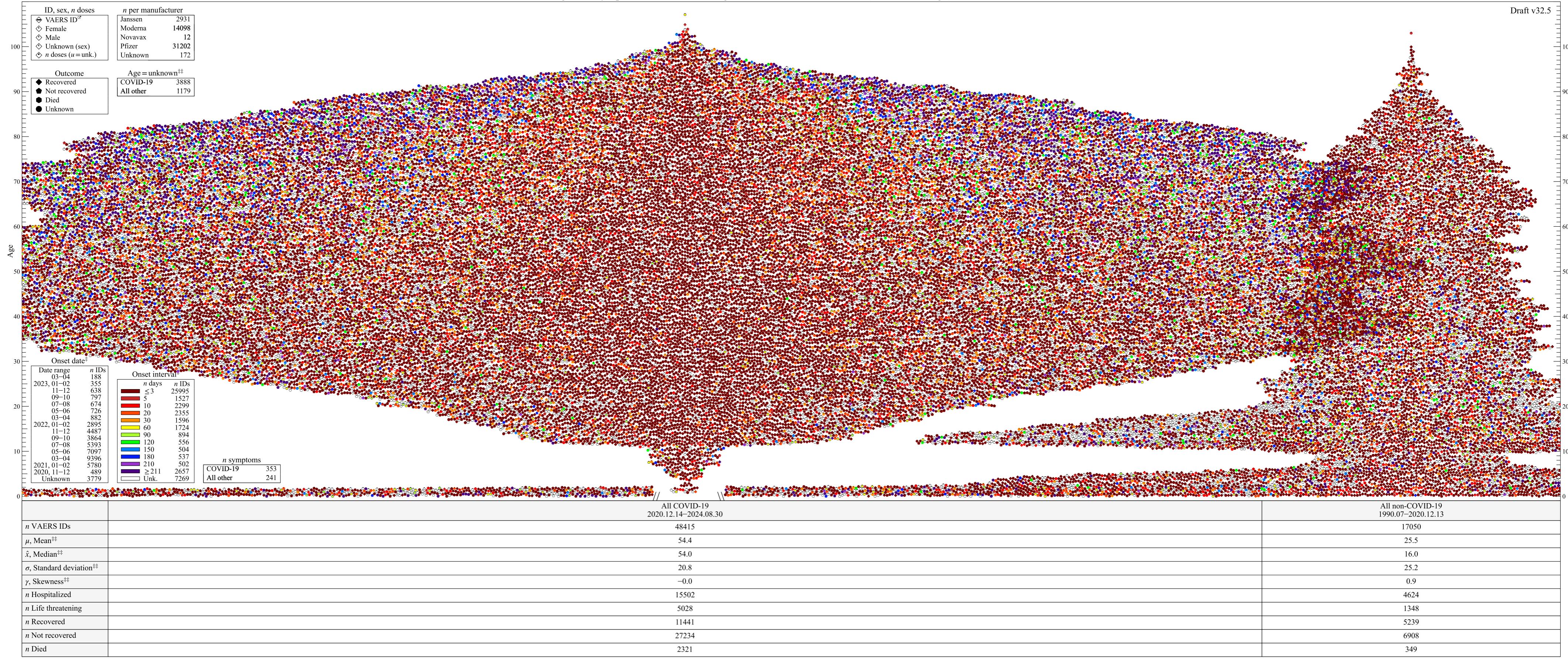


# Neurocognitive symptoms and disorders: age distribution, VAERS data\* (U.S. and foreign), 1990.07–2024.08.30†

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\*Reports queried in SYMPTOMS 1–5 include: amnesia, (a/dys)-aphasia, (a/dys/mis)-phonia, autism, bradyphrenia, cognitive (assessment abnormal/disorder/linguistic deficit), confusional state, delirium, delusion, dementia, (dys/copro/echo)-lalia, dysphemia, dysphoria, executive dysfunction, hallucination, (impulse-control/neurodegenerative) disorder, intellectual disability, mental (disability/disorder/impairment), neuropsychiatric (symptoms/syndrome), & psychotic (behavior/disorder/symptom).<sup>‡</sup>Onset of symptoms post vaccine. n IDs are all CV-19.

||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 (n VAERS IDs etc.). All plotted age values have a random adjustment within  $\sim \pm 0.5$  yr. Selected COVID-19 missing onset interval values (especially children less than 10 years old) were manually edited using SYMPTOM TEXT. All other data are plotted ‘as is’.<sup>§</sup>Symbols link to respective reports at OpenVAERS.

<sup>¶</sup>VAERS disclaimer (excerpts): “... VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as ‘safety signals’. If a possible ... signal is found in VAERS data, further analysis is performed with other safety systems, such as the CDC’s [VSD & CISA, or FDA BEST].” “VAERS reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable.” The number of reports alone cannot be interpreted as evidence of a causal association between a vaccine & an adverse event.” vaers.hhs.gov