PASTEUR	UF577AA	3	Left arm	Unknown	
	VARCEL	MERCK & CO. INC.	0228Y	0	Right arm	Subcutaneously	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pyrexia, Rash

**Symptom Text:** Rash on torso, fever.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361844-1 (S)    **Related reports:** 361844-2

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
38.0	F	17-Oct-2009	17-Oct-2009	0	20-Oct-2009	26-Oct-2009	IA		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P		Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Chest discomfort, Fatigue, Headache, Influenza serology negative, Pain, Pyrexia, Vomiting

**Symptom Text:** Received intranasal vaccine-4 hrs later began to get a headache and chest discomfort as well as achy all over. Fever 102-103. Headache became severe. Aches all over, fatigued, vomiting. Has not been around ill people-no one in household ill. Her rapid test for Influenza was negative for A and B.

**Other Meds:** CYMBALTA; LYRICA-stopped using; multivitamin

**Lab Data:** WBC-3.7;blood c/s-negative; UA-clear; chloride 107

**History:** Fibromyalgia; hx MVA; 3 C-sections

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361844-2 (S)    **Related reports:** 361844-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
38.0	F	16-Oct-2009	17-Oct-2009	1	23-Oct-2009	28-Oct-2009	IA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P		Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Cough, Dyspnoea, Ocular hyperaemia, Pyrexia

**Symptom Text:** Fever 102 degrees, cough, shortness of breath & red eyes.

**Other Meds:** CYMBALTA; Multivitamin

**Lab Data:** Influenza A antigen - negative; Influenza B antigen - negative

**History:** Fibromyalgia

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361848-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
41.0	M	19-Oct-2009	20-Oct-2009	1	20-Oct-2009	22-Oct-2009	OH		22-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500779P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Hypoaesthesia oral

**Symptom Text:** Awoke with numbness of upper lip states"like when you have dental work"

**Other Meds:**

**Lab Data:** unknown has not gotten medical attention at this time.

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361852-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	16-Oct-2009	Unknown		20-Oct-2009	03-Nov-2009	MA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3185AA	0	Unknown	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination

**Symptom Text:** Pt given live, attenuated nasal spray vaccine with PMH of positive HIV

**Other Meds:** LEVAQUIN; ZOMIG

**Lab Data:** HIV disease; CD8%=62; CD4=504; Viral load=pending

**History:** HIV+; migraine

**Prex Illness:** Cold sts

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361855-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
36.0	F	20-Oct-2009	20-Oct-2009	0	20-Oct-2009	22-Oct-2009	IL		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Dysphagia, Pharyngeal oedema, Swollen tongue

**Symptom Text:** Swelling of throat and tongue, coughing, difficulty swallowing.

**Other Meds:** None

**Lab Data:** x-ray completed to check airway, soft tissue and wnl per Dr Othman Jibril.

**History:** Seasonal allergies

**Prex Illness:** No

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361860-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	10-Oct-2009	18-Oct-2009	8	20-Oct-2009	21-Oct-2009	CA		21-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Parotid gland enlargement, Pyrexia, Salivary gland pain

**Symptom Text:** 36 hours ago PT began with (R) parotid swelling and pain, also has fever 102.2.

**Other Meds:**

**Lab Data:** Physical exam ENT referral pending

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361872-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	M	12-Oct-2009	15-Oct-2009	3	20-Oct-2009	22-Oct-2009	CA		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Hypersensitivity, Swelling face

**Symptom Text:** SEVERE ALLERGIC REACTION ETIOLOGY UNKNOW. sEVERE SWELLING OF FACE. sEEN IN THE ER.

**Other Meds:**

**Lab Data:** no

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361876-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	12-Oct-2009	15-Oct-2009	3	20-Oct-2009	03-Nov-2009	AZ		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Paraesthesia

**Symptom Text:** Tingling in hands and feet (interment)last sx 10/20/09

**Other Meds:**

**Lab Data:**

**History:** shingles, Bell's Palsy

**Prex Illness:** Seasonal allergies

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361948-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	13-Oct-2009	15-Oct-2009	2	21-Oct-2009	22-Oct-2009	NH		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pyrexia

**Symptom Text:** SHE GOT A FEVER ON 10/15. THE FEVER GOT UP TO 104. LASTED UNTIL 10/17. SHE WAS ADVISED TO GO TO THE EMERGENCY ROOM ON 10/17 BY DR., BUT HER FEVER RESOLVED LATER THAT DAY. SHE IS NOW AFEBRILE AS OF 10/17.

**Other Meds:**

**Lab Data:**

**History:** SHE WAS HEALTHY AT TIME OF H1N1 MIST.

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361957-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	19-Oct-2009	20-Oct-2009	1	21-Oct-2009	22-Oct-2009	FL		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash maculo-papular, Rash pruritic

**Symptom Text:** Itchy rash over entire body (maculopapular)Rx: Orapred 2 1/2 tsp day one, 1 1/2 tsp qd days 2 thru 5, Bendryl 1 tsp q4-6hrs for 24 hours, oatmeal baths

**Other Meds:**

**Lab Data:** None done

**History:** Milk allergy, rash from Zyrtec

**Prex Illness:** Finishing antibiotic for ecoli in urine?

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361968-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	13-Oct-2009	13-Oct-2009	0	21-Oct-2009	03-Nov-2009	PA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Croup infectious, Pyrexia

**Symptom Text:** Croup symptoms - 12 hr after MIST given with fever. Steroids given.

**Other Meds:**

**Lab Data:**

**History:** H/O croup

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361970-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
36.0	F	14-Oct-2009	14-Oct-2009	0	21-Oct-2009	03-Nov-2009	CO		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500571P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pruritus, Urticaria

**Symptom Text:** This health care worker developed small patches of hives on her arm app 4 hrs after receiving the flu mist-the next day hives were on her chest, thighs, neck, back, face. Itching relieved with an anti-histamine-reddened areas remained.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361987-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	06-Oct-2009	14-Oct-2009	8	21-Oct-2009	22-Oct-2009	OK		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Wheezing

**Symptom Text:** Coughing and wheezing

**Other Meds:**

**Lab Data:** unknown

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361988-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	13-Oct-2009	18-Oct-2009	5	21-Oct-2009	22-Oct-2009	VT		22-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	UT32531A	2	Left leg	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Wheezing

**Symptom Text:** Awoke Wheezing with no previous hx. Given Albuterol Nebulizer treatment and sent home with a machine. Went to ER later that day with increased symptoms

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 361993-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	14-Oct-2009	14-Oct-2009	0	21-Oct-2009	22-Oct-2009	SC		22-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dyspnoea, Headache, Heart rate increased, Pharyngeal oedema

**Symptom Text:** Client received H1N1 Nasal Mist in am. C/O swelling in throat, SOB, headache, heart beating fast. Advised to get someone to take her to ER. TC from client @ 4pm - she went to ER, MD advised use of OTC Benadryl and return to ER if breathing worsened or swelling in throat increased. To be off work Wednesday and Thursday.

**Other Meds:**

**Lab Data:** Heart Monitor @ ER

**History:** No.

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362036-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	M	14-Oct-2009	14-Oct-2009	0	21-Oct-2009	23-Oct-2009	SC		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dehydration, Dizziness, Flank pain, Headache, Nausea, Pain, Visual field defect, Vomiting

**Symptom Text:** Beginning with headache, progressing to severe headache with dizziness and c/o of bilateral flank pain. After 2 days patient returned to work on night shift and symptoms returned and worsened over subsequent 2 nights of work. On 6th day after administration headache/dizziness was so severe patient experienced vomiting and loss of visual field. Pt was taken to ER by spouse. Treated for dehydration, nausea and pain. Returned home after treatment. Received prescriptions for pain, dizziness and nausea. Instructed by ER to remain off work x 3 days.

**Other Meds:** Xanax

**Lab Data:**

**History:** OTC treatment of reflux.

**Prex Illness:** No illness, but patient was very fatigued for just switching to night shift. (Deputy Sheriff vaccinated after first night on du

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362053-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.1	M	15-Oct-2009	15-Oct-2009	0	21-Oct-2009	23-Oct-2009	PA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, Rash erythematous, Rash macular, Urticaria

**Symptom Text:** Very Large red blotchy Hives

**Other Meds:**

**Lab Data:** none to date (10/21/09)

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362059-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	F	16-Oct-2009	16-Oct-2009	0	21-Oct-2009	23-Oct-2009	TX		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Flushing, Immediate post-injection reaction, Paraesthesia

**Symptom Text:** C/O FACIAL FLUSHING IMMEDIATELY AFTER RECEIVING H1N1 FLUMIST. C/OLIGHTHEADEDNESS AND DIZZINESS FOR A FEW HOURS. ALSO C/O TINGLING BEHIND EARS AND NECK AREA.

**Other Meds:**

**Lab Data:** NONE

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362061-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	15-Oct-2009	19-Oct-2009	4	21-Oct-2009	23-Oct-2009	IA		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Burning sensation, Erythema, Pyrexia, Rash, Rash macular, Swelling face, Urticaria

**Symptom Text:** Symptoms first noted upon getting out of bed on 10/19/09. Symptoms were not present upon going to bed the night before. When I woke up on 10/19/09 I had a rash to my face & neck. I also had facial swelling & urticaria. I was running a low grade fever (100 - 100.7). My face & neck felt like it was burning. It was very red & blotchy. I began taking Benadryl which did help alleviate some of the symptoms. On 10/20/09 I was given Kenalog 40 mg IM. As of today, I still have some facial swelling & I still have the rash to my face & neck though it appears to be slowly resolving.

**Other Meds:** chlorpheniramine 4 mg daily Phentermine 37.5 mg daily

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362066-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	11-Oct-2009	11-Oct-2009	0	21-Oct-2009	23-Oct-2009	IN		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Computerised tomogram normal, Condition aggravated, Hypoaesthesia, Hypoaesthesia oral, Migraine, No reaction on previous exposure to drug, Visual field defect, Visual impairment

**Symptom Text:** I am an RN & received the H1N1 Flumist vaccine while at work. Approx. 1 1/2 hrs after receiving vaccine, vision in my rt. eye was affected (wavy lines, loss of peripheral vision, pieces of field of vision "missing"). This lasted for approx. 30 minutes. I went to the ER because I felt like I was going to lose vision in my rt. eye. Approx. an hour after vision issues resolved, my lips & rt. arm became completely numb; this lasted for several minutes then resolved. A head CT was done, which was normal, but no other treatment was necessary. In 2004, I was diagnosed with atypical migraine (no headache but had temporary stroke-like symptoms similar to this episode) but had had no issues in the last 5 years. I followed up with a neurologist on 10/20/09 & he believes I just had another atypical migraine, but with the length of time since the last episode & the timing of this episode so soon after receiving the vaccine, we felt it should be reported, just in case. I typically receive the injectable seasonal flu vaccine & haven't had any issues.

**Other Meds:** Ambien hs prn

**Lab Data:**

**History:** atypical migraine

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362069-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	F	15-Oct-2009	15-Oct-2009	0	21-Oct-2009	23-Oct-2009	GA		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P		Unknown	Unknown	FLU		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Pyrexia

**Symptom Text:** Mother called clinic stating child has had diarrhea and fever since receiving H1N1 flu mist and seasonal flu vaccine on 10/15/09.

**Other Meds:**

**Lab Data:** none

**History:** ANAL STENOSIS

**Prex Illness:** NONE

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362073-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	15-Oct-2009	15-Oct-2009	0	21-Oct-2009	23-Oct-2009	MI		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Corneal abrasion, Eye irritation, Eye pain, Eye pruritus, Eye swelling, Headache, Ocular hyperaemia, Pyrexia

**Symptom Text:** Eyes were very irritated and they hurt. Took out contacts and eyes continued to hurt. Next am, eyes slightly swollen and very red. She did not wear her contacts. She wore her glasses. While she was driving to work her eyes swelled shut. Had a severe HA and called her sister to get her and take her to urgent care. Was seen at Urgent care and was given Motrin 800 mg, and Nasocort nose spray. She had to have a patch because the itching was so intense that she scratched her cornea. By Oct 18th her symptoms subsided. She did say she had a fever of 101 in the urgent care. She did not have a fever before receiving the vaccine. The doctor she saw said she may have had the H1N1 virus in her system and the vaccine made it worse.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362084-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	21-Oct-2009	21-Oct-2009	0	21-Oct-2009	23-Oct-2009	VA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	UNKNOWN	0	Unknown	Unknown	FLUN(H1N1)

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** No adverse event

**Symptom Text:** PT RECEIVED SEASONAL FLUMIST IN OUR OFFICE ON 10-03-2009 AND RECEIVED THE H1N1 VACCINE AT THEIR SCHOOL TODAY 10/21/2009. NO SYMPTOMS AS YET

**Other Meds:** NONE

**Lab Data:** NONE

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362088-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
47.0	F	09-Oct-2009	10-Oct-2009	1	21-Oct-2009	23-Oct-2009	TN		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Ear pain, Headache, Oropharyngeal blistering, Oropharyngeal pain, Sinus headache

**Symptom Text:** Sore throat (blisters), ear and sinus pain, headache, cough.

**Other Meds:**

**Lab Data:** N/A

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362091-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
41.0	F	19-Oct-2009	Unknown		21-Oct-2009	23-Oct-2009	CO		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** No adverse event

**Symptom Text:** None

**Other Meds:**

**Lab Data:**

**History:** NIDDM

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362097-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	10-Oct-2009	16-Oct-2009	6	21-Oct-2009	23-Oct-2009	MA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Arthralgia, Back pain, Constipation, Vomiting

**Symptom Text:** Child vomitted on pillow in the middle of night, early morning started complaining of stomach ache. Next day, child still complained of stomach ache then complained of back ache. Took child to the doctor on Monday, 10/19, doctor diagnosed stomach pain due to constipation prescribed enema and laxative. Treatment administered but child still complaining of stomach pain, back pain and as of 10/20, knee pain on left knee.

**Other Meds:** None

**Lab Data:**

**History:** None known

**Prex Illness:** None known

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362103-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	M	21-Oct-2009	21-Oct-2009	0	21-Oct-2009	23-Oct-2009	CT		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Vomiting

**Symptom Text:** violent vomitting

**Other Meds:**

**Lab Data:**

**History:** hyperlipidemia, HTN

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362105-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	F	15-Oct-2009	21-Oct-2009	6	21-Oct-2009	23-Oct-2009	WA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	U3212AA	1	Right arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** hives starting at wrists and then progressing through day to include arms, legs and neck. No respiratory difficulty or swelling of lips or tongue.

**Other Meds:**

**Lab Data:**

**History:** seasonal allergies

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362107-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	20-Oct-2009	21-Oct-2009	1	21-Oct-2009	23-Oct-2009	UT		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** rash on face

**Other Meds:** Floride

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362108-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	17-Oct-2009	18-Oct-2009	1	22-Oct-2009	23-Oct-2009	AZ		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Dyspnoea, Fatigue, Rhinorrhoea

**Symptom Text:** Began on 10/18 as normal side effects (cough, runny nose). Slowly progressed into more severe symptoms during the next few days. As of 10/21/09, symptoms include difficulty breathing accompanied by a cough as well as fatigue.

**Other Meds:**

**Lab Data:** Results known 10/22/09

**History:** No diagnosed allergies or health conditions

**Prex Illness:** Stomatitis of the mouth x 2 weeks prior to vaccination, no recent fever,

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362109-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	22-Oct-2009	22-Oct-2009	0	22-Oct-2009	23-Oct-2009	PA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Balance disorder, Disorientation, Dizziness, Pallor

**Symptom Text:** light-headed, dizzy, slighty disoriented, pale, weak kneed, unbalanced. Began to diminish at 0440

**Other Meds:** zantac, lexapro, lamictal, clonazepam, wellbutrin XL

**Lab Data:**

**History:** OCD, depression, anxiety

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362168-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	20-Oct-2009	21-Oct-2009	1	22-Oct-2009	23-Oct-2009	TN		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Respiratory tract congestion

**Symptom Text:** Headache, severe congestion and cough

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362187-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	11-Oct-2009	11-Oct-2009	0	22-Oct-2009	23-Oct-2009	AZ		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Anxiety, Headache, No reaction on previous exposure to drug, Oropharyngeal pain, Palpitations, Rash, Rash erythematous, Sinus congestion, Urticaria, Vaccination complication, Viral pharyngitis

**Symptom Text:** palpitations, urticaria to neck area, anxiety. 10/26/09 ED medical records received service date 10/11/09. Assessment: Adverse reaction H1N1 flu vaccination. Patient presents with sudden onset of hives, anxiety, palpitations and an erythematous rash across the neck. No problems with other flu vaccinations. 10/23/09 PCP medical records service dates 10/08/09 to 10/23/09. (Includes additional ED visits.) Most recent assessment: Viral pharyngitis. Sorethroat, headache, sinus congestion.

**Other Meds:** miracle mouthwash

**Lab Data:** EKG - normal

**History:** allergies to Vioxx, amoxicillin, flexril, tramadol, naproxyn. 10/23/09 PCP medical records service dates 10/08/09 to 10/23/09. Wound care - toenail avulsion. Ingrown toenail. Injection of tendon sheath. Strapping of ankle. Viral pharyngitis. Viral enteritis. Acute sinusitis.

**Prex Illness:** None reported.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362194-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	14-Oct-2009	18-Oct-2009	4	22-Oct-2009	23-Oct-2009	MO		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Body temperature increased, Pyrexia

**Symptom Text:** Pt started with temperature of 101, then by Tuesday Am 10/20/09 fever up to 104.

**Other Meds:**

**Lab Data:** Pt parent took him to the Dr on Monday 10/19/09 and again on Tuesday 10/20/09

**History:** asthma and occas wheezing episodes

**Prex Illness:** no problems when being vaccinated

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362199-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
43.0	M	21-Oct-2009	21-Oct-2009	0	22-Oct-2009	23-Oct-2009	CT		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Accidental exposure, Lacrimation increased

**Symptom Text:** Nurse inadvertently sprayed part of 2nd half dose of Monovalent Flu Mist onto the patient's right side of face. Nurse told patient to immediately wash face. Patient complied. Patient returned to work and changed his shirt. He also took out disposable contact lens, rinsed and replaced it. His eye then became teary. Patient reported it to his supervisor and then called us (the health department.) This morning about 10 AM, patient reports to having no problems. He reports conjunctiva is not reddened or weepy. Patient was told to contact his eye doctor or his regular physician if he had any further problems.

