



ID, sex, <i>n</i> doses		<i>n</i> per manufacturer	
◇ VAERS ID [‡]		Janssen	521
◇ Female		Moderna	6195
◇ Male		Novavax	8
◇ Unknown (sex)		Pfizer	21932
◇ <i>n</i> doses (<i>u</i> =unk.)		Unknown	152

<i>n</i> symptoms	
COVID-19	50
All other	26

Onset date [‡]	
Date range	<i>n</i> IDs
03–04	39
2023, 01–02	78
11–12	200
09–10	213
07–08	189
05–06	307
03–04	518
2022, 01–02	2422
11–12	4153
09–10	3629
07–08	6037
05–06	4595
03–04	1591
2021, 01–02	662
2020, 11–12	25
Unknown	3936

Onset interval [‡]		
<i>n</i> days	<i>n</i> IDs	
≤ 3	11420	
5	1617	
10	2046	
20	2350	
30	1363	
60	1758	
90	589	
120	320	
150	213	
180	149	
210	110	
≥ 211	440	
Unk.	6433	

Outcome	
◆ Recovered	
● Not recovered	
● Died	
● Unknown	

Age = unknown ^{**}	
COVID-19	3393
All other	72

	All COVID-19 2020.12.14–2024.07.26	All non-COVID-19 1990.07–2020.12.13
<i>n</i> VAERS IDs	28808	1085
μ , Mean ^{**}	38.1	29.4
\hat{x} , Median ^{**}	35.0	24.0
σ , Standard deviation ^{**}	18.4	19.0
γ , Skewness ^{**}	0.6	0.9
<i>n</i> Hospitalized	14767	631
<i>n</i> Life threatening	3188	240
<i>n</i> Recovered	5115	336
<i>n</i> Not recovered	18883	297
<i>n</i> Died	585	110

[†]Terms queried in SYMPTOM fields 1–5 include: carditis, Dressler’s syndrome, endocarditis, inflammatory cardiomyopathy, myocarditis, myopericarditis, pancarditis, pericarditis, perimyocarditis, and pleuropericarditis. Terms excluded: prosthetic valve endocarditis.
^{**}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’.
[‡]Onset of symptoms post vaccine. [§]*n* IDs are all COVID-19. [¶]Symbols link to respective reports at OpenVAERS.
 *VAERS disclaimer (excerpt): “... 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