Ageusia, dysgeusia, and hypogeusia: age distribution, VAERS data* (U.S. and foreign), 1990.07−2024.08.30[†]
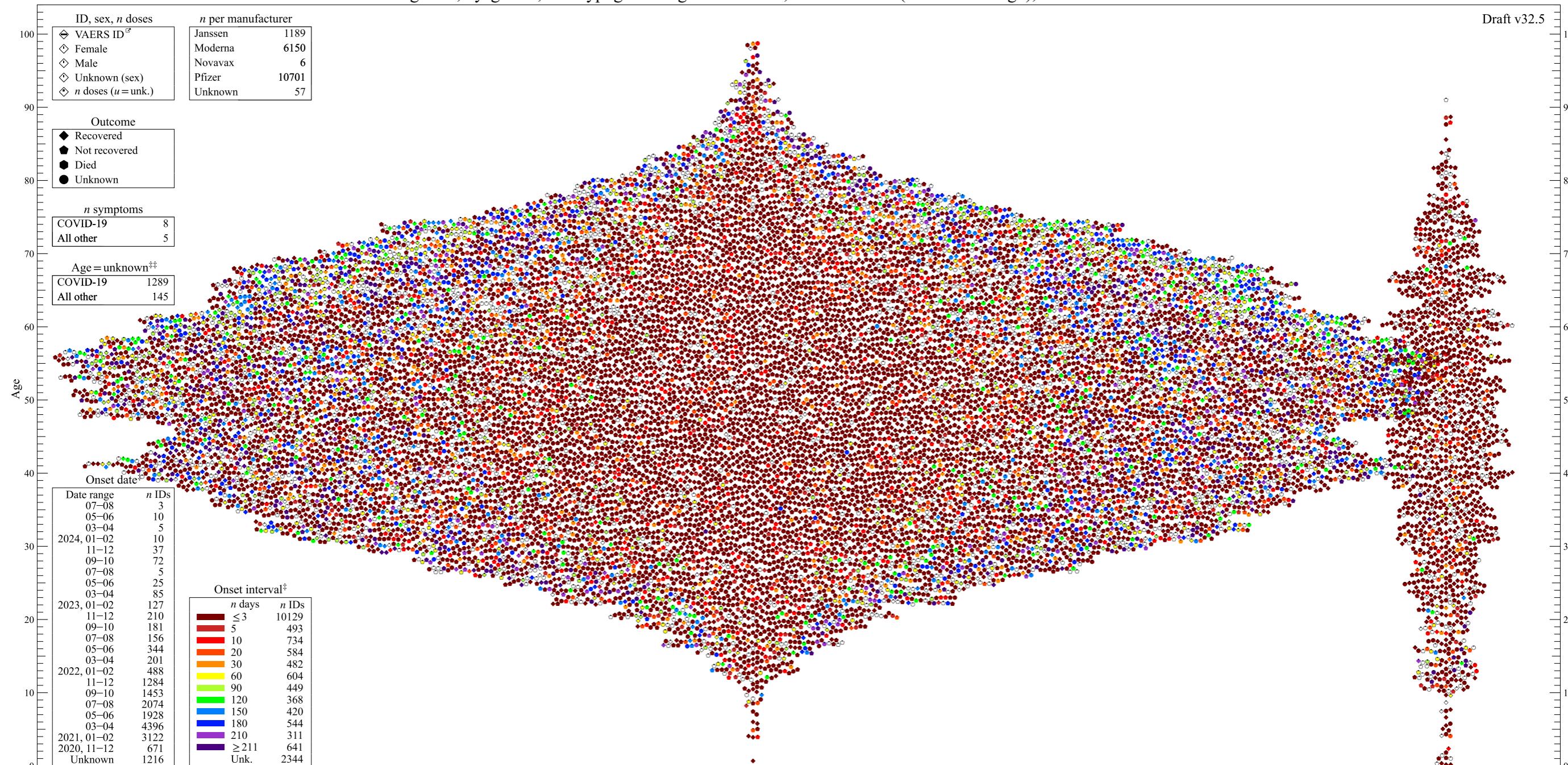
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ID, sex, *n* doses

⬦	VAERS ID[⌐]
◇	Female
◇	Male
◇	Unknown (sex)
◈	*n* doses (*u* = unk.)

n per manufacturer

Janssen	1189
Moderna	6150
Novavax	6
Pfizer	10701
Unknown	57

Outcome

◆	Recovered
⬠	Not recovered
●	Died
●	Unknown

n symptoms

COVID-19	8
All other	5

Age = unknown[‡‡]

COVID-19	1289
All other	145

Onset date[‡]

Date range	*n* IDs
07−08	3
05−06	10
03−04	5
2024, 01−02	10
11−12	37
09−10	72
07−08	5
05−06	25
03−04	85
2023, 01−02	127
11−12	210
09−10	181
07−08	156
05−06	344
03−04	201
2022, 01−02	488
11−12	1284
09−10	1453
07−08	2074
05−06	1928
03−04	4396
2021, 01−02	3122
2020, 11−12	671
Unknown	1216

Onset interval[‡]

n days	*n* IDs
≤ 3	10129
5	493
10	734
20	584
30	482
60	604
90	449
120	368
150	420
180	544
210	311
≥ 211	641
Unk.	2344

	All COVID-19 2020.12.14−2024.08.30	All non-COVID-19 1990.07−2020.12.13
n VAERS IDs	18103	1632
μ, Mean[‡‡]	50.8	45.7
x̂, Median[‡‡]	51.0	46.0
σ, Standard deviation[‡‡]	16.0	18.5
γ, Skewness[‡‡]	−0.0	−0.1
n Hospitalized	1327	133
n Life threatening	309	41
n Recovered	4789	725
n Not recovered	9329	446
n Died	104	5

[†]Terms queried in SYMPTOM fields 1−5 include: ageusia, dysgeusia, gustatory hallucination, hypergeusia, hypogeusia, phantogeusia, and taste disorder.

[‡‡]Natural language processing was used to extract age values from SYMPTOM TEXT and fill in missing data. Remaining reports with unknown age are neither plotted, nor included in calculations, but are included in subtotals. All plotted age values have a random adjustment within ∼ ± 0.5 yr.

[‡]Onset of symptoms post vaccine. *n* IDs are all COVID-19.

[⌐]Symbols link to respective reports at OpenVAERS.

*VAERS disclaimer (excerpts): "... VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as 'safety signals'. If a safety signal is found ..., further studies can be done in safety systems such as the CDC's [VSD & CISA]." "Note that the inclusion of events in VAERS data does not infer causality." vaers.hhs.gov