**Other Meds:**

**Lab Data:** None

**History:** Wears Contact Lenses

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362230-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
10.0	F	13-Oct-2009	14-Oct-2009	1	22-Oct-2009	23-Oct-2009	SC		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Pyrexia

**Symptom Text:** Patient received H1N1 flu nasal mist on 10/13/09 at 3:30pm. Patient developed a high fever of 104 degrees on 10/14/09 and was seen by the doctor on 10/14/09. Doctor prescribed CHILDRENS TYLENOL for fever. Fever did go away, but now the patient has developed a cough. Doctor is just monitoring the cough.

**Other Meds:** STRATTERA-25mg/2 daily; CHILDRENS TYLENOL-as needed

**Lab Data:**

**History:** ADD

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362260-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
52.0	M	21-Oct-2009	Unknown		22-Oct-2009	23-Oct-2009	WA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500739P	3	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** PT GIVEN H1N1 MIST THOUGH TOO OLD/NO KNOWN REACTION

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NO

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362262-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	21-Oct-2009	21-Oct-2009	0	22-Oct-2009	23-Oct-2009	IN		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	HEP	GLAXOSMITHKLINE BIOLOGICALS	AHBVB729AA	3	Left leg	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Headache, Pyrexia, Vomiting

**Symptom Text:** severe headache, vomiting, fever 102.8. Sent to ER for assessment.

**Other Meds:** none

**Lab Data:** none

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362278-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	21-Oct-2009	21-Oct-2009	0	22-Oct-2009	23-Oct-2009	GA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis

**Symptom Text:** Gave INFLUENZA A H1N1 vaccine nasal mist. Child was very calm. Nosebleed began within 30-60 sec after spray adm. Nosebleed stopped within 10 mins.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362286-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	F	06-Aug-1988	22-Oct-2009	7747	22-Oct-2009	23-Oct-2009	PA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	1	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Feeling hot, Syncope

**Symptom Text:** BECAME HOT AND DIZZY STOOD UP AND FAINTED

**Other Meds:**

**Lab Data:** UNKNOWN AT THIS TIME

**History:** None

**Prex Illness:** No illness reported

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362287-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	F	19-Oct-2009	19-Oct-2009	0	22-Oct-2009	23-Oct-2009	PA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Oropharyngeal pain, Pain, Respiratory tract congestion, Rhinorrhoea

**Symptom Text:** body ache same day as nose dose. followed in succesion by runny nose, conjestion, chills, sore throat, worse body aches

**Other Meds:**

**Lab Data:**

**History:** seasonal allergies

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362298-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
44.0	F	15-Oct-2009	15-Oct-2009	0	22-Oct-2009	23-Oct-2009	--		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea, Heart rate increased

**Symptom Text:** SHRORTNESS OF BREATH AND RAPID HEARTBEAT

**Other Meds:** NONE

**Lab Data:** NONE

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362307-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	M	15-Oct-2009	15-Oct-2009	0	22-Oct-2009	23-Oct-2009	AZ		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Influenza like illness, Rash generalised, Tonsillitis

**Symptom Text:** Tonsillitis, flu-like symptoms, generalized rash.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362308-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	21-Oct-2009	22-Oct-2009	1	22-Oct-2009	23-Oct-2009	IA		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500783P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pruritus generalised, Urticaria

**Symptom Text:** Mother reports hives next day, hands and head. Itchy all over-given BENADRYL antihistamine and helped symptoms.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362309-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
16.0	F	21-Oct-2009	Unknown		22-Oct-2009	23-Oct-2009	TN		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	50075P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** INFLUENZA A H1N1 mist vaccine given to pt who is pregnant.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362310-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	21-Oct-2009	Unknown		22-Oct-2009	23-Oct-2009	TN		23-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	1	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination

**Symptom Text:** 2009 INFLUENZA A H1N1, live, attenuated by Medimmune Lot 500757P Exp. 1-25-10 was administered to child with history of VSD/pacemaker.

**Other Meds:**

**Lab Data:**

**History:** VSD/pacemaker

**Prex Illness:** Ventricular septal defect/pacemaker

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362312-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	10-Oct-2009	19-Oct-2009	9	22-Oct-2009	23-Oct-2009	IL		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Bacterial test negative, Urticaria, White blood cell count normal

**Symptom Text:** Hives on entire body - no place not covered with hives - treated initially with Benadryl at home without success and went to the ER on 10-20-09 at 8:30am 10/23/09 ED records received service date 10/20/09. Assesment: Urticaria. Patient presents with generalized hives.

**Other Meds:**

**Lab Data:** Blood tests done for mycoplasm, pneumonia and strep - all of which were negative. WBC count was within normal limits. Treated with steroids and antihistamines. Contact made later with primary care physician. 10/23/09 ED records received

**History:** Eczema

**Prex Illness:** No illness

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362324-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	21-Oct-2009	21-Oct-2009	0	22-Oct-2009	23-Oct-2009	NY		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Dysphagia, Dysphonia, Headache, Pyrexia, Skin warm, Throat tightness, Urticaria

**Symptom Text:** Patient received the Flu Mist around 4:45 PM approximately 15 minutes later stated that her head and face were hot and started to break out in hives and voice became raspy. Hotness on head and face was coming and going along with hives. Approximately 9:30 PM was starting to have difficulty with swallowing and was light-headed and seek medical attention at ER. Patient was treated with Benadryl 50 mg and an injection of Solu-Medrol. Then sent home to rest. Patient was able to return to work on 10/22/09. 10/26/09: Emergency Department Records received for date of service 10/22/09. Assessment: Developed throat tightness and hives after nasal H1N1 flu vaccine. Presented to the ED with c/o fever, headache and hives as well as some residual throat tightness. Medicated with Solu-medrol IM. Discharged to home feeling better, will take Benadryl PRN.

**Other Meds:** None. 10/26/09: Emergency

**Lab Data:** 10/26/09: Emergency Department Records received for date of service 10/22/09. Labs and diagnostics: None.

**History:** Allergies to medications Reglan and Epi-Pen Allergy foods soy and ginger. Department Records received for date of service 10/22/09. PMH: Allergy to Reglan, Droperidol and Epinephrine.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362325-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.1	M	19-Oct-2009	Unknown		22-Oct-2009	23-Oct-2009	WA		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** There has been NO ADVERSE EVENTS FROM THIS IMMUNIZATION.

**Other Meds:** NONE

**Lab Data:** NONE

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362330-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	20-Oct-2009	Unknown		22-Oct-2009	23-Oct-2009	CT		23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** No adverse event

**Symptom Text:** NO ADVERSE EVENT

**Other Meds:** ALLEGRA, PRENATAL VITAMINS

**Lab Data:** N/A

**History:** PREGNANCY

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362333-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
17.0	F	13-Oct-2009	14-Oct-2009	1	22-Oct-2009	23-Oct-2009	CA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Cough, Fatigue, Oropharyngeal pain, Pyrexia

**Symptom Text:** Patient had acute cough, fever, sore throat,chills, and fatigue.

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362338-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	F	22-Oct-2009	22-Oct-2009	0	22-Oct-2009	23-Oct-2009	CO		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy, No adverse event

**Symptom Text:** No adverse symptoms. Flumist given instead of injectable H1N1 to pregnant client H1N1 - pregnancy 11/2/09: Prenatal records received for dates of service 7/27/09 to 10/28/09. Dx: Pregnant pt. at 29 weeks gestation received LAIV H1N1 vaccine EDD: 1/5/10 Assessment: As above.

**Other Meds:**

**Lab Data:** 11/2/09: Prenatal records received for dates of service 7/27/09 to 10/28/09. Labs and Diagnostics: Fetal Heart Rate on 10/28/09 150.

**History:** pregnancy (2nd or 3rd trimester). 11/2/09: Prenatal records received for dates of service 7/27/09 to 10/28/09. PMH: Pregnancy, GDM, Depression, GBS+, Abnormal PAP

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362343-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	22-Oct-2009	22-Oct-2009	0	22-Oct-2009	23-Oct-2009	OR		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	HIBV	SANOFI PASTEUR	UF696AB	3	Left leg	Intramuscular	
	FLU	SANOFI PASTEUR	U3263CA	2	Left leg	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abasia

**Symptom Text:** unable to walk

**Other Meds:** Fluoride

**Lab Data:** child has been referred to ER at the time of this reporting so I am not able to determine what his final outcome is at this time. parent was advised to call 911 and have the ambulance transport them to hospital.

**History:** history of intussusception history of infectious enteritis

**Prex Illness:** none reported by mother

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362345-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	22-Oct-2009	22-Oct-2009	0	22-Oct-2009	23-Oct-2009	IL	IL	23-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness, Headache

**Symptom Text:** dizziness, bad headache that lasted all day

**Other Meds:** neurontin, baclofen, zoloft, ditropan xl, elavil, microgestin, daily multi-vitamin, cranberry pills

**Lab Data:**

**History:** C5/C6 incomplete quadriplegic. allergic to bactrim and latex.

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362354-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	F	07-Oct-2009	12-Oct-2009	5	22-Oct-2009	23-Oct-2009	CA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	43212AA	1	Unknown	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759F	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives on face.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362355-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	10-Oct-2009	20-Oct-2009	10	22-Oct-2009	23-Oct-2009	KS		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Petechiae

**Symptom Text:** On 10/20/09, patient reported that she had noted petechiae on her abdomen & upper chest while showering (before coming to work). She contacted facility & was advised to seek medical care from her physician. Saw patient on 10/21 & again told to pursue care through her physician. She works as RN on pediatric unit, received H1N1 vaccine as part of campaign for health care workers.

**Other Meds:**

**Lab Data:** None available to nurse.

**History:** None known (for allergies) per patient

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362357-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
34.0	M	21-Oct-2009	21-Oct-2009	0	22-Oct-2009	23-Oct-2009	WA		30-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Allergy to vaccine, Anaphylactic reaction, Anxiety, Balance disorder, Chest discomfort, Dyspnoea, Gait disturbance, Immediate post-injection reaction, Musculoskeletal discomfort, Oxygen saturation decreased, Sinusitis, Speech disorder, Tachycardia, Throat tightness, Vomiting

**Symptom Text:** 5 minutes after administration of nasal monovalent H1N1, developed imbalance gait, tachycardia, increased BP, decreased PO2 (90-92%), tightening of throat, decreased ability to speak. RX in ER-IV BENADRYL, ranitidine, PREDNISON PO. 10/27/09 Dermatology consult (includes dermatology ER visit) received service dates 1/1/94 to 10/27/09. Assessment: Allergic to Nasal H1N1 flu vaccine. Anaphylaxis. Sinusitis. Patient c/o throat tightness, lost balance, anxious. Tightness in shoulders, vomited. 10/29/09 ED records received service date 10/21/09. Assessment: Allergic to Nasal H1N1 flu vaccine. Anaphylaxis. Sinusitis. Patient presents with shortness of breath and chest tightness which began within 10 minutes of vaccination.

**Other Meds:**

**Lab Data:** EKG done. BP 149/90, (N. 123/74)

**History:** Herpes stomatitis. Mouth and throat pain with fevers and sore throat. Tightness around head, cough, sinus pressure, bronchitis. Chronic hand dermatitis. Chronic paronychia. Childhood asthma.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362359-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	13-Oct-2009	16-Oct-2009	3	22-Oct-2009	23-Oct-2009	AZ		25-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Vomiting

**Symptom Text:** Vomited x1. "Appears to be recovering" per mother.

**Other Meds:** None

**Lab Data:**

**History:** None known

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362360-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	13-Oct-2009	16-Oct-2009	3	22-Oct-2009	23-Oct-2009	AZ		25-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007609P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Vomiting

**Symptom Text:** Vomiting-Saturday 3/17 x2 in AM. Diarrhea since Friday PM (denies blood in stool).

**Other Meds:** None

**Lab Data:**

**History:** None known

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362397-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
49.0	F	20-Oct-2009	20-Oct-2009	0	23-Oct-2009	23-Oct-2009	IN		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Blood pressure increased, Body temperature increased, Hyperhidrosis, Tremor

**Symptom Text:** Arms and hands started shaking 15 minutes later. Started sweating, started at 4:00ish. BP elevated, increased temp. Seen ER - BENADRYL given IV helped.

**Other Meds:** DARVO CET prn not taken in 2 weeks

**Lab Data:** Cardiac markers x2; EKG x2

**History:** No x-ray dye had reaction; NKDA; disc disease

**Prex Illness:** None noted

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362403-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	20-Oct-2009	23-Oct-2009	3	23-Oct-2009	23-Oct-2009	CA		23-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	UNKNOWN MANUFACTURER	NULL		Unknown	Unknown	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Pyrexia

**Symptom Text:** FEVER, RUSH IN THE BODY. NEO-MELUBRINA

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362411-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
65.0	F	20-Oct-2009	Unknown		23-Oct-2009	23-Oct-2009	OR		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** Patient received the H1N1 live virus through the nose. She is 65 year of age with a long term health problem.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362412-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
64.0	F	20-Oct-2009	Unknown		23-Oct-2009	23-Oct-2009	OR		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** Patient received the H1N1 live virus through the nose. She is 64 years of age with a long term health problem.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362418-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	F	15-Oct-2009	18-Oct-2009	3	23-Oct-2009	23-Oct-2009	WI		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest pain, Chills, Dizziness, Fatigue, Myalgia, Pleuritic pain, Pyrexia, Syncope

**Symptom Text:** Fatigue, Dizzy, syncope x 3, pleuritic chest pain, chills, fever 99.7 and myalgias

**Other Meds:**

**Lab Data:** none

**History:** Mild asthma

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362423-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
37.0	F	20-Oct-2009	20-Oct-2009	0	23-Oct-2009	23-Oct-2009	TN		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	1	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dyspnoea, Panic attack, Syncope

**Symptom Text:** taken to local E.R. after receiving HINI nasal mist.syncope episode @ home.discharged home the same day.clinical impression @ hospital panic attack,episode of dyspnea,syncope.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362430-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	21-Oct-2009	21-Oct-2009	0	23-Oct-2009	23-Oct-2009	NC		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500745P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis

**Symptom Text:** Child had a spontaneous bloody nose on the way home from the clinic.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362447-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
43.0	F	23-Oct-2009	23-Oct-2009	0	23-Oct-2009	23-Oct-2009	SC		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pruritus, Rash

**Symptom Text:** Rash upper left chest and bilateral ears with itching.

**Other Meds:**

**Lab Data:** Received Claritin 10 PO in Employee Health

**History:** None

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362517-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
34.0	M	21-Oct-2009	21-Oct-2009	0	23-Oct-2009	23-Oct-2009	WA		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P		Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Dyspnoea, Hyperhidrosis, Hypertension, Palpitations, Tachycardia, Vomiting

**Symptom Text:** Plae, lightheadness, diaphoretic, dizzy, difficulty breathing, heart palpitations, tachycardia, hypertension, vomiting

**Other Meds:**

**Lab Data:** CBC and Chem 7

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362520-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	22-Oct-2009	22-Oct-2009	0	23-Oct-2009	23-Oct-2009	OH		25-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash erythematous, Rash papular, Rash pruritic, Skin irritation

**Symptom Text:** Small, Red, rash from head to toe. Some spots are slightly raised. It does itch in spots, but not all over all the time. Skin seems to be somewhat hypersensitive. PO benadryl didn't help

**Other Meds:** Augmentin for x2wks for bacterial cold

**Lab Data:**

**History:** None

**Prex Illness:** minor cold

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362527-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
34.0	F	23-Oct-2009	23-Oct-2009	0	23-Oct-2009	23-Oct-2009	WI		25-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Facial pain, Swelling face

**Symptom Text:** Swelling in both cheeks and soreness about 15 minutes after H1N1 Flu Mist. Started resolving within 15 minutes. Took 50 mg oral benadryl and reported event to Employee Health Services

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362574-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	21-Oct-2009	23-Oct-2009	2	23-Oct-2009	26-Oct-2009	NV		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea, Pyrexia, Rash, Respiratory rate increased

**Symptom Text:** short fast breathing, temperature 100, small patches of rash on skin. Gave Motrin and fever reduced. Fever did come back at about 11:30 AM. Called Dr office for suggestion but no response yet

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362585-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	F	17-Oct-2009	17-Oct-2009	0	23-Oct-2009	26-Oct-2009	NJ		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Tongue disorder, Urticaria

**Symptom Text:** Approx. 1.5 hours after administration, child a red tongue and hives on tongue. Parent consulted with private physician who advised anbesol topically. The next morning, approx. 18 hours after intra-nasal administration, signs and symptoms were gone. Parent notified our department today, 10/23/2009.

**Other Meds:**

**Lab Data:** None

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362590-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	M	14-Oct-2009	21-Oct-2009	7	23-Oct-2009	28-Oct-2009	GA		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Abasia, Blood creatine phosphokinase increased, Body temperature increased

**Symptom Text:** Infection control nurse from hosp reported child admitted 10/22/09 temp 99.6, unable to walk, CPK - 3362. Reports 10/23 temp 99.3, CPK - 1165, moving all extremities (states she is unaware of ambulatory status).

