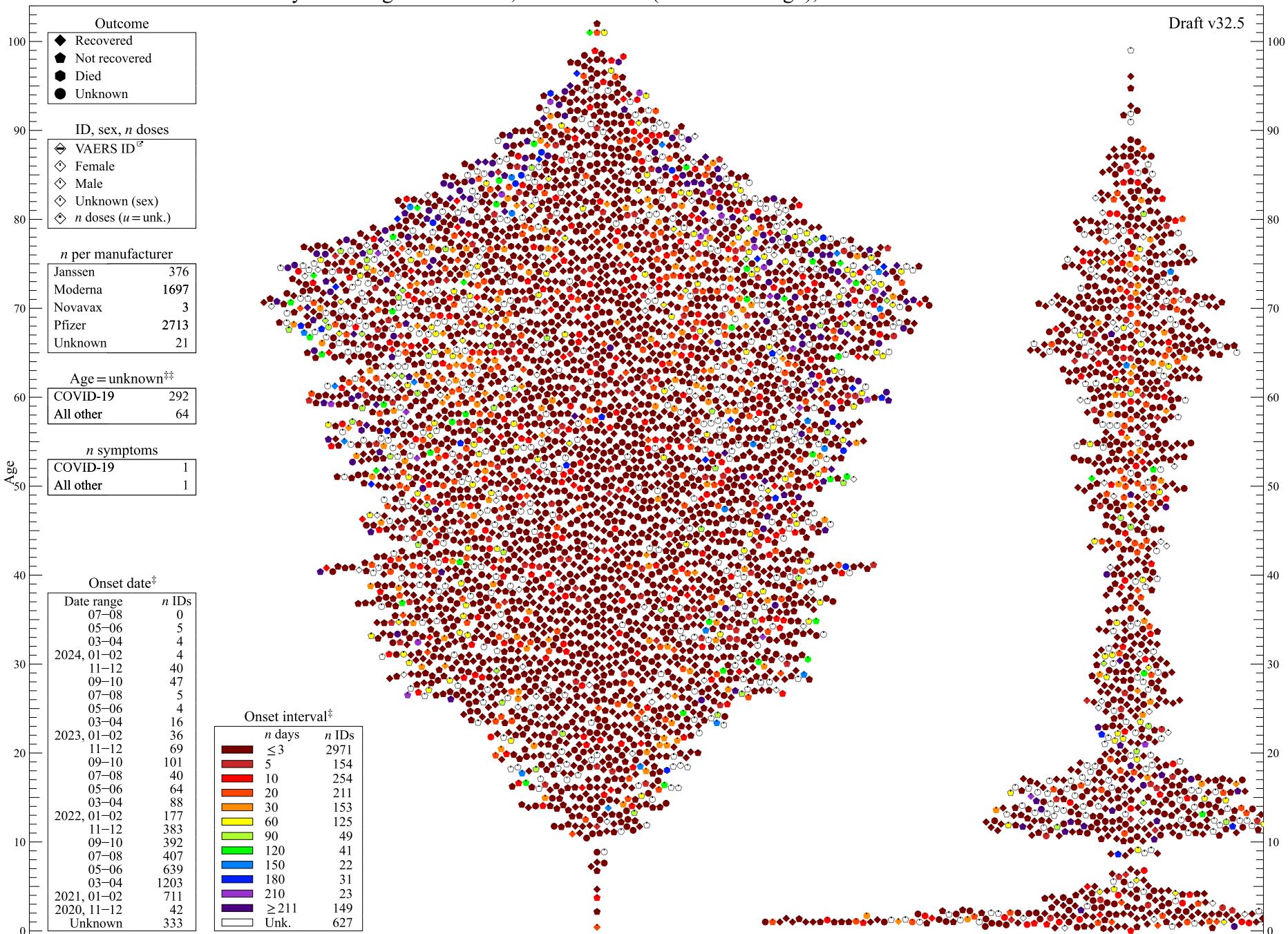


# Dysstasia: age distribution, VAERS data\* (U.S. and foreign), 1990.07–2024.08.30<sup>‡</sup>

Draft v32.5



	All COVID-19 2020.12.14–2024.08.30	All non-COVID-19 1990.07–2020.12.13
$n$ VAERS IDs	4810	1396
$\mu$ , Mean <sup>‡‡</sup>	55.6	38.0
$\hat{x}$ , Median <sup>‡‡</sup>	57.0	34.0
$\sigma$ , Standard deviation <sup>‡‡</sup>	20.1	28.2
$\gamma$ , Skewness <sup>‡‡</sup>	-0.2	0.1
$n$ Hospitalized	1024	443
$n$ Life threatening	278	116
$n$ Recovered	1340	519
$n$ Not recovered	2543	513
$n$ Died	91	21

<sup>‡</sup>Terms queried in SYMPTOM fields 1–5 include: dysstasia and astasia.

<sup>‡‡</sup>Onset of symptoms post vaccine.  $n$  IDs are all COVID-19.

<sup>‡‡‡</sup>NLP 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. <sup>Ⓔ</sup>Symbols link to OpenVAERS.

\*VAERS disclaimer (excerpt): "... VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as 'safety signals.'" "... the inclusion of events ... does not infer causality." [vaers.hhs.gov/data.html](https://vaers.hhs.gov/data.html)