



ID, sex, *n* doses

- ◇ VAERS ID[‡]
- ◇ Female
- ◇ Male
- ◇ Unknown (sex)
- ◇ *n* doses (*u*=unk.)

***n* per manufacturer**

Janssen	1421
Moderna	6469
Novavax	6
Pfizer	12981
Unknown	88

Outcome

- ◆ Recovered
- ◆ Not recovered
- Died
- Unknown

Onset date[‡]

Date range	<i>n</i> IDs
07–08	6
05–06	17
03–04	18
2024, 01–02	19
11–12	83
09–10	169
07–08	23
05–06	46
03–04	70
2023, 01–02	116
11–12	253
09–10	332
07–08	205
05–06	283
03–04	412
2022, 01–02	978
11–12	1817
09–10	1640
07–08	2083
05–06	2971
03–04	4680
2021, 01–02	2705
2020, 11–12	184
Unknown	1855

Onset interval[‡]

<i>n</i> days	<i>n</i> IDs
≤3	11094
5	766
10	1214
20	1188
30	762
60	859
90	367
120	211
150	155
180	148
210	88
≥211	609
Unk.	3504

***n* symptoms**

COVID-19	8
All other	11

Age = unknown^{‡‡}

COVID-19	1762
All other	455

	All COVID-19 2020.12.14–2024.08.30	All non-COVID-19 1990.07–2020.12.13
<i>n</i> VAERS IDs	20965	8889
μ , Mean ^{‡‡}	56.3	29.7
\hat{x} , Median ^{‡‡}	58.0	17.0
σ , Standard deviation ^{‡‡}	19.1	27.8
γ , Skewness ^{‡‡}	-0.3	0.6
<i>n</i> Hospitalized	5459	2999
<i>n</i> Life threatening	1260	589
<i>n</i> Recovered	3952	2914
<i>n</i> Not recovered	13216	3259
<i>n</i> Died	390	80

†Terms queried in SYMPTOM fields 1–5 include: abasia, dysbasia, Bruns apraxia, gait apraxia, (Friedreich's, frontal, and spinocerebellar) ataxia, ataxic gait, decreased gait velocity, gait (deviation, disturbance, inability, and spastic), Parkinsonian gait, and tandem gait test abnormal.

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

‡‡Natural language processing 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 $\sim \pm 0.5$ yr. Selected CV19 missing onset interval data (especially <10 years old) were manually edited using SYMPTOM TEXT. All other data plotted 'as is'. [‡]Symbols link to respective reports at OpenVAERS.

*VAERS disclaimer (excerpts): "... VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also referred to as 'safety signals'. If a possible safety signal is found in VAERS data, further analysis is performed with other safety systems, such as the CDC's [VSD and CISA, or FDA BEST]." "VAERS reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable." "Note that the inclusion of events in VAERS data does not infer causality." vaers.hhs.gov