**Other Meds:**

**Lab Data:** See CPK results above.

**History:** None known

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362595-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
12.0	M	21-Oct-2009	22-Oct-2009	1	23-Oct-2009	26-Oct-2009	FL		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	HEPA	GLAXOSMITHKLINE BIOLOGICALS	AHAVB312AA	0	Right arm	Intramuscular	
	VARCEL	MERCK & CO. INC.	09997Y	1	Left arm	Subcutaneously	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P		Unknown	Unknown	
	TDAP	GLAXOSMITHKLINE BIOLOGICALS	AC52B037AA	0	Left arm	Intramuscular	
	MNQ	SANOFI PASTEUR	U3012AA	0	Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Injection site erythema, Injection site pain

**Symptom Text:** MOTHER REPORTS SON PRESENTED COMPLAINTS OF TENDERNESS OF LDT WITH REDNESS MEASURING APPROX AT TIME OF REPORTING 30 MM X 40 MM SURROUNDED BY LARGE REDDNESS AREA. NO OPEN AREAS NOTED. MOTHER/CHILD DENIES ANY SOB OR DYSYPNEA; OR CHEST PAIN. NO HISTORY OF ASTHMA. MOTHER REPORTS THAT SHE GAVE CHILD 1 ALEVE FOR COMPLAINT OF HEADACHE ON 10/22/09 AT APPROX 4 PM AFTER RETURN FROM SCHOOL. CHILD RECEIVED VZV ON 10/21 AND WAS INSTRUCTED NOT AVOID USE OF ASA OR MOTRIN PRODUCT BY VACCINE ADMINISTRATOR, RN AT TIME OF ADMINISTRATION. MOTHER REPORTS REDNESS TO BEGIN YESTERDAY EVENING

**Other Meds:** NO MEDICATIONS AT TIME OF VACCINATION

**Lab Data:** NONE

**History:** MOTHER REPORTS HISTORY OF ALLERGY TO POLLEN AND DUST.

**Prex Illness:** MOTHER DENIES ANY CONCURRENT ILLNESS AT TIME OF VACCINATION

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362604-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	F	23-Oct-2009	23-Oct-2009	0	23-Oct-2009	26-Oct-2009	MO		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Pallor, Pruritus, Swollen tongue, Urticaria

**Symptom Text:** Hives over entire body, around eyes, pale. Intense itching. Tongue swollen. She chose to take 75mg of diphenhydramine without our knowledge.

**Other Meds:** Note: Patient received seasonal LAIV on 09/21/2009 without incident.

**Lab Data:**

**History:** Allergies

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362605-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
46.0	F	22-Oct-2009	22-Oct-2009	0	23-Oct-2009	26-Oct-2009	WI		27-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Headache, Malaise, Nausea

**Symptom Text:** By 2:30 she was developing a HA which continued to worsen despite lying down and taking 2 Advil. Within an hour HA rated up to a 10 and she developed chills and nausea. Contacted the nurse Advisor Line. Took 12.5 mg oral benadryl and able to sleep a little. By 7:00pm starting to improve. Took another Advil and went to bed. Up at 5:am this morning and feeling fine. She reports has not gotten any flu vaccine for last 15 years when she had an injectable vaccine and 2 days later had fever and chills and malaise lasting 4 days.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362609-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	19-Oct-2009	19-Oct-2009	0	23-Oct-2009	26-Oct-2009	CA		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Lymphadenopathy, Pruritus, Rash

**Symptom Text:** headache, rash on face/itching, Rt side lymphnode below ear swelling. Pt. does not has history of egg allergy

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362610-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	F	21-Oct-2009	21-Oct-2009	0	23-Oct-2009	26-Oct-2009	DC		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Hypersensitivity, Urticaria

**Symptom Text:** patient informed this office of an allergic reaction on 10/23/09. She reported mild hives. She was given allegra-D by her own MD. On 10/23/09 she was examined and she still had hives present. She was instructed to continue Allegra-D in the am and Benedryl hs. She will follow in 2 days

**Other Meds:**

**Lab Data:**

**History:** PCN, Amoxicillin, cipro

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362615-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	20-Oct-2009	20-Oct-2009	0	23-Oct-2009	26-Oct-2009	CA		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Pharyngitis, Pyrexia

**Symptom Text:** high fever/cough/pharyngitis/treated with tamiflu

**Other Meds:**

**Lab Data:** none

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362616-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	20-Oct-2009	20-Oct-2009	0	23-Oct-2009	26-Oct-2009	CA		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Pyrexia

**Symptom Text:** high fever/cough/tamiflu given/zithromax given

**Other Meds:**

**Lab Data:** none

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362617-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	23-Oct-2009	23-Oct-2009	0	23-Oct-2009	26-Oct-2009	OR		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3177BA	0	Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis

**Symptom Text:** Bloody nose within 15 minutes of administration

**Other Meds:** none

**Lab Data:** None

**History:** Still's heart murmur, seasonal allergies

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362621-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	F	15-Oct-2009	16-Oct-2009	1	23-Oct-2009	26-Oct-2009	WA		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Headache, Oropharyngeal pain, Pyrexia

**Symptom Text:** fever to 101.1, head ache, sore throat, cough

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362626-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	19-Oct-2009	21-Oct-2009	2	23-Oct-2009	26-Oct-2009	CO	CO	27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abnormal behaviour, Crying, Hypersomnia

**Symptom Text:** 10/21 - Happy then sudden, inconsolable, and persistent crying for no apparent reason for 1 hour in the afternoon which is unlike his normal, calm behavior. When he does cry, it is for very short periods and can be easily consoled. Long nap this day (2.5-3 hours). 10/23 - Repeat of 10/21, except in the evening. Happy, then in consolable crying during dinner. Put in a time out for 3 minutes at an attempt to console crying. Normally, he will stop crying within 1 minute during time out. Cried for full 3 minutes until I finally went to him to console him. Very unlike usual behavior. Also took 3-hour nap earlier today. Normal is 1.5-2 hours.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362627-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	23-Oct-2009	23-Oct-2009	0	24-Oct-2009	26-Oct-2009	OR		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Visual impairment

**Symptom Text:** Visual disturbance for less than 1 minute. Headache that lasted several hours (can not directly correlate headache to vaccine - could have been limited caffeine intake that morning)

**Other Meds:** oral contraceptive; lovastatin; multivitamin; topical

**Lab Data:**

**History:** Seasonal Allergies

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362647-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	23-Oct-2009	24-Oct-2009	1	24-Oct-2009	26-Oct-2009	OH		26-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Headache, Myalgia, Oropharyngeal pain, Respiratory tract congestion

**Symptom Text:** Headache, congestion, sore throat initially. Within 12 hours, experiencing muscle pain all over body and weakness.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362648-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	21-Oct-2009	23-Oct-2009	2	24-Oct-2009	27-Oct-2009	MD	MD	27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Decreased appetite, Vomiting

**Symptom Text:** Vomiting, with no associated fever, headache, nausea or chills. Also decreased appetite.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362649-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	F	22-Oct-2009	24-Oct-2009	2	24-Oct-2009	26-Oct-2009	MI	MI	26-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Vomiting

**Symptom Text:** 10 or so vomiting spells, unable to keep anything down liquid or solid since the onset of the symptoms. If situation remains the same by tomorrow at noon, I will be taking her to the hospital.

**Other Meds:** Ametryptolin

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362650-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	F	22-Oct-2009	23-Oct-2009	1	24-Oct-2009	26-Oct-2009	FL		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest pain, Headache, Heart rate increased, Malaise, Pyrexia

**Symptom Text:** COMPLAINT TO PARENT OF HEART BEATING FAST & CHEST PAIN. NO DOCUMENTED FEVER AT ONSET OF SYMPTOMS PER PARENTS. DID DEVELOP FEVER WITHIN 4-6 HOURS OF ONSET OF SYMPTOMS. 10/24/09 FOLLOW UP:HAD FEVER THROUGHOUT EVENING 10/23 AND EARLY AM HOURS. STILL WITH RECURRING FEVER, GENERAL MALAISE AND HEADACHE ON/OFF AS OF 9:00AM.

**Other Meds:** NONE

**Lab Data:** CHEST XRAY- NEG EKG PRELIMINARY REPORT- NORMAL (PENDING FINAL READING BY CARDIOLOGIST)

**History:** BRONCHIOLITIS DURING INFANCY/ EARLY CHILDHOOD. LAST DOCUMENTED EPISODE: 2004

**Prex Illness:** IN OFFICE FOR A WELL VISIT

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362654-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	F	21-Oct-2009	23-Oct-2009	2	24-Oct-2009	26-Oct-2009	NE		26-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Oropharyngeal pain, Pyrexia

**Symptom Text:** Fever, sore throat and cough

**Other Meds:**

**Lab Data:**

**History:** Rheumatoid arthritis

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362663-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	15-Oct-2009	15-Oct-2009	0	25-Oct-2009	26-Oct-2009	NH		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Lethargy, Rhinorrhoea

**Symptom Text:** Temp of 102F, runny nose, lethary for four days.

**Other Meds:**

**Lab Data:**

**History:** Allergy to sulfa

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362664-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	F	20-Oct-2009	21-Oct-2009	1	25-Oct-2009	26-Oct-2009	NJ		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Headache, Myalgia, Pyrexia

**Symptom Text:** muscle aches, chills, fever, headache; all still persisting today (10/25)

**Other Meds:** prenatal vitamin

**Lab Data:**

**History:** -had seasonal flu shot (Fluvirin) the previous week -gave birth 6 weeks before this vaccination

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362666-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
45.0	F	21-Oct-2009	21-Oct-2009	0	25-Oct-2009	26-Oct-2009	VA		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Asthenia, Dizziness, Nausea, Palpitations

**Symptom Text:** blood presure went 154/104 rapid heart palpitations, diziness and weakness. Nausea. After 15 minutes I was rush to the Emergency room

**Other Meds:** none

**Lab Data:** EKG, blood work to check heart attack, chest X ray. Came all negative

**History:** none

**Prex Illness:** none

**Prex Vax Illns:** none~ ()~~0.00~Patient

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362667-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	M	17-Oct-2009	24-Oct-2009	7	25-Oct-2009	26-Oct-2009	FL		26-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Feeling abnormal, Pain, Pyrexia, Vomiting

**Symptom Text:** Fever, Coughing, Vomiting, body aches, general feeling of yuckiness.

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362679-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	M	24-Oct-2009	25-Oct-2009	1	25-Oct-2009	26-Oct-2009	DE		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Burning sensation, Dysgeusia, Oropharyngeal pain, Productive cough

**Symptom Text:** lungs feel tight, productive cough with severe burning sensation in lungs; mild sore throat; no fever; note: when instructed to sniff in when vaccine administered, I sniffed strongly, had funny taste in throat and back of mouth 15 minutes after.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362688-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	M	24-Oct-2009	24-Oct-2009	0	25-Oct-2009	26-Oct-2009	CA		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500779P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Heart rate increased, Pyrexia

**Symptom Text:** High fever (103 degree), fast heart rate (120-130 heart beat per min). Mortrim administered but the fevel continues. Mortrim is able to lower the temp to 101 degrees. Heart rate continues to be fast. Have contacted doctor and waiting to go emergency visit tonight or going to see doctor tomorrow.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362692-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	22-Oct-2009	23-Oct-2009	1	23-Oct-2009	26-Oct-2009	WA		26-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Rash-uncertain in description, appeared around nostrils this morning. Father uncertain if red or hives. Person at facility notified. Rash had subsided by mid-morning.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362710-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	M	20-Oct-2009	21-Oct-2009	1	25-Oct-2009	26-Oct-2009	OR		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Cough, Pyrexia

**Symptom Text:** Started with deep hollow cough from the lungs, not bad at first, has gotten worse since, now I have a fever and weakness, I think the vaccine gave me the illness.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362713-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	16-Oct-2009	24-Oct-2009	8	25-Oct-2009	26-Oct-2009	CA		26-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	UNKNOWN	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis, Headache

**Symptom Text:** Headache and Bloody Nose

**Other Meds:**

**Lab Data:** NONE

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362781-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	26-Oct-2009	IL		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Condition aggravated, Cough, Decreased appetite, Nausea, Oropharyngeal pain, Pyrexia

**Symptom Text:** Fever of 102, coughing, sore throat, feeling like she is going to vomit, loss of appetite.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** Patient had a mild cough and an on an off mild sore throat but no fever in the days leading up to vaccination.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362781-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	26-Oct-2009	IL		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Condition aggravated, Cough, Decreased appetite, Nausea, Oropharyngeal pain, Pyrexia

**Symptom Text:** Fever of 102, coughing, sore throat, feeling like she is going to vomit, loss of appetite.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** Patient had a mild cough and an on an off mild sore throat but no fever in the days leading up to vaccination.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362781-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	26-Oct-2009	IL		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Condition aggravated, Cough, Decreased appetite, Nausea, Oropharyngeal pain, Pyrexia

**Symptom Text:** Fever of 102, coughing, sore throat, feeling like she is going to vomit, loss of appetite.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** Patient had a mild cough and an on an off mild sore throat but no fever in the days leading up to vaccination.

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362792-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	23-Oct-2009	24-Oct-2009	1	26-Oct-2009	26-Oct-2009	NV		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Aphonia, Dysphonia, Oropharyngeal pain

**Symptom Text:** Started with a sore throat and on the morning of the 25th I became very hoarse eventually losing my voice all together. I used cloroseptic and some percocet for the pain, and rested my voice. Am still slightly hoarse.

**Other Meds:** Percocet for back pain and xanax for panic attacks.

**Lab Data:** none

**History:** NO

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362792-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	23-Oct-2009	24-Oct-2009	1	26-Oct-2009	26-Oct-2009	NV		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Aphonia, Dysphonia, Oropharyngeal pain

**Symptom Text:** Started with a sore throat and on the morning of the 25th I became very hoarse eventually losing my voice all together. I used cloroseptic and some percocet for the pain, and rested my voice. Am still slightly hoarse.

**Other Meds:** Percocet for back pain and xanax for panic attacks.

**Lab Data:** none

**History:** NO

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362794-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
10.0	F	15-Oct-2009	Unknown		26-Oct-2009	26-Oct-2009	IN		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	1	Unknown	Unknown	FLU

**Seriousness:** NOT SERIOUS, NO CONDITIONS

**MedDRA PT** No adverse event

**Symptom Text:** Patient was given H1N1 Flu Mist on 10-15-09 after receiving Seasonal Flu Mist on 9-22-09.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362794-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
10.0	F	15-Oct-2009	Unknown		26-Oct-2009	26-Oct-2009	IN		26-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	1	Unknown	Unknown	FLU

**Seriousness:** NOT SERIOUS, NO CONDITIONS

**MedDRA PT** No adverse event

**Symptom Text:** Patient was given H1N1 Flu Mist on 10-15-09 after receiving Seasonal Flu Mist on 9-22-09.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

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Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362855-1 (D)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	27-Oct-2009	OR		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	FLU		

**Seriousness:** DIED, ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT**

Abdominal pain upper, Acidosis, Acute respiratory distress syndrome, Asplenia, Brain injury, Cardiac arrest, Chills, Cyanosis, Death, Diarrhoea, Dyspnoea, Electromechanical dissociation, Endotracheal intubation, Hyperhidrosis, Hypotension, Infection, Influenza like illness, Intensive care, Livedo reticularis, Lung infiltration, Nausea, Pulse absent, Renal disorder, Respiratory arrest, Resuscitation, Sepsis, Septic shock, Tachycardia, Tachypnoea, Vaginal haemorrhage, Vomiting

**Symptom Text:**

Patient got sick with flu like symptoms on 10/24 around 1PM, went to hospital with trouble breathing around 9PM, was pronounced deceased at 1AM on 10/25. 10/27/09 ER and hospital records received service date 10/25/09. Assessment: Death due to septic shock secondary to infection of unknown source. Asplenia. Patient had nausea, vomiting, chills, stomach cramping, diarrhea, tachypnea, hypotension, diaphoresis for one day. Limited oral intake. Became cyanotic around lips, fingernails, and toenails. Presented to ER hypotensive, hypoxic, no longer breathing. Tachycardia. Cardiac arrest presenting as pulseless electrical activity (PEA). Hyperacidemia. Resuscitation. Intubated and transported to ICU. Bilateral infiltrates consistent with acute respiratory distress syndrome. End-organ damage including kidneys and brain. Repeated PEA. No pulse. Mottling of head and extremities. Overwhelming sepsis and septic shock. Patient expired. 11/02/09: Primary Care Records received for date of service 10/9/09. Seasonal flu vaccine record received VAERS updated. Assessment: Presented with vaginal bleeding x 3 weeks, had hx. of D&C in 08 2/2 heavy vaginal bleeding. Also presented with a cold that started 5 days prior, afebrile at visit. Seasonal Flu vaccine given.

**Other Meds:**

none known

**Lab Data:**

/27/09 ER and hospital records received service date 10/25/09. LABS and DIAGNOSTICS: ECG - Abnormal, sinus tachycardia, Nonspecific ST and T wave abnormality. Arterial Blood gases: pCO2 50 mmHg (H) O2 Sat 83% (L) Bicarb 8.0 mmol/L (L) Base

**History:**

none. /27/09 ER and hospital records received service date 10/25/09. Splenectomy. Appendectomy. 11/02/09: Primary Care Records received for date of service 10/9/09. PMH: Hereditary spherocytosis with splenectomy, D&C, L ACL Repair, L arthroscopic knee surgery.

**Prex Illness:**

spherocytosis, hemolytic onemica

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

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Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362855-1 (D)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	27-Oct-2009	OR		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	FLU		

**Seriousness:** DIED, ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT**

Abdominal pain upper, Acidosis, Acute respiratory distress syndrome, Asplenia, Brain injury, Cardiac arrest, Chills, Cyanosis, Death, Diarrhoea, Dyspnoea, Electromechanical dissociation, Endotracheal intubation, Hyperhidrosis, Hypotension, Infection, Influenza like illness, Intensive care, Livedo reticularis, Lung infiltration, Nausea, Pulse absent, Renal disorder, Respiratory arrest, Resuscitation, Sepsis, Septic shock, Tachycardia, Tachypnoea, Vaginal haemorrhage, Vomiting

**Symptom Text:**

Patient got sick with flu like symptoms on 10/24 around 1PM, went to hospital with trouble breathing around 9PM, was pronounced deceased at 1AM on 10/25. 10/27/09 ER and hospital records received service date 10/25/09. Assessment: Death due to septic shock secondary to infection of unknown source. Asplenia. Patient had nausea, vomiting, chills, stomach cramping, diarrhea, tachypnea, hypotension, diaphoresis for one day. Limited oral intake. Became cyanotic around lips, fingernails, and toenails. Presented to ER hypotensive, hypoxic, no longer breathing. Tachycardia. Cardiac arrest presenting as pulseless electrical activity (PEA). Hyperacidemia. Resuscitation. Intubated and transported to ICU. Bilateral infiltrates consistent with acute respiratory distress syndrome. End-organ damage including kidneys and brain. Repeated PEA. No pulse. Mottling of head and extremities. Overwhelming sepsis and septic shock. Patient expired. 11/02/09: Primary Care Records received for date of service 10/9/09. Seasonal flu vaccine record received VAERS updated. Assessment: Presented with vaginal bleeding x 3 weeks, had hx. of D&C in 08 2/2 heavy vaginal bleeding. Also presented with a cold that started 5 days prior, afebrile at visit. Seasonal Flu vaccine given.

