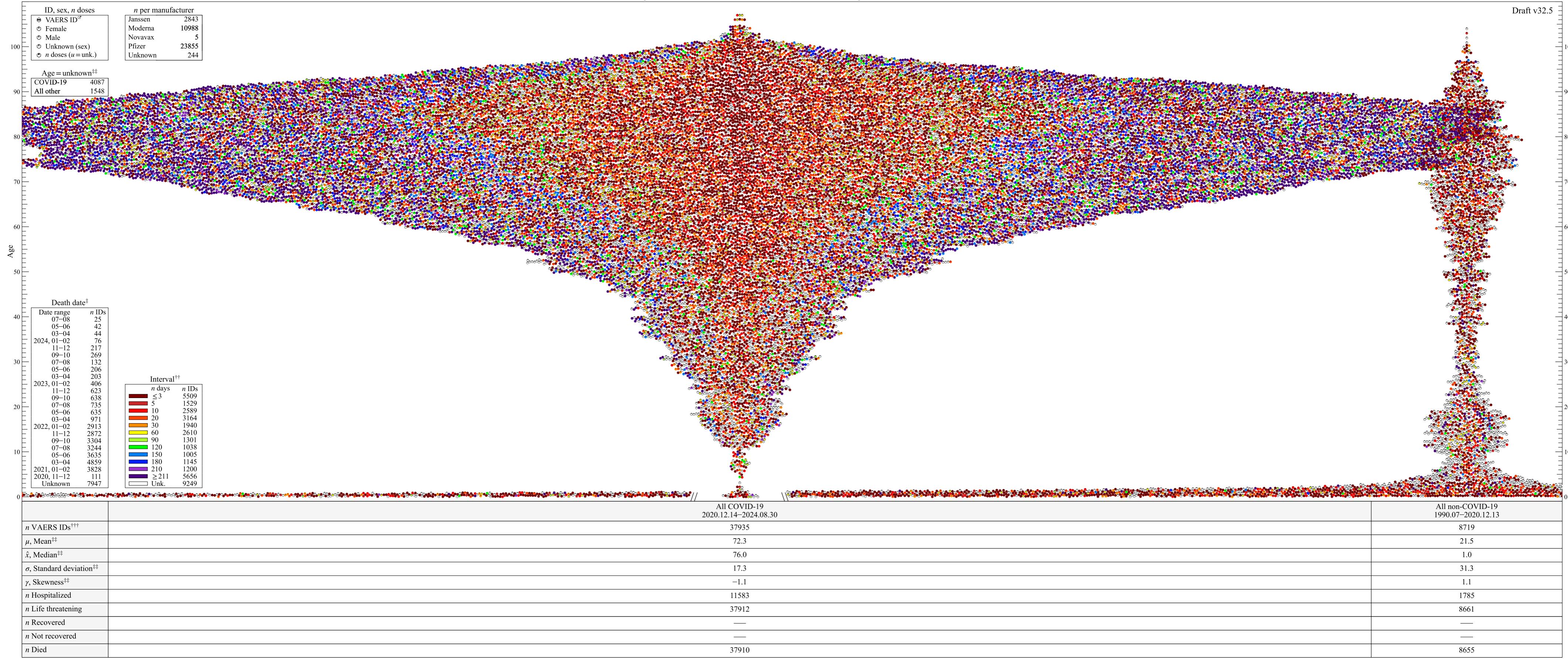


Death: age distribution, VAERS data* (U.S. and foreign), 1990.07–2024.08.30[†]

Draft v32.5



*Terms queried in SYMPTOM fields 1–5 include: death (neonatal/maternal death during childbirth/perinatal/sudden infant death syndrome). Terms excluded: (brain/cardiac/clinical) death (excluded because outcome included coma and/or recovery). ^{†††}n VAERS IDs is the sum of: the DIED field (37,910 COVID-19 reports) + 25 SYMPTOM = Death[†] reports where the DIED field is empty (manually confirmed). 4224 reports of miscarriage and fetal death are not included here.

[‡]Symbols link to respective reports at OpenVAERS.

^{‡‡}Natural language processing (NLP) was used to extract age values from SYMPTOM TEXT & 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 $\sim \pm 0.5$ year. [†]NLP was used to extract date of death from SYMPTOM TEXT & fill in missing COVID-19 data.

^{††}Date of death minus final administration date (VAX_DATE field). n IDs are all COVID-19.

^{‡‡‡}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