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Vaccine Adverse Event Reporting System (VAERS)

Searchable Database

This database contains VAERS data reported between January 1, 1998 and November 30, 1999.

Display records on each page.

I would like to display the following fields:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Vaccine brand name | <input checked="" type="checkbox"/> Patient's age |
| <input checked="" type="checkbox"/> Patient died | <input checked="" type="checkbox"/> Date of incident |
| <input checked="" type="checkbox"/> Report text | <input checked="" type="checkbox"/> Patient's gender |
| <input checked="" type="checkbox"/> Vaccine manufacturer's name | <input checked="" type="checkbox"/> Lab data |
| <input checked="" type="checkbox"/> Pre-existing medical conditions | <input checked="" type="checkbox"/> Other medications involved |
| <input checked="" type="checkbox"/> Life threatening illness | <input checked="" type="checkbox"/> Patient recovered |
| <input checked="" type="checkbox"/> Patient disabled | <input checked="" type="checkbox"/> Patient hospitalized |

I would like to base my search on the following criteria: (Leave blank to select all for values for a field.)

Vaccine Type:

State:

Manufacturer name:

Patient's gender:

Patient's age:

Date of occurrence: (yyyyymmdd format, e.g. 19990401 for April 1, 1999)

Sort results to show first:

[Reset my selections](#)

[Search VAERS database](#)

This database contains VAERS data reported between January 1, 1998 and November 30, 1999.

<http://www.fedbuzz.com/vaccine/vac.html>

ASSEMBLY JUDICIARY

DATE: 4/4/03 ROOM: 3138 EXHIBIT 4

SUBMITTED BY: Janine Hansen

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[View the VAERS glossary here to see commonly used abbreviations.](#)

This document contains the following shortcuts:

Shortcut Text	Internet Address
View the VAERS glossary here to see commonly used abbreviations.	http://www.fedbuzz.com/vaccine/glossary.html

<http://www.fedbuzz.com/vaccine/vac.html>

2/13/01

H 20819



Vaccine Adverse Event Reporting System (VAERS)

Searchable Database

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- | | |
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| <input checked="" type="checkbox"/> Report text | <input checked="" type="checkbox"/> Patient's gender |
| <input checked="" type="checkbox"/> Vaccine manufacturer's name | <input checked="" type="checkbox"/> Lab data |
| <input checked="" type="checkbox"/> Pre-existing medical conditions | <input checked="" type="checkbox"/> Other medications involved |
| <input checked="" type="checkbox"/> Life threatening illness | <input checked="" type="checkbox"/> Patient recovered |
| <input checked="" type="checkbox"/> Patient disabled | <input checked="" type="checkbox"/> Patient hospitalized |

I would like to base my search on the following criteria: (Leave blank to select all for values for a field.)

Vaccine Type:

State:

Manufacturer name:

Patient's gender:

Patient's age:

Date of occurrence:
(yyyyymmdd format, e.g. 19990401 for April 1, 1999)

Sort results to show first:

[Reset my selections](#)

[Search VAERS database](#)

This database contains VAERS data reported between January 1, 1998 and November 30, 1999.



Detailed Query Results

Your query returned 16 records.

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VAERS ID	114926
State	NV
Vaccine Type	DTAP
Vaccination Name	ACEL-IMUNE
Manufacturer	LEDERLE
Age in Years	0
Adverse Event Onset Date	7/24/98
Sex	M
Lab Data	CT scan wekk of AUG98;EEG negative; pt recv vax 15JUL98 & 24JUN98 mom states child had 3 sz;mom was hold child in her arms & pt asleep when started shaking, twisting & turned purple;went to ER;LP sz occurred;
Reported Text	
Recovered	Y
Hospitalized	Y

VAERS ID	108789
State	NV
Vaccine Type	DTAP
Vaccination Name	TRIPEDIA
Manufacturer	CONNAUGHT LABS
Age in Years	1
Adverse Event Onset Date	1/22/98
Sex	F
Reported Text	adm to hosp 21JAN98 w/dx of pneumonia:devel metabolic acidosis & a rt hand focal sz;cardiac instability septic shock. DIC followed;brain injury from anoxia, or ischemia. coma. now persistent vegetative state;
Life Threatening Illness	Y
Recovered	N
Disability	Y
Hospitalized	Y