**Other Meds:**

none known

**Lab Data:**

/27/09 ER and hospital records received service date 10/25/09. LABS and DIAGNOSTICS: ECG - Abnormal, sinus tachycardia, Nonspecific ST and T wave abnormality. Arterial Blood gases: pCO2 50 mmHg (H) O2 Sat 83% (L) Bicarb 8.0 mmol/L (L) Base

**History:**

none. /27/09 ER and hospital records received service date 10/25/09. Splenectomy. Appendectomy. 11/02/09: Primary Care Records received for date of service 10/9/09. PMH: Hereditary spherocytosis with splenectomy, D&C, L ACL Repair, L arthroscopic knee surgery.

**Prex Illness:**

spherocytosis, hemolytic onemica

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362878-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	22-Oct-2009	23-Oct-2009	1	26-Oct-2009	27-Oct-2009	TX		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500576P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Bronchospasm, Caesarean section, Dyspnoea, Oxygen saturation decreased, Pyrexia, Wheezing

**Symptom Text:** Acute onset of bronchospasm within 24 hours of H1N1 flumist. 10/28/09 and 10/29/9 Medical records records received for DOS 10/23. C/O Trouble breathing. Child developed SOB /wheeze. On PE mild exp wheeze bilat 1 day s/p vaccine. Fever 99.3. O2 sat 89% (at school). Nebulized x3 at school. Discharged to home. Routine care. RTC as needed.

**Other Meds:**

**Lab Data:**

**History:** PMH: Was term C-section deliv. 8.4lbs. Allergies: None/dsb

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362891-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	15-Oct-2009	17-Oct-2009	2	26-Oct-2009	27-Oct-2009	IN		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pain, Rash, Rash pruritic

**Symptom Text:** Pt received the H1N1 mist at our office on 10-15-09. 2 days later had a red bump then spread into a rash that hurt and itched. Mom waited until 10-23-09 to report to us. Told pt to use BENADRYL q 8 hrs. Mom answered no to all questions.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362891-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	15-Oct-2009	17-Oct-2009	2	26-Oct-2009	27-Oct-2009	IN		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pain, Rash, Rash pruritic

**Symptom Text:** Pt received the H1N1 mist at our office on 10-15-09. 2 days later had a red bump then spread into a rash that hurt and itched. Mom waited until 10-23-09 to report to us. Told pt to use BENADRYL q 8 hrs. Mom answered no to all questions.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362893-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
41.0	M	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	WA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	NOVARTIS VACCINES AND DIAGNOSTICS	98441P1	0	Unknown	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Lymphadenopathy

**Symptom Text:** Pt is experiencing swollen, hard glands under the armpits. Pt says his lymph nodes are going "nuts."

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362893-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
41.0	M	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	WA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	NOVARTIS VACCINES AND DIAGNOSTICS	98441P1	0	Unknown	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Lymphadenopathy

**Symptom Text:** Pt is experiencing swollen, hard glands under the armpits. Pt says his lymph nodes are going "nuts."

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362894-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	23-Oct-2009	23-Oct-2009	0	26-Oct-2009	27-Oct-2009	VA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives on arms with urticaria.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362894-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	23-Oct-2009	23-Oct-2009	0	26-Oct-2009	27-Oct-2009	VA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives on arms with urticaria.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362895-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	M	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	CA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	U3212AA	0	Left arm	Unknown	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea

**Symptom Text:** Mother of pt. That pt on 10/22/09-son states he had two random occasions at school that he found it harder to breathe, causing him to pause and put effort into ea breath. States instances were brief and not to extent that he was alarmed enough to seek medical care-no other episodes to date.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362895-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	M	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	CA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	U3212AA	0	Left arm	Unknown	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea

**Symptom Text:** Mother of pt. That pt on 10/22/09-son states he had two random occasions at school that he found it harder to breathe, causing him to pause and put effort into ea breath. States instances were brief and not to extent that he was alarmed enough to seek medical care-no other episodes to date.

**Other Meds:**

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362896-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	22-Oct-2009	23-Oct-2009	1	26-Oct-2009	27-Oct-2009	IA		28-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Fluid intake reduced, Vomiting

**Symptom Text:** Per TC 9:35 AM 10/23/09 from grandmother caring for child. Relates began vomiting at 1:00 AM. Vomited 3 times during the night and now 3 times this morning. Unable to keep liquids down. Had called physician and was told to call vaccine administrator. Instructed to recall physician and ask if needs to go to the ER. TC to caretaker 10:10-to see doctor at 11:10 today.

**Other Meds:** None

**Lab Data:**

**History:** Allergies-PCN, AMOXICILLIN, no medical conditions

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362896-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	22-Oct-2009	23-Oct-2009	1	26-Oct-2009	27-Oct-2009	IA		28-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Fluid intake reduced, Vomiting

**Symptom Text:** Per TC 9:35 AM 10/23/09 from grandmother caring for child. Relates began vomiting at 1:00 AM. Vomited 3 times during the night and now 3 times this morning. Unable to keep liquids down. Had called physician and was told to call vaccine administrator. Instructed to recall physician and ask if needs to go to the ER. TC to caretaker 10:10-to see doctor at 11:10 today.

**Other Meds:** None

**Lab Data:**

**History:** Allergies-PCN, AMOXICILLIN, no medical conditions

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362905-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	23-Oct-2009	25-Oct-2009	2	26-Oct-2009	27-Oct-2009	MO		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pruritus, Rash generalised

**Symptom Text:** Red rash spreading all over body. Itchy

**Other Meds:**

**Lab Data:**

**History:** Asthma

**Prex Illness:** No illness at time of vaccine. Started a red rash over a day later. Started on arm and has been spreading ever since. Itchy.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362905-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	23-Oct-2009	25-Oct-2009	2	26-Oct-2009	27-Oct-2009	MO		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Pruritus, Rash generalised

**Symptom Text:** Red rash spreading all over body. Itchy

**Other Meds:**

**Lab Data:**

**History:** Asthma

**Prex Illness:** No illness at time of vaccine. Started a red rash over a day later. Started on arm and has been spreading ever since. Itchy.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362910-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
27.0	F	24-Oct-2009	24-Oct-2009	0	26-Oct-2009	27-Oct-2009	AZ		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	100739	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug exposure during pregnancy, Unevaluable event

**Symptom Text:** Patient indicated on the consent that she was not pregnant by checking the "no" box. After the nurse administered H1N1 LAIV she learned that the patient was in fact pregnant. She was given a note to take to her health care provider indicating that she had been given LAIV.

**Other Meds:**

**Lab Data:** NA

**History:** None known

**Prex Illness:** None known

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362910-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
27.0	F	24-Oct-2009	24-Oct-2009	0	26-Oct-2009	27-Oct-2009	AZ		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	100739	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug exposure during pregnancy, Unevaluable event

**Symptom Text:** Patient indicated on the consent that she was not pregnant by checking the "no" box. After the nurse administered H1N1 LAIV she learned that the patient was in fact pregnant. She was given a note to take to her health care provider indicating that she had been given LAIV.

**Other Meds:**

**Lab Data:** NA

**History:** None known

**Prex Illness:** None known

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362915-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	24-Oct-2009	25-Oct-2009	1	26-Oct-2009	27-Oct-2009	GA		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Nausea, Pyrexia

**Symptom Text:** Slight Fever, headaches, cough, nausea

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362915-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	24-Oct-2009	25-Oct-2009	1	26-Oct-2009	27-Oct-2009	GA		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Nausea, Pyrexia

**Symptom Text:** Slight Fever, headaches, cough, nausea

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362916-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	27-Oct-2009	WA		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Vomiting

**Symptom Text:** Vomiting and diarrhea

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362916-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	22-Oct-2009	25-Oct-2009	3	26-Oct-2009	27-Oct-2009	WA		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Vomiting

**Symptom Text:** Vomiting and diarrhea

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362920-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
23.0	F	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	OH		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Activities of daily living impaired, Body temperature increased, Decreased appetite, Dehydration, Diarrhoea, Fatigue, Haemorrhoids, Headache, Migraine, Occult blood, Pyrexia

**Symptom Text:** Patient received nasal swine flu vaccine at 4pm Wednesday 10/21. On 10/22 and 10/23 patient noticed unusual fatigue considering she had slept 9 hours each night and was on 200 mg/day Provigil for narcolepsy and had not experienced daytime fatigue since beginning that medication several months ago. On Saturday 10/24, patient awoke at 8am with a basal body temperature of 98.9 (normal temp 97.8) which rose to 99.9 for the next 24 hours. Patient also experienced multiple loose stools, and by midafternoon patient experienced five hours of severe watery diarrhea, to the point of producing external hemorrhoids (and potentially internal as well since both bright and occult blood were noted in the stool for the next 24 hours). The diarrheal symptoms decreased in frequency after the first five hours from bowel movements every 10-15 minutes to every few hours. Patient also complained of appetite loss and severe headaches, though noted that dehydration is her usual migraine trigger. Fever, diarrhea, tiredness, and headaches resolved by the evening of 10/25. The patient lost 1.5 work days due to the severity of her GI symptoms.

**Other Meds:** Provigil, 200 mg/day Imitrex, 50 mg as needed

**Lab Data:**

**History:** narcolepsy

**Prex Illness:** no

**Prex Vax Illns:** infant lethargic and difficult to rouse for 36 hours after vaccine administration~DTP (no brand name)~1~2.00~Patient

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362920-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
23.0	F	21-Oct-2009	22-Oct-2009	1	26-Oct-2009	27-Oct-2009	OH		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Activities of daily living impaired, Body temperature increased, Decreased appetite, Dehydration, Diarrhoea, Fatigue, Haemorrhoids, Headache, Migraine, Occult blood, Pyrexia

**Symptom Text:** Patient received nasal swine flu vaccine at 4pm Wednesday 10/21. On 10/22 and 10/23 patient noticed unusual fatigue considering she had slept 9 hours each night and was on 200 mg/day Provigil for narcolepsy and had not experienced daytime fatigue since beginning that medication several months ago. On Saturday 10/24, patient awoke at 8am with a basal body temperature of 98.9 (normal temp 97.8) which rose to 99.9 for the next 24 hours. Patient also experienced multiple loose stools, and by midafternoon patient experienced five hours of severe watery diarrhea, to the point of producing external hemorrhoids (and potentially internal as well since both bright and occult blood were noted in the stool for the next 24 hours). The diarrheal symptoms decreased in frequency after the first five hours from bowel movements every 10-15 minutes to every few hours. Patient also complained of appetite loss and severe headaches, though noted that dehydration is her usual migraine trigger. Fever, diarrhea, tiredness, and headaches resolved by the evening of 10/25. The patient lost 1.5 work days due to the severity of her GI symptoms.

**Other Meds:** Provigil, 200 mg/day Imitrex, 50 mg as needed

**Lab Data:**

**History:** narcolepsy

**Prex Illness:** no

**Prex Vax Illns:** infant lethargic and difficult to rouse for 36 hours after vaccine administration~DTP (no brand name)~1~2.00~Patient

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362926-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	26-Oct-2009	26-Oct-2009	0	26-Oct-2009	27-Oct-2009	LA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759PCAA	1	Unknown	Unknown			

**Seriousness:** ER VISIT, LIFE THREATENING, SERIOUS

**MedDRA PT** Cough, Eye rolling, Grand mal convulsion, Incontinence, Pruritus, Rhinorrhoea

**Symptom Text:** Generalized Tonic-Clonic Seizure for 30 seconds. No treatment needed. Afebrile. No trauma. 10/28/2009 ED records from 10/26/2009. Patient with tonic-clonic seizure activity, eyes rolled back, incontinence, itching, runny nose and cough. Neuro exam WNL, no repeat seizure activity, no tx noted. DC DX New Onset Seizure ? related to H1N1 vaccine.

**Other Meds:** None

**Lab Data:** CBC,CMP, UA, and Tox Screen were normal/negative. Labs: CBC, CMP, Tox screen, UA normal

**History:** Reactive Airway Disease No history of Seizures NKDA PMH RAD Allergies: NKDA

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 362926-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	26-Oct-2009	26-Oct-2009	0	26-Oct-2009	27-Oct-2009	LA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759PCAA	1	Unknown	Unknown			

**Seriousness:** ER VISIT, LIFE THREATENING, SERIOUS

**MedDRA PT** Cough, Eye rolling, Grand mal convulsion, Incontinence, Pruritus, Rhinorrhoea

**Symptom Text:** Generalized Tonic-Clonic Seizure for 30 seconds. No treatment needed. Afebrile. No trauma. 10/28/2009 ED records from 10/26/2009. Patient with tonic-clonic seizure activity, eyes rolled back, incontinence, itching, runny nose and cough. Neuro exam WNL, no repeat seizure activity, no tx noted. DC DX New Onset Seizure ? related to H1N1 vaccine.

**Other Meds:** None

**Lab Data:** CBC,CMP, UA, and Tox Screen were normal/negative. Labs: CBC, CMP, Tox screen, UA normal

**History:** Reactive Airway Disease No history of Seizures NKDA PMH RAD Allergies: NKDA

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363009-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
20.0	F	23-Oct-2009	24-Oct-2009	1	27-Oct-2009	27-Oct-2009	PA		27-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain, Asthenia, Chills, Dizziness, Fatigue, Headache, Heart rate increased, Hypersomnia, Pallor, Pyrexia, Vomiting

**Symptom Text:** Around 9 AM, I started getting chills, fever, headache, extreme tiredness,& some abdominal pain. I was also told that I was very pale throughout my face. As the day went on, my fever would come and go, however, my headache only worsened. Also, at times, I had a lot of abdominal pain, to the point where I thought I could not eat or else I would throw up. I probably slept a total of 15 to 16 hours that day. The next day (10/25), I was experiencing my prolonged headache, as well as dizziness for the majority of the day. I felt weak and tired. At times, my heart seemed to be beating faster than usual.

**Other Meds:** Synthroid

**Lab Data:**

**History:** Hypothyroidism

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363011-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	23-Oct-2009	23-Oct-2009	0	27-Oct-2009	27-Oct-2009	OH		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness, Feeling abnormal, Heart rate increased, Memory impairment, Paraesthesia

**Symptom Text:** heart was beating fast, light-headed, foggy brain, body felt tingly, trouble remembering things

**Other Meds:**

**Lab Data:**

**History:** allergic to Tetracyclin

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363020-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	26-Oct-2009	26-Oct-2009	0	27-Oct-2009	27-Oct-2009	TX		27-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P		Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chills, Heart rate increased, Wheezing

**Symptom Text:** Wheezing ,Chills,and Rapid heart beat

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363021-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	22-Oct-2009	22-Oct-2009	0	27-Oct-2009	27-Oct-2009	--		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Pruritus, Rash erythematous, Rash macular

**Symptom Text:** red splotches to posterior torso within 5-6 minutes after administration of vaccine. Patient denies pain, c/o itching. T 99.3, 52.5 lbs, HR 92, BP 106/64. Treated with 29 mg Benadryl IM LDT and observed for 30 minutes. No s/s of deterioration during observation period. VS after 30 minutes: T98.7 F, BO 100/62, R24, HR 93. No redness on posterior torso. Pt discharged home with instructions to go to ER for any S/S of deterioration of condition.

**Other Meds:**

**Lab Data:**

**History:** na

**Prex Illness:** na

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363022-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	24-Oct-2009	24-Oct-2009	0	27-Oct-2009	27-Oct-2009	ID		27-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	1	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Pyrexia, Vomiting

**Symptom Text:** vomiting/stomach ache/fever

**Other Meds:**

**Lab Data:**

**History:** born premature at 28 weeks/ mild cerebral palsy

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363031-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	23-Oct-2009	24-Oct-2009	1	27-Oct-2009	28-Oct-2009	TX		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** HIVES ALL OVER BODY

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363032-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	15-Oct-2009	18-Oct-2009	3	27-Oct-2009	28-Oct-2009	MO	MO-2009-21	28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Chills, Cough, Headache, Oropharyngeal pain, Pain, Pyrexia, Tremor

**Symptom Text:** 10/18/09 Cough and headache and sore throat, fever 101 and achiness continued same symptoms with increase 10/20/09 of shakiness, chills, 103. 10/27/09 f/u with mother - cough persists - has twin sister with s/s

**Other Meds:**

**Lab Data:** none

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363038-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	22-Oct-2009	24-Oct-2009	2	27-Oct-2009	28-Oct-2009	UT		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Nasal congestion, Pyrexia, Respiratory tract congestion

**Symptom Text:** stuffy nose, cough, congestion, fever

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363043-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
52.0	F	24-Oct-2009	24-Oct-2009	0	27-Oct-2009	28-Oct-2009	ID		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781 P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, Lymphadenopathy, Pruritus

**Symptom Text:** Swollen lymph nodes on neck. Itchy upper back, possible hives. No fever.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363165-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	21-Oct-2009	21-Oct-2009	0	27-Oct-2009	28-Oct-2009	WA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU(H1N1)	UNKNOWN MANUFACTURER	UP002AA	0	Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Incorrect dose administered

**Symptom Text:** Pt got both H1N1 inj and mist. (Someone at OK health dept adv.)

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363167-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	21-Oct-2009	Unknown		27-Oct-2009	28-Oct-2009	WA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU(H1N1)	SANOFI PASTEUR	UP002AA	0	Right arm	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Incorrect dose administered

**Symptom Text:** H1N1 mist and H1N1 inj given at same time.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363188-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	24-Oct-2009	25-Oct-2009	1	27-Oct-2009	28-Oct-2009	DC		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dysphonia, Eye infection, Lacrimation increased, Sinusitis

**Symptom Text:** Hoarseness, eye tearing initially, then turned into an eye infection and sinus infection. Given antibiotics by pediatrician.

**Other Meds:** Allegra allergy liquid medicine 2 tsp. per day.

**Lab Data:**

**History:** seasonal allergies including hayfever, mold, etc. takes Allegra.

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363194-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	15-Oct-2009	18-Oct-2009	3	27-Oct-2009	28-Oct-2009	MO	MO-2009-22	28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Malaise, Pyrexia

**Symptom Text:** 10/18/09 Primarily fever and headache (101) Continued ill with highest 102. She is improving this am. 10/27/09 F/U with mom - fully recovered - twin brother with similar s/s

**Other Meds:** none

**Lab Data:** none

**History:** High prevalence of Influenza in school, especially this class

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363237-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	21-Oct-2009	25-Oct-2009	4	27-Oct-2009	28-Oct-2009	KS		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Pain, Pyrexia, Vomiting

**Symptom Text:** Fever 103, Intense headache, body aches, vomiting, mild cough

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363259-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
10.0	F	26-Oct-2009	26-Oct-2009	0	27-Oct-2009	28-Oct-2009	NC		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	NOVARTIS VACCINES AND DIAGNOSTICS	98442P1B	0	Right arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007769	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Body temperature increased, Cough, Ear discomfort, Pain

**Symptom Text:** Cough worsen 10-26-09 at 8:30. On 10-27-09 noted temp 101.6, body aches, bilateral ear popping at 7:00 am. Pt seen by Dr. Benton this am and ordered Tamiflu and Phenergan.

**Other Meds:** None

**Lab Data:**

**History:** No allergies to meds and heart murmur noted after birth.

**Prex Illness:** sinus pressure and cough - nonproductive. No fever.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363260-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
17.0	F	26-Oct-2009	27-Oct-2009	1	27-Oct-2009	28-Oct-2009	GA		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Swelling face, Urticaria

**Symptom Text:** Urticarial rash with facial swelling

**Other Meds:** Ocella Birth Control Pills

**Lab Data:**

**History:** Menorrhagia, Herpetic Vulvitis, Depression

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363268-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	22-Oct-2009	25-Oct-2009	3	27-Oct-2009	29-Oct-2009	OK		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	

**Seriousness:** HOSPITALIZED, SERIOUS

**MedDRA PT** Abdominal pain, Ataxia, Back pain, Body temperature increased, Chills, Cough, Headache, Muscular weakness, Nausea, Pain in extremity, Pyrexia, Vomiting

**Symptom Text:** Pt. had bilateral lower extremity pain and weakness; he also had abdominal pain and low back pain. Tmax 103 degrees. 10/28/09: Hospital Record and Discharge Summary received for Dates of Service 10/25/09 to 10/27/09. Final DX: Ataxia, Bilateral lower extremity weakness and pain, Abdominal pain, rule out Guillain-Barre Syndrome. Assessment: Presented to the ED with fever of 103, chills, recent HA's, pain and weakness in the bilateral LE's, pain in the abdomen on the left and pain in the low back on the left. Also, one episode of nausea and vomiting as well as cough and headache. Decreased patellar reflex and difficulty walking. Patient discharged to home to follow up in 5 days. 10/29/09: Vaccine record received. No lot number included.

**Other Meds:** Multivitamin

**Lab Data:** Abdominal CT: mesenteric adenitis; CBC, 12.3; CRP, 6.32. 10/28/09: Hospital Record and Discharge Summary received for Dates of Service 10/25/09 to 10/27/09. Labs and Diagnostics: Rapid strep-Negative. CBC: WBC's 12.3 (H), Abs. Neut. 9.

**History:** None. 10/28/09: Hospital Record and Discharge Summary received for Dates of Service 10/25/09 to 10/27/09. PMH: Atopic dermatitis, circumcision.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363270-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	16-Oct-2009	20-Oct-2009	4	27-Oct-2009	28-Oct-2009	CA		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Pyrexia, Vomiting

**Symptom Text:** Fever 102, cough, vomiting. Onset about 96 h after administration of LAIV H1N1.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363273-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
16.0	F	21-Oct-2009	26-Oct-2009	5	27-Oct-2009	28-Oct-2009	NJ		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Received nasal spray H1N1 vaccine on 10/21. Developed hives 10/26.

**Other Meds:** Minocycline

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363286-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.6	M	22-Oct-2009	25-Oct-2009	3	27-Oct-2009	28-Oct-2009	TX		28-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	U2807AA	0	Right leg	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chills, Cough, Pyrexia

**Symptom Text:** Fever, chills, cough. Prescribed Tamiflu and advised fluid/fever control.

**Other Meds:**

**Lab Data:** Rapid Flu test came back negative. Patient presented with flu-like symptoms.

**History:** No known allergies.

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363287-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	F	08-Oct-2009	08-Oct-2009	0	27-Oct-2009	28-Oct-2009	IN		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Headache, Malaise, Myalgia, Oropharyngeal pain, Paraesthesia, Pyrexia

**Symptom Text:** Headache, muscle aches and tingling in hands that eve. Headache the next day. 4 days later became very ill for 1 week with fever for 4 days, sore throat, severe cough, headache and muscle aches.

**Other Meds:** Synthroid 15mcg

**Lab Data:**

**History:** Hypothyroid

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363297-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	27-Oct-2009	27-Oct-2009	0	27-Oct-2009	28-Oct-2009	DC		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Vomiting

**Symptom Text:** child vomited. not accompanied by fever. still monitoring for fever or additional problems. Gave her water to drink and nothing else. put her to bed for rest.

**Other Meds:**

**Lab Data:** still monitoring situation. Only been 1 1/2 hours since vomiting. Waiting for morning to contact doctor if necessary and follow up.

**History:** No

**Prex Illness:** Prior to vaccination, daughter did say her tummy ached, like she had to go to the bathroom and passed gas but she showed no othe

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363374-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	26-Oct-2009	27-Oct-2009	1	28-Oct-2009	28-Oct-2009	NC		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Throwing up bad stomach cramps

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363374-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	26-Oct-2009	27-Oct-2009	1	28-Oct-2009	28-Oct-2009	NC		28-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Throwing up bad stomach cramps

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363376-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	16-Oct-2009	18-Oct-2009	2	28-Oct-2009	28-Oct-2009	NC		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Throwing up stomach cramps and pain

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363376-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	16-Oct-2009	18-Oct-2009	2	28-Oct-2009	28-Oct-2009	NC		28-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Vomiting

**Symptom Text:** Throwing up stomach cramps and pain

**Other Meds:**

**Lab Data:**

**History:** NONE

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363400-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	26-Oct-2009	26-Oct-2009	0	28-Oct-2009	29-Oct-2009	KS		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Rash across trunk of body

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363400-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	26-Oct-2009	26-Oct-2009	0	28-Oct-2009	29-Oct-2009	KS		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Rash across truck of body

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363403-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	15-Oct-2009	28-Oct-2009	13	28-Oct-2009	29-Oct-2009	IN		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug exposure during pregnancy

**Symptom Text:** No adverse reaction, patient received H1N1 flu mist and later found out she was pregnant

**Other Meds:**

**Lab Data:** Referral to OB for further evaluation

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363403-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	15-Oct-2009	28-Oct-2009	13	28-Oct-2009	29-Oct-2009	IN		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Drug exposure during pregnancy

**Symptom Text:** No adverse reaction, patient received H1N1 flu mist and later found out she was pregnant

**Other Meds:**

**Lab Data:** Referral to OB for further evaluation

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363417-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
0.7	M	19-Oct-2009	Unknown		28-Oct-2009	29-Oct-2009	ME		29-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** Called father and mother. Both stated "no reactions".

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363417-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
0.7	M	19-Oct-2009	Unknown		28-Oct-2009	29-Oct-2009	ME		29-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** Called father and mother. Both stated "no reactions".

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363419-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	20-Oct-2009	22-Oct-2009	2	28-Oct-2009	29-Oct-2009	WI		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007621	0	Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Influenza like illness, Pain, Pyrexia, Rash, Urticaria

**Symptom Text:** (REPORTED BY HOSPITAL) 104-105 FEVERS, BODY ACHES AND OTHER FLU LIKE SYMPTOMS. HIVE LIKE RASH TO FACE

**Other Meds:**

**Lab Data:** RAPID INFLUENZA POSITIVE REPORTED THAT A COLLECTION WOULD BE SENT TO STATE LAB.

**History:** NONE REPORTED

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363419-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	20-Oct-2009	22-Oct-2009	2	28-Oct-2009	29-Oct-2009	WI		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007621	0	Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Influenza like illness, Pain, Pyrexia, Rash, Urticaria

**Symptom Text:** (REPORTED BY HOSPITAL) 104-105 FEVERS, BODY ACHES AND OTHER FLU LIKE SYMPTOMS. HIVE LIKE RASH TO FACE

**Other Meds:**

**Lab Data:** RAPID INFLUENZA POSITIVE REPORTED THAT A COLLECTION WOULD BE SENT TO STATE LAB.

**History:** NONE REPORTED

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363427-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
Unknown	F	15-Oct-2009	17-Oct-2009	2	28-Oct-2009	29-Oct-2009	--		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	
	FLU	UNKNOWN MANUFACTURER	NULL		Unknown	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Unevaluable event

**Symptom Text:** 48 hours after H1N1 LAIV.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363437-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	28-Oct-2009	28-Oct-2009	0	28-Oct-2009	29-Oct-2009	--		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500780P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Asthenia, Dark circles under eyes, Lethargy, Nasopharyngitis, Pallor, Pyrexia

**Symptom Text:** After H1N1 mist patient left office and was pale, dark circles under eyes, weak and lethargic. fell asleep and woke 1.5 hours later with a fever of 102. patient came back to office and looked fine except for cold and temp was 99

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** cold for a few days, no fever

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363450-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	24-Oct-2009	24-Oct-2009	0	28-Oct-2009	29-Oct-2009	IL		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Fatigue, Headache, Irritability, Opisthotonus

**Symptom Text:** Child received H1N1 LAIV in AM. "Headache" (frontal lobe and temples) began the same evening. No symptoms Sunday but headache, as well as a "stomach ache", resumed Sunday evening, all day and evening Monday. Better Tuesday but symptoms resumed Tuesday evening. Mother states that the child has been very tired and uncharacteristically irritable: stomping feet, arching back, slapping sibling, and flailing about.

**Other Meds:** Zyrtec Multivitamin with iron

**Lab Data:** None. Instructed by office of PCP to bring the child in if symptoms worsened.

**History:** Seasonal allergies

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363452-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
51.0	F	26-Oct-2009	27-Oct-2009	1	28-Oct-2009	29-Oct-2009	MN		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500783P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** Noted that Flumist vaccine had been administered to person over the age of 49.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363460-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	26-Oct-2009	26-Oct-2009	0	28-Oct-2009	29-Oct-2009	CA		29-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal pain upper, Body temperature increased, Headache, Nausea

**Symptom Text:** Temp to 103, headache, stomach ache and nausea-onset 4 hrs. after H1N1 nasal mist.

**Other Meds:** None

**Lab Data:** None

**History:** AMOXICILLIN; BACTRIM

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363466-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	20-Oct-2009	20-Oct-2009	0	28-Oct-2009	29-Oct-2009	WA		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Laryngitis, Pain, Pyrexia

**Symptom Text:** Developed fever, body aches and cough within several hours of receiving vaccine; this continued into fever of greater than 102, intractable cough, body aches and laryngitis.

**Other Meds:** Insulin

**Lab Data:** None

**History:** Diabetes; hypertension

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363471-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
29.0	F	27-Oct-2009	27-Oct-2009	0	28-Oct-2009	29-Oct-2009	KS		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Ear pain, Myalgia, Pharyngeal hypoaesthesia

**Symptom Text:** 10/27/2009 R ear pain for 1 hour after administration, throat numbness for 1 hour, a lot of muscle aches.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363495-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	F	14-Oct-2009	14-Oct-2009	0	28-Oct-2009	30-Oct-2009	CA		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLU	SANOFI PASTEUR	U3186AA	0	Left arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache

**Symptom Text:** Child received FluMist as prescribed in each nostril mom stated about 15 minutes later she started complaining of a headache. They had not left the Health Department so the mom brought her back in to see the nurse. The child stated her head still hurt but was doing better. Mom was advised to give Tylenol like after any other vaccine and if symptoms get worse to see her medical provider.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363504-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	27-Oct-2009	28-Oct-2009	1	28-Oct-2009	30-Oct-2009	--		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	
	DTAP	SANOFI PASTEUR	C3322AA	4	Left arm	Intramuscular	
	IPV	SANOFI PASTEUR	D0413	3	Left arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** hives noted on face and progressed to body and arms

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** no

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363505-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	28-Oct-2009	28-Oct-2009	0	28-Oct-2009	29-Oct-2009	CA		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	U3216AA	0	Left arm	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Immediate post-injection reaction, Paraesthesia, Sensation of foreign body

**Symptom Text:** Felt he had a lump in his throat right after vaccine given and tingling in his throat. oral benadryl given with resolution of symptoms.

**Other Meds:** none

**Lab Data:**

**History:** asthma - mom not aware that he has history of asthma

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363511-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	23-Oct-2009	25-Oct-2009	2	28-Oct-2009	29-Oct-2009	MD		29-Oct-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Nasal congestion, Productive cough, Pyrexia

**Symptom Text:** Fever up to 102.9, nasal congestion, productive cough, occipital headache

**Other Meds:** None

**Lab Data:** None needed

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363513-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	27-Oct-2009	Unknown		29-Oct-2009	29-Oct-2009	CA		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	DTAP	SANOFI PASTEUR	C3157AA		Left arm	Intramuscular	
	FLU	SANOFI PASTEUR	U3203AA		Left arm	Intramuscular	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500796P	0	Unknown	Unknown	
	IPV	SANOFI PASTEUR	D0052		Left arm	Subcutaneously	
	VARCEL	MERCK & CO. INC.	1043Y		Right arm	Subcutaneously	
	FLU(H1N1)	SANOFI PASTEUR	UP004AA	0	Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Incorrect dose administered

**Symptom Text:** Child was given injectable H1N1 in addition to intranasal H1N1 vaccine and other scheduled vaccinations

**Other Meds:** none known

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363529-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
16.0	F	27-Oct-2009	27-Oct-2009	0	29-Oct-2009	29-Oct-2009	NE		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Malaise, Vomiting

**Symptom Text:** Pt. mom reports had vomiting throughout night after vaccine. Vomiting ceased by AM but did stay home from school due to ill all night and headache.

**Other Meds:** DEPO PROVERA 150 mg q 3 mo; LEXAPRO 20 mg

**Lab Data:**

**History:** Depression

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363530-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	F	27-Oct-2009	27-Oct-2009	0	29-Oct-2009	29-Oct-2009	NE		29-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Rash

**Symptom Text:** Red raised rash both arms from elbows to hands 3 hours after H1N1 nasal mist. Resolved by morning. Advised mom if rash returns-give BENADRYL and contact our office.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363534-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	M	28-Oct-2009	29-Oct-2009	1	29-Oct-2009	29-Oct-2009	OK		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Arthralgia, Myalgia

**Symptom Text:** Arthralgias, Myalgias developed overnight. Mild-moderate in severity, have been present for greater than 8 hours and continue currently.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363597-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	F	28-Oct-2009	28-Oct-2009	0	29-Oct-2009	29-Oct-2009	IA		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Chills, Heart rate increased, Respiratory rate increased, Throat irritation, Vomiting

**Symptom Text:** 1/2 hr after HINI mist dose, developed chills and scratchy throat. Mother gave her Motrin. About 10pm child is awake with fast breathing, fast heart rate, temp 103.7. Motrin given then vomited harshly for short period of time. Finally sleeping at 3am. Feeling better by morning, and no temp, was sent to school. (I) to report this to physician.

**Other Meds:** None

**Lab Data:** None

**History:** Seasonal Allergies

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363629-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
34.0	F	21-Oct-2009	21-Oct-2009	0	29-Oct-2009	02-Nov-2009	VA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, HOSPITALIZED, LIFE THREATENING, SERIOUS

**MedDRA PT** Blood pressure fluctuation, Chills, Dizziness, Heart rate increased, Sinus tachycardia, Tachycardia

**Symptom Text:** Within 5 minutes of vaccine, experienced dizziness, chills, tachycardia/160 beats per minute and fluctuations in blood pressure. Within 6 hours, had elevated heart beat at rest and one other episode - approx. 6 hrs. after receiving vaccine of sinus tachycardia-170 bpm at rest and blood pressure spike-168/90 - normal around 100/60. Treated with BENADRYL, I.V. for hydration and beta-blocker to regulate heart and b.p. Continued heart rate & bp fluctuations 5 days out. Continued beta-blockers.

**Other Meds:** ERRIN and SYNTHROID daily & prenatal vitamin

**Lab Data:** EKG to assess heart rhythm speed; BP readings; Echocardiogram.

**History:** Hypothyroidism; prior HELLP Syndrome during pregnancy (April 2008)

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363649-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	F	22-Oct-2009	22-Oct-2009	0	29-Oct-2009	29-Oct-2009	WI		29-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Anxiety, Feeling jittery, Headache, Pallor, Pruritus, Vertigo

**Symptom Text:** Initially felt jittery inside and itchy but no urticaria. VS normal, but pale. Very anxious. With in 1/2hr n/v, occipital HA and vertigo. In ED Tylenol, Meclizine, Zolfran ODT, and Advil

**Other Meds:** Not aware of current medications

**Lab Data:** None

**History:** no preexisting, allergic to shell fish

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363659-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
52.0	F	28-Oct-2009	Unknown		29-Oct-2009	30-Oct-2009	CT		30-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration, No adverse event

**Symptom Text:** No adverse symptoms noted at this time. Intranasal questionnaire was also utilized and completed by the patient. The patient indicated on that questionnaire that she was between 2-49.

**Other Meds:**

**Lab Data:**

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363663-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	23-Oct-2009	23-Oct-2009	0	29-Oct-2009	30-Oct-2009	TX		30-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea, Headache

**Symptom Text:** Headache and "unable to breath" x15-20 min (in car with mom). No color changes, no gasping, no cough, no fever, no emesis. Seen in office 2 hours after vaccine - exam normal.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363703-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	26-Oct-2009	26-Oct-2009	0	29-Oct-2009	30-Oct-2009	OK		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Erythema, Pruritus, Rash, Swelling, Swelling face

**Symptom Text:** Mom noticed "red spot" on back on neck at bedtime. Around 1 pm on 10/27/09 red rash had spread to face, neck, chest. Face was swollen. Took to ER at Hospital where they administered Benadryl po and "steroid" po. Was given liquid steroid to take daily. On 10/29/09 mom reports child still has rash, swelling, itching.

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363708-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	26-Oct-2009	27-Oct-2009	1	29-Oct-2009	30-Oct-2009	OK		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** HOSPITALIZED, SERIOUS

**MedDRA PT** Bronchiolitis, Dyspnoea

**Symptom Text:** Mom reported "heavy breathing at 8 pm 10/26/09 that continued next day. Took child to ER at Hospital where he was admitted with dx of bronchiolitis.

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363709-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	F	28-Oct-2009	29-Oct-2009	1	29-Oct-2009	30-Oct-2009	KS		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	UNKNOWN	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Erythema, Inflammation, Rash, Rash pruritic

**Symptom Text:** Rash occurred on the stomach, chest and left forearm the morning after receiving the vaccine. It appeared red, inflamed, and itches. Later that afternoon, it appeared to begin clearing up and has not spread any further.

**Other Meds:** Patient took benedryl 25 mg the morning the rash appeared. She takes Lexapro 10 mg but skipped her dose when the rash appeared out of fear of worsening the condition.

**Lab Data:** None

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363760-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
Unknown	F	23-Oct-2009	Unknown		29-Oct-2009	30-Oct-2009	GA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P		Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** Client was given H1N1 nasal mist and she is 18 weeks pregnant but did not state that she was pregnant before given the vaccination. Client referred to physician.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363761-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	M	23-Oct-2009	23-Oct-2009	0	29-Oct-2009	30-Oct-2009	TX		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756D	0	Unknown	Unknown	
	MNQ	SANOFI PASTEUR	U3014	0	Left arm	Intramuscular	
	TDAP	SANOFI PASTEUR	UF500BA	0	Right arm	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Balance disorder, Depressed level of consciousness, Gait disturbance, Staring

**Symptom Text:** 1 1/2 hours after administration, disequilibrium, stumbling, staring, slow to answer questions but oriented x 3. Spontaneous resolution.

**Other Meds:** FOCALIN XR

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363762-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	26-Oct-2009	27-Oct-2009	1	29-Oct-2009	30-Oct-2009	OK		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Pyrexia

**Symptom Text:** mom reports fever of 103 and cough

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363763-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
28.0	F	22-Oct-2009	25-Oct-2009	3	29-Oct-2009	30-Oct-2009	VA		30-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Eyelid disorder, Eyelid oedema, Facial palsy

**Symptom Text:** Left eyelid droopiness/?swelling; over the next few days, pt developed a right sided Bell's palsy

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363764-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
49.0	M	19-Oct-2009	19-Oct-2009	0	29-Oct-2009	30-Oct-2009	IL		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Headache, Lethargy, Urticaria

**Symptom Text:** Developed hives on arms and chest. Experienced headache, diarrhea, and lethargy.

**Other Meds:** Centrum Silver for men daily vitamin

**Lab Data:** None

**History:** Told by Dr.he has chemically sensitive skin.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363768-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
12.0	F	28-Oct-2009	28-Oct-2009	0	29-Oct-2009	30-Oct-2009	CA		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash pruritic, Urticaria

**Symptom Text:** Itchy rash; After shower it worsened; some hives; itchy rash & hives around mouth, on stomach and back; with benedryl the reaction did not progress and is being given every 6 hrs.

**Other Meds:**

**Lab Data:** I called a 24 hr. nurse advise system and then a doctor called me this morning to talk about the reaction.

**History:** Allergies to antibiotics: amoxi`cillin; zithromax; keflex; omnicef;

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363771-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	28-Oct-2009	28-Oct-2009	0	29-Oct-2009	30-Oct-2009	TX		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500782P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Blood pressure decreased, Cyanosis, Dizziness, Pallor

**Symptom Text:** The 25 year old was very apprehensive- stated that her daughter was going to receive the vaccine for the first time. The 25 yr old received the nasal spray vaccine first- then held her daughter for the vaccine (nasal)- the child got down from the mother's lap and that's when the mother (25 year old) appeared to be having a reaction and the nurse sat her back in the chair. This was approx 10 minutes after receiving the H1N1 live viral nasal spray vaccine, she became pale, cyanotic around the lips and face, having weakness, dizziness. Her BP was 80/50. She was held at the clinic until 7:30 pm and her BP was up to 90/50. She was recommended to go to the hospital ED but she refused and wanted to go home.

**Other Meds:** None

**Lab Data:**

**History:** No

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363772-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	27-Oct-2009	27-Oct-2009	0	29-Oct-2009	30-Oct-2009	WA		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chest discomfort, Fatigue, Headache, Oropharyngeal pain, Wheezing

**Symptom Text:** Heavy chest, weazing, headache, very tired, slight soar throat I slept 12 hours two nights after.

**Other Meds:**

**Lab Data:**

**History:** ceclor

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363777-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	27-Oct-2009	28-Oct-2009	1	29-Oct-2009	30-Oct-2009	MO		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abdominal pain, Emotional distress, Pain in extremity, Pyrexia, Vomiting

**Symptom Text:** Developed fever to 103, vomiting, abdominal and leg pain. She was in so much distress that she was evaluated in the Emergency Room. I just spoke with Mom and she said that patient is doing much better.

**Other Meds:** Bactrim suspension 7.5 ml twice daily--started on 10/27/2009.

**Lab Data:** Strep and Influenza screens were negative. CXR was negative. Urine culture from 10/27/09 was no growth.

**History:** None

**Prex Illness:** Complaining of dysuria, but no fever or abdominal pain.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363781-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
16.0	F	29-Oct-2009	29-Oct-2009	0	29-Oct-2009	30-Oct-2009	KS		30-Oct-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, No adverse event

**Symptom Text:** Client recieved Flumist which is contraindicated for a client with Asthma Client did not have reaction at time of vaccination. Called CDC for possible reactions.

**Other Meds:**

**Lab Data:**

**History:** Asthma

**Prex Illness:**

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363782-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
42.0	F	26-Oct-2009	28-Oct-2009	2	29-Oct-2009	30-Oct-2009	CO		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007765P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Ear discomfort, Pain, Throat irritation

**Symptom Text:** I feel like my throat and left ear has a chemical burn. I went to my Dr.'s office at 1 pm they said that I have a irritation to my throat and gave me a pain killer. Vicodin. The pain is so great that that is not relieving the pain.

**Other Meds:** Advil Pm

**Lab Data:** no test as of yet

**History:** none

**Prex Illness:** no illness a time of vaccanation

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363785-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	26-Oct-2009	26-Oct-2009	0	29-Oct-2009	30-Oct-2009	CA		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives all over body gave benadryl they went away came back, gave benadryl went away came back, gave again never went away its been 4 days now still getting hives.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363791-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	28-Oct-2009	28-Oct-2009	0	29-Oct-2009	30-Oct-2009	MI		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500797P	0	Unknown	Unknown	FLU		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Chills, Cough, Hypoventilation, Oropharyngeal pain, Productive cough, Throat tightness

**Symptom Text:** Within 30 minutes of receiving the H1N1 nasal vaccine I began feeling tightness in my throat. It became difficult to talk in a deep breath and my throat started to feel sore. Conditions worsened through the night and by morning I had developed a dry cough. At 9:30 am I started having chills and by 12:00 I started running a temperature and my cough became productive. At 12:00 noon my temperature was 102 degrees and Motrin was administered. It is 9pm on October 29th, 2009 and symptoms have not lessened.

**Other Meds:** Nasacort

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363799-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	26-Oct-2009	26-Oct-2009	0	29-Oct-2009	30-Oct-2009	IL		30-Oct-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500579P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Nausea, Pyrexia

**Symptom Text:** Fever (102.5), Chills, Nausea

**Other Meds:**

**Lab Data:**

**History:** None Noted

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363801-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
18.0	F	28-Oct-2009	Unknown		29-Oct-2009	30-Oct-2009	MI		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	
	FLU	GLAXOSMITHKLINE BIOLOGICALS	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Pain

**Symptom Text:** Body Ache, Headache

**Other Meds:**

**Lab Data:**

**History:** N/A

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363853-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	26-Oct-2009	27-Oct-2009	1	30-Oct-2009	02-Nov-2009	SC		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Headache, Pyrexia, Vomiting

**Symptom Text:** Fever, headache, vomiting developed within 24 hrs of H1N1 vaccine administration.

**Other Meds:**

**Lab Data:** Throat cx negative

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363913-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	F	19-Oct-2009	19-Oct-2009	0	30-Oct-2009	02-Nov-2009	NE		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	UP002AA		Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Dizziness, Headache, Nausea, Palpitations, Vomiting

**Symptom Text:** headache, weakness, dizziness,nausea, vomiting heart palpatations.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363922-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
43.0	F	25-Oct-2009	26-Oct-2009	1	30-Oct-2009	02-Nov-2009	PA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	FLU		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Arthralgia, Pain, Weight bearing difficulty

**Symptom Text:** Significant right hip pain, aggravated with extending sitting, caused limited weight bearing ability. Resolved in approximately 48 hours

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** mild nasal congestion

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363926-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
19.0	F	21-Oct-2009	Unknown		30-Oct-2009	02-Nov-2009	KY		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** Pregnant female received LAIV H1N1 at flu clinic. Interpreter present. Not discovered until 10/30 when pt seen in MD office. 11/2/09: Prenatal records received for dates of care 7/20/09 to 10/30/09. Dx: Pregnant woman received LAIV H1N1 Influenza Vaccine. Assessment: Pregnant woman at 33 weeks gestation reported to her physician that she had received the LAIV H1N1 Influenza Vaccine at a mass flu clinic.

**Other Meds:**

**Lab Data:** 11/2/09: Prenatal records received for dates of care 7/20/09 to 10/30/09. Labs and Diagnostics: + Fetal heart tones.

**History:** None. 11/2/09: Prenatal records received for dates of care 7/20/09 to 10/30/09. PMH: Condyloma, bacterial vaginosis, chlamydia, late prenatal care.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363935-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
52.0	F	07-Oct-2009	Unknown		30-Oct-2009	02-Nov-2009	UT		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** On 10/7/09 patient came to the clinic to receive a H1N1 nasal spray. I administered this vaccine to the patient. The H1N1 spray is only recommended for patients between the age of 2 years up to 50 years, so this patient was too old to receive this vaccine.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363962-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	M	25-Oct-2009	25-Oct-2009	0	30-Oct-2009	02-Nov-2009	KS		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Pyrexia, Sinus headache

**Symptom Text:** Low grade fever, up to 101 degrees F., continuing for six days so far. Severe headache and sinus pain.

**Other Meds:** Transdermal Scopolamine (10/25/09: 3pm - midnight, for air travel) Allegra (daily, for allergies)

**Lab Data:**

**History:** Tree/grass pollen and dust mite allergies.

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363964-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	M	28-Oct-2009	30-Oct-2009	2	30-Oct-2009	02-Nov-2009	CA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	1	Unknown	Unknown	FLUN		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Tongue disorder, Tongue exfoliation

**Symptom Text:** Maceration and peeling of tongue

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363965-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	F	29-Oct-2009	29-Oct-2009	0	30-Oct-2009	02-Nov-2009	NM		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Skin rash lasting about 24 hrs. No other adverse reaction noted.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 363970-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	F	22-Oct-2009	22-Oct-2009	0	30-Oct-2009	02-Nov-2009	AZ		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Abdominal pain, Chest pain, Constipation, Fatigue, Myalgia, Pain, Pharyngitis

**Symptom Text:** severe abdominal pain, chest pain, constipation, fatigue, achey, Myalgias, pharyngitis

**Other Meds:**

**Lab Data:** Lipid profile, CMP, T4, TSH, CBC

**History:** unknown

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364006-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	28-Oct-2009	28-Oct-2009	0	30-Oct-2009	02-Nov-2009	KS		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500736P	0	Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Wheezing

**Symptom Text:** expiratory and inspiratory wheezing lasting 30 minutes. Observed; no treatment necessary as wheezing resolved on its own with no additional symptoms developing

**Other Meds:** none

**Lab Data:**

**History:** iv cipro and iv vancomycin

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364007-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	21-Oct-2009	21-Oct-2009	0	30-Oct-2009	02-Nov-2009	IA		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500783P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Confusional state, Dizziness, Malaise, Nasal congestion, Rhinorrhoea, Vomiting

**Symptom Text:** "confusion, dizziness"; "an hour went by and then I threw up"; did not eat before vaccination or after; reports lack of energy; lasted 2 1/2 hours. When asked how she was feeling, "I stopped taking my allergy medicine for 3 days and don't feel well. My nose and everything is stuffy and runny."

**Other Meds:** Medication allergies: "can't remember what it is".

**Lab Data:** Did not see Dr., no testing was done;

**History:** Dx. allergies 2 years ago, environmental

**Prex Illness:** Denies "no"

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364054-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	25-Oct-2009	27-Oct-2009	2	30-Oct-2009	02-Nov-2009	CA		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis

**Symptom Text:** Mom asking if nosebleeds are adverse reaction to H1N1 intranasal received. No profuse blood but some on tissue when nose blown.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364057-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	23-Oct-2009	26-Oct-2009	3	30-Oct-2009	02-Nov-2009	NE		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Decreased appetite, Fatigue, Nasal congestion, Pyrexia, Vomiting

**Symptom Text:** Seen 10/28/09 with symptoms including fever up to 105 degrees, nasal congestion, cough, fatigue and vomiting. Associated symptoms include decreased appetite.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364061-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	28-Oct-2009	28-Oct-2009	0	30-Oct-2009	02-Nov-2009	CA		02-Nov-2009
<u>VAX Detail:</u>		<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>	
		FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	HEPA	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Vision blurred

**Symptom Text:** One hour after receiving H1N1 nasal spray, pt c/o blurry vision to R eye which resolved over 24 hours later.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364070-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	M	27-Oct-2009	28-Oct-2009	1	30-Oct-2009	02-Nov-2009	PR		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	1	Unknown	Unknown	

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Asthenia, Chills, Malaise, Pyrexia

**Symptom Text:** Patient developed sudden onset of high grade fever(103F),chills,weakness and malaise.

**Other Meds:**

**Lab Data:**

**History:** Patient has a history of Chronic Malabsortion Syndrome and Immunoglobulin deficiency. He is receiving monthly Ig infusions at home.

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364072-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	29-Oct-2009	29-Oct-2009	0	30-Oct-2009	02-Nov-2009	TX		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500782P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** NONE

**Other Meds:** UNKNOWN

**Lab Data:** none reported

**History:** NOT SPECIFIED

**Prex Illness:** AS PER CLIENT EIGHT MONTH PREGNANT

**Prex Vax Illns:** UNKNOWN~ ()~~0.00~

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364094-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
38.0	F	15-Oct-2009	17-Oct-2009	2	30-Oct-2009	02-Nov-2009	SC		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Eye haemorrhage, Eye swelling, Hyperkeratosis, Lymphadenopathy, Musculoskeletal pain, Musculoskeletal stiffness, Neck pain, Swelling, Vaccination complication, Vision blurred

**Symptom Text:** 10-17-09: swelling in both eyes; 10-18-09:bursted blood vessel in right eye; swollen gland left side of neck; 10-19-09: stiffness, pain in left shoulder and neck; right eye was better, left eye was very blurry. Treated 10-26-09 and diagnosed 10-29-09 with keratosis due to flu vaccine nasal spray by Dr. Fleming @ Medicus in Anderson, SC. Prescribed Prednisolone Acetate 1% and told to report this and return in 1 week ofr follow-up.

**Other Meds:** Vesicare 10 mg 1 qd; Valtrex 1 gram PRN fever blisters

**Lab Data:** As of now vision is still very blurry- may be slightly improving.

**History:** Sulfa drugs

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364108-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	26-Oct-2009	27-Oct-2009	1	30-Oct-2009	02-Nov-2009	IL		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	602763P		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** Husband called to report to Claire Dobbins,RN, Director Division of Health Protection, that patient received LAIV IN and that she is in first trimester of pregnancy. Requested records and requested that KCHD consult with patients obstetrician. No symptoms or adverse reactions reported at this time 11/2/09: OB/GYN records received for dates of service 11/2/09. Dx: Pregnant pt. received LAIV H1N1 Flu Vaccine at 5 weeks gestation. Assessment: As above. Plan: 1. US done on date of service, confirmed twin pregnancy. 2. Consultation planned with medical geneticist to discuss teratogenicity. 3. US of fetal anatomy at 20 weeks gestation 4. Potential fetal echocardiogram performed by pediatric cardiologist at 20 weeks IF any information becomes available that the H1N1 influenza vaccination is associated with congenital cardiac abnormalities. 5. The patient was counseled on her ability to terminate her pregnancy for any reason up to 20 weeks. ICD 9 Code: 655.33.

**Other Meds:** Unknown

**Lab Data:** 11/2/09: OB/GYN records received for dates of service 11/2/09. Labs and diagnostics: US confirmed twin pregnancy.

**History:** pregnant, first trimester. 11/2/09: OB/GYN records received for dates of service 11/2/09. PMH: Gravida 3 Para 1.

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364143-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	F	28-Oct-2009	29-Oct-2009	1	31-Oct-2009	02-Nov-2009	CA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Immunisation reaction, Oedema peripheral, Pruritus, Urticaria

**Symptom Text:** MOM STATES 10/29/2009 AT BREAKFAST CHILD HAD ITCHING, HIVES AND SWELLING OF HANDS AND FEET. MOM GAVE BENDADRYL, TOOK CHILD TO EMERGENCY ROOM AND WAS TOLD IT WAS PROBABLY FROM THE H1N1 VACCINE. MOM CALLS 10/30/2009 AFTERNOON AND STATES CHILD HAS SMALL AMT OF SWELLING AND HIVES ON HANDS BUT FEET ARE WORSE WITH SWELLING AND HIVES. MOM WAS INSTRUCTED TO GIVE BENADRYL AT THE ER.

**Other Meds:** NONE KNOWN

**Lab Data:** NO TEST ONLY GIVING BENDADRYL

**History:** NO

**Prex Illness:** NO

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364155-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	F	21-Oct-2009	24-Oct-2009	3	31-Oct-2009	02-Nov-2009	OH		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Eye discharge, Lethargy, Pyrexia, Respiratory tract congestion, Rhinorrhoea, Vomiting

**Symptom Text:** Sudden onset High Fever 103, immediately gave children's Tylenol, alternated Children's Tylenol & Children's Motrin Q4H. By 4am Sunday morning, fever was 103 even with medicine. Other symptoms at this time runny nose, congestion, violent coughing, vomiting (mostly mucus), lethargy, one eye looked a little infected with greenish discharge. High fever lasted until Tuesday around 8:00pm. (4 days) Was giving Tylenol/Motrin Q 3 hours Sunday-Tuesday as recommended by ER doctor.

**Other Meds:**

**Lab Data:** Chest X-ray showed no pneumonia. Upon examination, double ear infection. Swab test was said to be negative for H1N1. Staff skeptical considering symptoms; considered false results.

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364156-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	M	30-Oct-2009	30-Oct-2009	0	31-Oct-2009	02-Nov-2009	TX		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500778P	0	Unknown	Unknown	FLUN

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Headache, Muscle spasms, Nausea, Rhinorrhoea

**Symptom Text:** Headache, Nausea, Runny Nose, Cramps

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364157-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	29-Oct-2009	30-Oct-2009	1	31-Oct-2009	02-Nov-2009	TX		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5007SUP	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Diarrhoea, Rash

**Symptom Text:** rash on belly and legs diarrhea

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364174-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	F	27-Oct-2009	27-Oct-2009	0	31-Oct-2009	02-Nov-2009	OH		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Feeling hot, Nausea, Pallor, Vision blurred

**Symptom Text:** Dizzinez, sensation of hot, nausea, blurry vision, pallor, suething. Low blood pressure measured after sympoms started to improve: 105/50, heart rate: 60. I drunk 600 ml of water and eat salt food. Recovered by 4:15 PM.

**Other Meds:**

**Lab Data:** Blood pressure measured after sympoms started to improve: 105/50, heart rate: 60. I drunk 600 ml of water and eat salt food. Recovered by 4:15 PM.

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364187-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	M	30-Oct-2009	30-Oct-2009	0	01-Nov-2009	02-Nov-2009	IL		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Cough, Dizziness, Nasal congestion, Oropharyngeal pain, Pyrexia, Somnolence, Vomiting

**Symptom Text:** severe fever,dizziness,drowsiness, weakness, vomiting bile, cough, nasal congestion, sore throat,

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364188-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
32.0	F	27-Oct-2009	29-Oct-2009	2	01-Nov-2009	02-Nov-2009	OR		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	1	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Mobility decreased, Musculoskeletal stiffness, Neck pain

**Symptom Text:** Sudden Stiffness in neck. In ability to turn neck abruptly nor look down or up. Neck Pain.

**Other Meds:**

**Lab Data:** Havent yet gone to the doctors, I work in a medical facility, I went home early on Friday, and Sunday it still hasent resolove. I will contact my doctor on Monday.

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364200-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	M	31-Oct-2009	01-Nov-2009	1	01-Nov-2009	02-Nov-2009	OH		02-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Headache, Loss of consciousness

**Symptom Text:** Black out/Light headedness/Dizziness/Headache

**Other Meds:** Diovan 160mg 1 tablet per day

**Lab Data:**

**History:** Hypertension

**Prex Illness:** None

**Prex Vax Illns:** Headache~Influenza (Seasonal) (no brand name)~1~18.50~Patient

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364204-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
18.0	F	28-Oct-2009	30-Oct-2009	2	01-Nov-2009	02-Nov-2009	IL		02-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Oropharyngeal pain, Pain, Pyrexia

**Symptom Text:** Sore throat, feeling achy, 101 degree fever, chills Taking Tylenol Multisymptom caplets

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364215-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
6.0	M	28-Oct-2009	28-Oct-2009	0	01-Nov-2009	02-Nov-2009	MI		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** HIVES

**Other Meds:**

**Lab Data:**

**History:** ALL: PCN

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364216-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	M	29-Oct-2009	31-Oct-2009	2	01-Nov-2009	02-Nov-2009	NY		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown			

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Abdominal discomfort, Oropharyngeal pain, Pyrexia

**Symptom Text:** Fever lasting more than 2 days. Average temperature 102.7 Sore throat. Abdominal Discomfort

**Other Meds:**

**Lab Data:**

**History:** N/A

**Prex Illness:** None known

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364218-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
33.0	F	28-Oct-2009	30-Oct-2009	2	01-Nov-2009	02-Nov-2009	CA		02-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Asthenia, Dysstasia, Gait disturbance, Hyperhidrosis, Hypoaesthesia, Paraesthesia

**Symptom Text:** On thursday night I started experiencing some tingling in my back. I did not think much of it, but I decided not to go to work. I am a pharmacist so on friday when I went to work I started sweating and was weak I could barely stand. I went home to rest after consulting with my physician to rest. I went home to rest and stated experiencing tingling and numbness in my left and right arm. I called the health department that gave me the vaccination and they said noone has complained of that side effect. I received the LAIV H1N1. I called my physician again who told me to take Benadryl. On saturday I only had tingling on my right arm so I felt more secure and decided not to go to the ER. Around 4 A.M i woke up with no feeling on my right arm and a horrible tingling sensation. My husband encouraged me to rest and rubed my arm. When I woke up I could barely walk and was hobbling. My whole right side is tingling and numb. I went to the ER where they performed a CT scan and blood work. Everything looked okay so they sent me home to be evaluated by my doctor on Monday and possible referral to a neurologist if I am not improving.

**Other Meds:** none

**Lab Data:** CT scan and blood work. Follow up with PCP and possibly neurology.

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364219-1 (S)

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
44.0	M	28-Oct-2009	29-Oct-2009	1	01-Nov-2009	02-Nov-2009	MI	H1N1NasalFlumist	03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	1	Unknown	Unknown			

**Seriousness:** ER VISIT, HOSPITALIZED, SERIOUS

**MedDRA PT** Condition aggravated, Convulsion, Road traffic accident

**Symptom Text:** Had A Seizure while driving...had not had a seizure during the day for 8 years Hit a light post with my car and damaged vehicle driving at approx. 25 MPH 11/2/09: Hospital records received for dates of stay 10/29/09 to 10/30/09. Dx: Breakthrough Seizure Disorder, History of Seizure, Motor Vehicle Accident. Assessment: Epileptic patient maintained seizure free on Tegretol x 8 years, received H1N1 vaccine and had a seizure while driving his car the following day. Accident was at low speed and pt. was unhurt. Monitored in the hospital overnight and discharged to home. Keppra started BID.

**Other Meds:** Carbamezapine

**Lab Data:** All Blood Work Showed my levels were good.Kept in hospital overnight for observation. Had no other side effects except a headache. 11/2/09: Hospital records received for dates of stay 10/29/09 to 10/30/09. Labs and Diagnostics: CBC and

**History:** Epilepsy - Due to Head Trauma Taking Carbamezapine. 11/2/09: Hospital records received for dates of stay 10/29/09 to 10/30/09. PMH: Seizure disorder

**Prex Illness:** NONE

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364227-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	29-Oct-2009	29-Oct-2009	0	02-Nov-2009	03-Nov-2009	MA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	FLUN		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Condition aggravated, Cough, Febrile convulsion, Pyrexia

**Symptom Text:** H1N1 LAIV on 10/29. Developed fever and cough later that day. Febrile sz 10/30 0300 (known hx feb. sz).

**Other Meds:**

**Lab Data:** None

**History:** Febrile sz

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364238-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
9.0	M	29-Oct-2009	01-Nov-2009	3	02-Nov-2009	03-Nov-2009	IL	H1N1 spray mist	03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Lacrimation increased, Pyrexia

**Symptom Text:** watery eyes, fever ~ 101, very bad cough

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** slight cough

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364239-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
20.0	F	30-Oct-2009	30-Oct-2009	0	30-Oct-2009	03-Nov-2009	NY		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500779P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Asthenia, Blindness transient, Syncope

**Symptom Text:** Started to feel weak, fainted-unable to see 5 sec lasted about 20 seconds. Has not eaten at all today. Only drank 16 oz seltzer water. Got up by self-sat/rested for 15 minutes.

**Other Meds:** Oral contraceptives

**Lab Data:** None

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364242-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
19.0	F	26-Oct-2009	29-Oct-2009	3	30-Oct-2009	03-Nov-2009	NY		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500779P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Blister, Erythema, Pruritus, Pyrexia, Rash macular, Skin lesion

**Symptom Text:** Fever (101 PO) 72 hours after vaccine (responded to acetaminophen) and rash: red macular lesions (5-15 mm) with central vesicle over trunk. Some pruritis - >treated with antihist.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364245-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
17.0	M	28-Oct-2009	28-Oct-2009	0	02-Nov-2009	03-Nov-2009	PA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Decreased appetite, Headache, Oropharyngeal pain

**Symptom Text:** 10/28/09 H1N1 vaccine given to student in school via nasal spray. 10/30 student c/o headache, sore throat and poor appetite since 10/28/09. T 98.5. Lungs clear. Throat is normal. NAD. SN called mother to inform her of students complaints and nurse assessment. Mother also informed of report to VAERS.

**Other Meds:**

**Lab Data:**

**History:** Eczema; hearing loss right ear

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364254-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
15.0	F	29-Oct-2009	29-Oct-2009	0	02-Nov-2009	03-Nov-2009	TX		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Nausea, Pharyngeal oedema, Vomiting

**Symptom Text:** Nausea, vomiting, feels throat swelling, dizzy.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364255-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
1.3	M	21-Oct-2009	Unknown		02-Nov-2009	03-Nov-2009	CA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Inappropriate schedule of drug administration

**Symptom Text:** Given nasal H1N1 influenza vaccine by mistake. No treatment needed, follow up call revealed no ill effects.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364267-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	F	21-Oct-2007	24-Oct-2007	3	02-Nov-2009	03-Nov-2009	SD		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chills, Dizziness, Headache, Vomiting

**Symptom Text:** Headache, Vomitting 20-30 minutes from 8:00 AM until 1:00PM, dizziness, body chills until administered IV fluids and Zofran.

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364270-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	30-Oct-2009	01-Nov-2009	2	02-Nov-2009	03-Nov-2009	MA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Myalgia, Pyrexia

**Symptom Text:** Fever 104 Cough Myalgia

**Other Meds:** none

**Lab Data:**

**History:** none

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364272-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
42.0	F	15-Oct-2009	17-Oct-2009	2	02-Nov-2009	03-Nov-2009	IA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759T	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cough, Dizziness, Headache, Nausea, Oropharyngeal pain, Pain, Pyrexia

**Symptom Text:** aches and pains started on 10/17/2009. On 10/18/2009 am high fever 102.7, cough, sore throat, head ache, nausea, dizziness through 10/24/2009. Continued to have severe cough, sore throat, head ache until 10/28/2009. Continued to have cough until 11/2/2009.

**Other Meds:** NONE

**Lab Data:** tested positive for influenza A.

**History:**

**Prex Illness:** HEALTHY.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364274-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	24-Sep-2009	29-Sep-2009	5	02-Nov-2009	03-Nov-2009	SD		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	507713P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Facial palsy

**Symptom Text:** Bells Palsy

**Other Meds:**

**Lab Data:**

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364278-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
40.0	F	14-Oct-2009	17-Oct-2009	3	02-Nov-2009	03-Nov-2009	CA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Oropharyngeal pain, Pain, Rhinorrhoea

**Symptom Text:** Runny nose, body ache, severe headache, sore throat, coughing lasting for 3 days, treated with Tylenol and rest

**Other Meds:**

**Lab Data:** N/A

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364288-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
46.0	F	31-Oct-2009	01-Nov-2009	1	02-Nov-2009	03-Nov-2009	WA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500796P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Arthralgia, Fatigue, Joint stiffness, Myalgia, Oral herpes, Oropharyngeal pain, Productive cough

**Symptom Text:** I woke in the am with extreme fatigue and generalized muscle aches and a cold sore. This progressed through the day to the evening with severe muscle aches and joint pain and stiffness in all joints except my hands and feet. I also am experiencing a sore throat and a slightly productive cough that continues today. I took Tylenol and Benedryl at bedtime.

**Other Meds:** Sertraline, Levothyroxine, Hyzaar, propranolol

**Lab Data:**

**History:** HTN, DMII, Hypothyroidism, migraine, depression

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364292-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	F	02-Nov-2009	02-Nov-2009	0	02-Nov-2009	03-Nov-2009	GA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500745P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Epistaxis

**Symptom Text:** Child was given H1N1 nasal mist. Child had nosebleed immediately following administration. Left nostril bleed lightly for approx 20 min. Bleeding stopped with tissue and gentle pressure.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364293-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
36.0	F	20-Oct-2009	Unknown		02-Nov-2009	03-Nov-2009	AZ		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy, Unevaluable event

**Symptom Text:** Client was possibly pregnant and was given the H1N1 Flumist instead of the inactivated vaccine. Client was called and spoke with Dr.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364298-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
49.0	F	31-Oct-2009	31-Oct-2009	0	02-Nov-2009	03-Nov-2009	IL		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500781P	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Dizziness, Fatigue, Headache, Myalgia, Nasal congestion, Oropharyngeal pain, Pyrexia, Wheezing

**Symptom Text:** Initial reactions: Increased nasal congestion, dizziness, strong wheezing cough. By 11/01/09: fever (up to 101.7), headache (mild), muscle aches, tiredness, continued strong cough. Spent the day 11/01/09 resting. Fever diminished within 24 hours. Mild cough and sore throat persist 11/02/09.

**Other Meds:** daily aspirin regime - 81mg daily Emeren-C - 1 pkg daily Walgreens Calcium Citrate Plus - 1 tablet daily Walgreens Glucosamine Chondroitin Complex Triple Strength - 2 tablets daily

**Lab Data:** none - did not seek medical attention from a physician since fever was gone in 24 hours.

**History:** Allergies to many trees, molds, dust, animal dander, grasses Food allergies to potatoes, tomatoes, green peppers (night shades)

**Prex Illness:** Postnasal drip from seasonal allergies

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364302-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	F	23-Oct-2009	24-Oct-2009	1	02-Nov-2009	03-Nov-2009	WI		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500757P	0	Unknown	Unknown			

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Pyrexia

**Symptom Text:** Fever of 103 degrees beginning at 9:00 PM 10/24/09, to 105.3 degrees on 10/25 AM. Chest x-ray 10/25 "OK".

**Other Meds:**

**Lab Data:** Chest x-ray "OK" per mom

**History:**

**Prex Illness:** Cough x 1 mo.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364329-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
23.0	F	22-Oct-2009	23-Oct-2009	1	02-Nov-2009	03-Nov-2009	WI		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dizziness, Gait disturbance, Nausea, Vertigo

**Symptom Text:** Patient was given H1N1 LAIV nasal spray on 10/22/09. On 10/23/09 patient experienced dizzy spells, nausea, and inability to walk unassisted. Patient saw MD and was treated for vertigo. MD told patient that vaccine settled in her ear.

**Other Meds:**

**Lab Data:** Unknown

**History:** Scoliosis

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364332-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	F	15-Oct-2009	17-Oct-2009	2	02-Nov-2009	03-Nov-2009	AZ		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	HPV4

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Headache, Pyrexia

**Symptom Text:** Slightly elevated temperature from Oct 17th-Oct 19th accompanied by headache. Then developed cough. Still has slight cough.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364339-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	12-Oct-2009	12-Oct-2009	0	02-Nov-2009	03-Nov-2009	MN		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dizziness, Headache, Nausea

**Symptom Text:** 10/21/09 Reported symptoms since 10/12/09 day given H1N1 FLumist. C/O headache, nausea and dizziness. No temp. Informed to f/u with primary MD as needed.

**Other Meds:** None

**Lab Data:** None

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364343-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	20-Oct-2009	20-Oct-2009	0	02-Nov-2009	03-Nov-2009	MI		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** 10/20/09 Client received vaccine and states that 3 hours later she started to develop hives. Did not seek treatment or take medication until 10/21/09 when she saw MD and started BENADRYL PO. Next day hives progressed to entire body so she went to ER and was given 5 day prednisone regimen (10/22/09).

**Other Meds:** Birth control pills (YAZ)

**Lab Data:**

**History:** Penicillin; amoxicillin; erythromycin; clindamycin; vancomycin

**Prex Illness:** Denies

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364347-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	20-Oct-2009	20-Oct-2009	0	02-Nov-2009	03-Nov-2009	OR		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** Rash on face, shoulder 2 hrs after mist.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364354-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	22-Oct-2009	23-Oct-2009	1	02-Nov-2009	03-Nov-2009	NY		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea, Pyrexia

**Symptom Text:** Fever, shortness of breath.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364359-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
11.0	M	13-Oct-2009	15-Oct-2009	2	02-Nov-2009	03-Nov-2009	CA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	0	Unknown	Unknown	
	FLU	SANOFI PASTEUR	NULL	3	Unknown	Intramuscular	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Bronchospasm, Cough, Headache, Lobar pneumonia, Oropharyngeal pain, Pyrexia

**Symptom Text:** Onset fever, headache, sore throat, cough and slight bronchospasm which persisted on and off 10/16-10/21. Developed secondary left lower lobe bacterial pneumonia on 10/21/09. Treated in ER. TAMIFLU given 10/16-10/21-full 5 d course.

**Other Meds:** None

**Lab Data:** CXR; blood tests; rapid flu (neg)

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364362-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	20-Oct-2009	26-Oct-2009	6	02-Nov-2009	03-Nov-2009	LA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500769P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Influenza, Pyrexia

**Symptom Text:** Pt with 104.3 degree fever, flu symptoms.

**Other Meds:**

**Lab Data:** CBC

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364366-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	20-Oct-2009	28-Oct-2009	8	02-Nov-2009	03-Nov-2009	LA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Influenza, Nasopharyngitis, Pyrexia

**Symptom Text:** Pt with 103 degree fever, cold/flu symptoms.

**Other Meds:**

**Lab Data:** CBC

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364413-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
26.0	F	28-Oct-2009	28-Oct-2009	0	02-Nov-2009	03-Nov-2009	NV		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	1	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Oropharyngeal pain, Pyrexia, Vomiting

**Symptom Text:** Pt. has fever 100.5, chills, sore throat, vomiting. 10/31/09 started.

**Other Meds:** None

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364415-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
24.0	F	27-Oct-2009	28-Oct-2009	1	02-Nov-2009	03-Nov-2009	MI		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Hypoaesthesia facial, Hypoaesthesia oral, Lip swelling, Paraesthesia, Paraesthesia oral

**Symptom Text:** On 10/27/089 at 4:00 PM patient received intranasal live H1N1 Flumist. When she woke up the next AM (10/28/09) she noticed that her upper lip was swollen and tingling. In addition she felt tingling and numbness on bilateral midface around the nose and mouth area. ALLEGRA was prescribed 180 mg, 5 tablets to take, one tablet once a day.

**Other Meds:** Birth control pills

**Lab Data:** None

**History:** NKDA

**Prex Illness:** Denies illness

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364437-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	M	22-Oct-2009	22-Oct-2009	0	02-Nov-2009	03-Nov-2009	MO	MO-2009-25	03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500759P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Rash

**Symptom Text:** at 3:40 PM mom noticed rash on the face, checked further no other rash areas. Rash under eyes, nose and temple. Treatment with benadryl and cold wash cloths relieves symptoms.

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:**

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364443-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
44.0	M	27-Oct-2009	28-Oct-2009	1	02-Nov-2009	03-Nov-2009	MN		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500764P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Cough, Decreased appetite, Diarrhoea, Fatigue, Influenza, Myalgia, Nausea, Pyrexia

**Symptom Text:** I am an internal medicine physician. I experienced a classic syndrome for acute influenza. I had sudden severe cough and fever to 102.5F. Fever spikes occurred repeatedly over next 60 hours. Diarrhea, nausea, anorexia, prostration, severe myalgias. Started Relenza 24 hours after symptom onset, and I think it did help. Was able to return to work today 11-2-09 with some residual cough and diarrhea.

**Other Meds:** lisinopril 10 mg qday

**Lab Data:**

**History:**

**Prex Illness:** Slight cold (rhinorrhea, slight cough)

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364451-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	28-Oct-2009	01-Nov-2009	4	02-Nov-2009	03-Nov-2009	CA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Dyspnoea, Respiratory rate increased, Wheezing

**Symptom Text:** WHEEZING. BREATHING HEAVY & FAST.

**Other Meds:**

**Lab Data:**

**History:** No.

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364466-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
25.0	F	27-Oct-2009	27-Oct-2009	0	02-Nov-2009	03-Nov-2009	TX		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500754P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** After vaccination, patient reported that she was pregnant.

**Other Meds:** None reported.

**Lab Data:** None. Patient instructed to call Physician and take our immunization record (showing that Novel H1N1 was administered) with her, and ask her physician for further instruction or evaluation. Patient was asked to follow-up with the Brazos C

**History:** None. After vaccination with Novel H1N1 FluMist, patient reported that she was pregnant.

**Prex Illness:** None.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364476-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
22.0	F	27-Oct-2009	29-Oct-2009	2	02-Nov-2009	03-Nov-2009	SD		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500758P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** Patient came to see Dr. Kay today after doing a home pregnancy test. Pregnancy is confirmed by serum. Patient states she received a H1N1 Flumist last week at the Nursing Home where she works.

**Other Meds:**

**Lab Data:** Serum test for pregnancy was positive at the clinic.

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364481-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
31.0	M	28-Oct-2009	01-Nov-2009	4	02-Nov-2009	03-Nov-2009	MD		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500761P	1	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Dermatitis, Erythema, Pruritus, Rash

**Symptom Text:** allergic reaction to the patients face. inflammation around the eyes,rash, itching, redness, acute onset.

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364488-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
4.0	F	23-Oct-2009	24-Oct-2009	1	02-Nov-2009	03-Nov-2009	TX		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	IPV	SANOPI PASTEUR	B04763	3	Left arm	Unknown	
	MMR	MERCK & CO. INC.	0679Y	1	Right arm	Unknown	
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	0	Unknown	Unknown	
	DTAP	GLAXOSMITHKLINE BIOLOGICALS	AC14B080AA	4	Right arm	Unknown	
	VARCEL	MERCK & CO. INC.	1073Y	1	Left arm	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Injection site swelling

**Symptom Text:** Swelling on Rt. arm. Tx. ice packs, TYLENOL or MOTRIN.

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364489-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
35.0	F	19-Oct-2009	21-Oct-2009	2	02-Nov-2009	03-Nov-2009	IN		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	FLU		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Influenza

**Symptom Text:** Myself and husband came down with flu after 6 yr old twins got H1N1 Flumist (48 hr after). He tested positive for Influenza A and H1N1 is being sent off.

**Other Meds:** CYMBALTA; xanax; AMBIEN

**Lab Data:** None for me-husband's Dr put me on TAMIFLU

**History:** Fibromyalgia; arthritis

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364490-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
38.0	M	19-Oct-2009	21-Oct-2009	2	02-Nov-2009	03-Nov-2009	IN		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	FLU		

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Influenza

**Symptom Text:** Pt came down w/Influenza A 48 hours after his twins got their H1N1 Flumist.

**Other Meds:** Pain meds

**Lab Data:** Rapid test Influenza +, H1N1 tested

**History:** Bulging discs

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364491-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
7.0	F	30-Oct-2009	30-Oct-2009	0	02-Nov-2009	03-Nov-2009	OK		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Body temperature increased, Rash

**Symptom Text:** 10/30/09 rash and 103 degree temp PM, approximately 7:00 PM. Call to ER. Instructed to give child BENADRYL and TYLENOL by ED physicians. Mother reported rash lasted approximately 3 hrs. 11-2-09 office visit at PCP office. Dx with flu. Prescribed TAMIFLU.

**Other Meds:** None

**Lab Data:** Dx by PCP with flu 11-2-09

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364496-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
3.0	M	29-Oct-2009	31-Oct-2009	2	02-Nov-2009	03-Nov-2009	HI		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500715P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Pyrexia, Wheezing

**Symptom Text:** Develeoped febrile illnes with wheeze required multiple visits, nebulized albuterol.

**Other Meds:**

**Lab Data:** Negative nasal flu. Chest xray: Mild peribronchial thickening without evidence of a focal pneumonia

**History:** none

**Prex Illness:** none - exposure to playmate prior

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364498-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	26-Oct-2009	Unknown		02-Nov-2009	03-Nov-2009	IL		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Contraindication to vaccination, Drug exposure during pregnancy

**Symptom Text:** PT IS PREGNANT AND RCVD NASAL DOSE OF VACCINE

**Other Meds:**

**Lab Data:**

**History:** PREGNANCY - 27 WKS EGA.

**Prex Illness:** NO

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364499-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
41.0	M	28-Oct-2009	30-Oct-2009	2	02-Nov-2009	03-Nov-2009	PA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P	1	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Heart rate increased, Pruritus, Urticaria

**Symptom Text:** BROKE OUT IN HIVES ON HAIRLINE, EARS, FACE & ARMS. COMPLAINED OF ITCHING. NO SOB. FELT HIS HEART WAS GOING FAST. TREATED WITH ALLEGRA AND BENEDRYL WITH RELIEF. NO KNOWN ALLERGIES TO VACCINE COMPONENTS.

**Other Meds:** NONE

**Lab Data:** NONE

**History:** NONE KNOWN OR REPORTED.

**Prex Illness:** NO, NONE REPORTED.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364500-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	27-Oct-2009	30-Oct-2009	3	02-Nov-2009	03-Nov-2009	OR		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>		<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>	
	FLU	SANOFI PASTEUR		U3261AA		Left arm	Intramuscular		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.		500751P		Unknown	Unknown		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Mother reported hives on feet and then on arms.

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364534-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	F	29-Oct-2009	30-Oct-2009	1	02-Nov-2009	03-Nov-2009	MO		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500763P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Chills, Cough, Oropharyngeal pain, Rhinorrhoea, Vomiting

**Symptom Text:** Sore throat, Temp, vomitting, cough, runny nose, chills began early morning of 10/30/2009. Parent did not report time of onset. Parent indicated that she suspected the LAIV vaccine. However, child possibly exposed prior to vaccination. Local schools reporting high incidence of H1N1 Flu illness. No medical care being sought at time of report.

**Other Meds:**

**Lab Data:**

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364537-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
5.0	M	31-Oct-2009	02-Nov-2009	2	02-Nov-2009	03-Nov-2009	WA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Rhinorrhoea

**Symptom Text:** temp 102.6, runny nose

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364548-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
8.0	M	28-Oct-2009	28-Oct-2009	0	02-Nov-2009	03-Nov-2009	CA		03-Nov-2009
<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>		
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500796P	0	Unknown	Unknown	FLUN		

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Pyrexia, Urticaria

**Symptom Text:** Temp 99 in the afternoon and then 102.5 by evening. Thursday, temp still 100.2 and kept home from school. Friday, went to school. By Friday evening, hives on back, chest, upper arms. No fever at that time. Sunday evening, fever of 100 degrees. Home from school again today. Mom reports good appetite and fever down with medication. Advised to stay home until fever free 24 hours without fever reducing medication. No one else ill in household.

**Other Meds:** Unknown

**Lab Data:** None

**History:** No

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364549-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	M	13-Oct-2009	16-Oct-2009	3	02-Nov-2009	03-Nov-2009	CO		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500751P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Blister, Oral herpes

**Symptom Text:** Client states that he had vestibule like lesions at base of nostril (cold sore like)that oozed and then crusted over. He stated that he had never gotten cold sores ever before.

**Other Meds:**

**Lab Data:** None

**History:** Unknown

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364550-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	M	24-Oct-2009	27-Oct-2009	3	02-Nov-2009	03-Nov-2009	WA		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Urticaria

**Symptom Text:** Hives

**Other Meds:**

**Lab Data:** Hives for 2 days, Gave him benadryl, cleared up

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364555-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	16-Oct-2009	24-Oct-2009	8	02-Nov-2009	03-Nov-2009	WA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Herpes zoster

**Symptom Text:** Shingles, mild, R ant chest

**Other Meds:** Thyroid supplement, Lithium (both chronic, for years)

**Lab Data:** Responded to antiviral treatment with Acyclovir

**History:** Polycystic kidney disease, asymptomatic

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364562-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
27.0	F	17-Oct-2009	19-Oct-2009	2	02-Nov-2009	03-Nov-2009	SC		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Fatigue, Malaise, Nasal congestion, Rhinorrhoea

**Symptom Text:** Runny/congested nose, extreme fatigue, malaise

**Other Meds:**

**Lab Data:**

**History:** Penicillin

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364567-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
39.0	F	23-Oct-2009	23-Oct-2009	0	02-Nov-2009	03-Nov-2009	NJ		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5570989		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Cold sweat, Cough, Dizziness, Flushing, Palpitations

**Symptom Text:** Right after I had the H1N1 live intranasal vaccine I had a racing heart beat, felt faint, flush, cold sweats, coughing for two days.

**Other Meds:** I take: Depakote 625 mg at night, seroquel 25 mg. at night, luvoxyl .05mcg. at night

**Lab Data:** I went for a follow up examination because I was coughing a few days later. Today/seven days after the initial visit to the ENT specialist I was just told I have a 'sinus infection' I am now taking Zithromax (3 day supply).. I was told thi

**History:** Allergic to all dairy, graves disease/hypoactive thyroid

**Prex Illness:** No

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364568-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
38.0	M	23-Oct-2009	23-Oct-2009	0	02-Nov-2009	03-Nov-2009	NJ		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	5571040		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Sensory disturbance

**Symptom Text:** Felt my right leg the blood 'pulsating' through the femoral artery region for several seconds. This occurred approx 5 to 6 times throughout the day only when I sat or drove my car (note I was working after I had this vaccination). This stopped at approx. 3pm.

**Other Meds:**

**Lab Data:** none

**History:** none

**Prex Illness:** stuffy nose/cold

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364579-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
36.0	M	02-Nov-2009	02-Nov-2009	0	02-Nov-2009	03-Nov-2009	TX		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500782P	0	Unknown	Unknown	FLU

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest pain, Cough, Skin warm

**Symptom Text:** head feeling very hot, no fever. occassional cough, and pain in right lung/chest.

**Other Meds:** geodon, welchol, atenolol, prevacid, niravam

**Lab Data:**

**History:** i told them i had quit smoking 1.5 months ago. it had actually been 2 months sinc i quit smoking. it was obvious that i was concerned about my lungs. despite this, they choose to give me the nasal vaccine.

**Prex Illness:** no

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364581-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
2.0	M	01-Nov-2009	01-Nov-2009	0	02-Nov-2009	03-Nov-2009	ND		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Discomfort, Pyrexia

**Symptom Text:** discomfort, shivering, fever 103.3 by ear. Treated with 1 tsp ibuprofen, followed 3 hours later by 1 tsp acetomeniphin

**Other Meds:** No other vaccines given on same date or in preceeding 4 weeks. No other known adverse reactions to prior vaccinations.

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364584-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
50.0	M	29-Oct-2009	29-Oct-2009	0	03-Nov-2009	03-Nov-2009	AZ		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500765P	0	Right arm	Intramuscular	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chills, Fatigue, Feeling abnormal, Hypoaesthesia, Muscle spasms, Nausea, No reaction on previous exposure to drug, Oedema peripheral, Paraesthesia, Photosensitivity reaction, Pruritus, Skin burning sensation, Vertigo

**Symptom Text:** I had no trouble at all with the regular flu shot 3 weeks ago. With the H1N1 vaccination I noticed photosensitivity in 30 to 40 minutes. By the following morning had developed skin itching and burning, numbness, electrical shocking sensations, vertigo, unusual muscle cramping, mildly swollen hands and feet, mild chills, mild nausea, foggy consciousness, and severe fatigue. A very different experience than the seasonal vaccination 3 weeks prior.

**Other Meds:**

**Lab Data:** Still watchful waiting. No objective testing as of report date.

**History:** Seasonal allergies with chronic high eosinophile count. Hyperlipidema.

**Prex Illness:** Contracted HSV2 in April 2009. Not symptomatic and otherwise healthy at time of vaccination.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364586-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
21.0	M	29-Oct-2009	31-Oct-2009	2	03-Nov-2009	03-Nov-2009	OH		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	FLU

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Body temperature increased, Headache, Oropharyngeal pain, Pain

**Symptom Text:** Sore Throat, Minor Fever, Headache, General/Minor Ache Acetaminophen

**Other Meds:**

**Lab Data:**

**History:**

**Prex Illness:** No.

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364591-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
14.0	F	15-Oct-2009	19-Oct-2009	4	03-Nov-2009	03-Nov-2009	IL		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest X-ray, Cough, Headache, Influenza like illness, Pain, Pyrexia

**Symptom Text:** FLu like sysmptoms, fever, aches, cough, headache. Treatment was OTC fever reducers, did have chest x-ray. Doctor suspected H1N1 - did not test. But suspected flu mist was cause.

**Other Meds:**

**Lab Data:**

**History:** allergy to apples

**Prex Illness:** none

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364611-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
13.0	M	02-Nov-2009	02-Nov-2009	0	03-Nov-2009	03-Nov-2009	FL		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	NULL		Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Fatigue

**Symptom Text:** Very tired

**Other Meds:**

**Lab Data:**

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364623-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
18.0	F	31-Oct-2009	31-Oct-2009	0	03-Nov-2009	03-Nov-2009	MD		03-Nov-2009

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500776P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Chest pain, Cough, Dyspnoea, Immediate post-injection reaction, Oropharyngeal pain, Skin warm, Tremor

**Symptom Text:** AFTER RECEIVING MIST, PATIENT COMPLAINED OF CHEST PAIN, SHORTNESS OF BREATH, WAS SHAKEY, COMPLAINED OF HER THROAT BEING "SORE", AND HER EAR BEING HOT. SHE BEGAN COUGHING IMMEDIATELY AFTER THE MIST WAS ADMINISTERED.

**Other Meds:**

**Lab Data:**

**History:** NONE NOTED

**Prex Illness:** NONE NOTED

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364636-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
27.0	F	29-Oct-2009	30-Oct-2009	1	03-Nov-2009	03-Nov-2009	VA		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500760P	0	Unknown	Unknown	

**Seriousness:** NO CONDITIONS, NOT SERIOUS

**MedDRA PT** Chest discomfort

**Symptom Text:** Chest tightening. Patient denies wheezing, cough. Patient waited until she got home and took Albuteral inhalers.

**Other Meds:** Albuterol Inhaler Prn Wheezing

**Lab Data:** None

**History:** Asthma stated well controlled

**Prex Illness:** None

**Prex Vax Illns:**

# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364637-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
48.0	F	23-Oct-2009	24-Oct-2009	1	03-Nov-2009	03-Nov-2009	WI		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500762P	0	Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Bronchitis, Headache, Oropharyngeal pain, Pain, Pyrexia, Rhinorrhoea

**Symptom Text:** Fever ( 100 degrees), body aches, headahce, sore throat, and runny nose. On 10/28/09 was seen by provider and diagnosed with bronchitis. Started on azithromycin

**Other Meds:**

**Lab Data:** none

**History:** no

**Prex Illness:** no

**Prex Vax Illns:**



# VAERS Line List Report

Report run on: 04 NOV 2009 10:32

Vax Type: FLUN(H1N1) All comb. w/AND

**Vaers Id:** 364643-1

<u>Age</u>	<u>Gender</u>	<u>Vaccine Date</u>	<u>Onset Date</u>	<u>Days</u>	<u>Received Date</u>	<u>Status Date</u>	<u>State</u>	<u>Mfr Report Id</u>	<u>Last Edit Date</u>
30.0	M	28-Oct-2009	29-Oct-2009	1	03-Nov-2009	03-Nov-2009	KS		03-Nov-2009

  

<u>VAX Detail:</u>	<u>Type</u>	<u>Manufacturer</u>	<u>Lot</u>	<u>Prev Doses</u>	<u>Site</u>	<u>Route</u>	<u>Other Vaccine</u>
	FLUN(H1N1)	MEDIMMUNE VACCINES, INC.	500756P		Unknown	Unknown	

**Seriousness:** ER VISIT, NOT SERIOUS

**MedDRA PT** Paraesthesia

**Symptom Text:** Left foot was tingling. Tingling progressed over the next few days up the left leg. Today (11/2/09) she states her left foot feels like it is asleep.

**Other Meds:** None

**Lab Data:** Unknown, she is to visit PCP today.

**History:** None

**Prex Illness:** None

**Prex Vax Illns:**

**Total Non Serious**      367    95%

**Total Serious Non Fatal**    15    4%

**Total Death:**            3    1%

**Total All Reports:**        385