VAERS ID	110237
State	NV
Vaccine Type	DTAP
Vaccination Name	ACEL-IMUNE
Manufacturer	LEDERLE
Age in Years	0
Sex	F
Reported Text	pt expired @ 10PM (cause) pending autopsy report;
Died	Y
Recovered	N
<hr/>	
VAERS ID	111522
State	NV
Vaccine Type	DTAP
Vaccination Name	ACEL-IMUNE
Manufacturer	LEDERLE
Age in Years	5
Adverse Event Onset Date	4/11/98
Sex	F
Reported Text	pt recv vax & lt deltoid became swollen, tender, painful, red;rx keflex, redness gone 10 day, still sl swollen;
Recovered	Y
<hr/>	
VAERS ID	113008
State	NV
Vaccine Type	DTAP
Vaccination Name	ACEL-IMUNE
Manufacturer	LEDERLE
Age in Years	0
Adverse Event Onset Date	7/13/98
Sex	M
Reported Text	hard cry w/shots then immed petechial rash on face & neck:observed x 20min w/o further problems;
Pre-existing conditions	8wk premature
Other Medications	ViDaylin, Fe
Recovered	Y
<hr/>	
VAERS ID	113598
State	NV
Vaccine Type	DTAP
Vaccination Name	TRIPEDIA
Manufacturer	CONNAUGHT LABS
Age in Years	1
Adverse Event Onset Date	7/22/98

Sex F
 Lab Data 14AUG98 CBC drawn;platelets 42,000;15AUG98 platelets 45,000;17AUG98 platelets 45000;
 Reported Text 15JUL98 pt recv vax & 22JUL98 dx urticaria rxn @ ped urgent care;fever 101.9;13AUG98 MD office w/ c/o excessive bruising;temp 100x4 noc;

VAERS ID 106373
 State NV
 Vaccine Type DTAP
 Vaccination Name TRIPEDIA
 Manufacturer CONNAUGHT LABS
 Age in Years 1
 Adverse Event Onset Date 9/13/97
 Sex F
 Reported Text morbiliform eruption;ruddy pharynx;n/v;T100.5 R;
 Pre-existing conditions bilat flat arches;heart murmur
 Other Medications Amoxicillin, APAP, dimetapp elix
 Recovered Y

VAERS ID 113975
 State NV
 Vaccine Type DTAP
 Vaccination Name ACEL-IMUNE
 Manufacturer LEDERLE
 Age in Years 0
 Adverse Event Onset Date 8/17/98
 Sex F
 Reported Text pt recv vax & became mottled & listless for 5-10min RN encouraged mom to stay on site w/baby:baby was responsive to stimulus (though listless) heart reate 130-140beats/min:
 Recovered Y

VAERS ID 126801
 State NV
 Vaccine Type DTAP
 Vaccination Name TRIPEDIA
 Manufacturer CONNAUGHT LABS
 Age in Years 0
 Adverse Event Onset Date 5/13/99
 Sex M
 Reported Text day following vax pt began to run fever & breakout in rash over chest lasting 4days.
 Pre-existing conditions 2/11/99 bronchitis
 Recovered Y

VAERS ID 117639
 State NV
 Vaccine Type DTAP
 Vaccination Name ACEL-IMUNE
 Manufacturer LEDERLE
 Age in Years 0
 Adverse Event Onset Date 11/20/98
 Sex F
 Reported Text pt recv vax 19NOV98 & had been taking amoxicillin 5 days for cold;mom denies any fever during this time;child devel a rash on face, chest, arms & buttocks on 20NOV98;T98 aux rash is red, raised macular appearing;mom gave med for cold;
 Other Medications Amoxicillin & OTC cold med;name unk

[View the VAERS glossary here to see commonly used abbreviations.](#)

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This document contains the following shortcuts:

Shortcut	Text
View the VAERS glossary here to see commonly used abbreviations.	http://www.fedbuzz.com/vaccine/glossary.html
First Page	http://www.fedbuzz.com/vaccine/vax.asp?PAGE=1&level=Detail&d_vac_name=ON&
Next Page	http://www.fedbuzz.com/vaccine/vax.asp?level=Detail&PAGE=2&d_vac_name=ON&



Detailed Query Results

Your query returned 6 records.

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VAERS ID	126801
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Adverse Event Onset Date	5/13/99
Sex	M
Reported Text	day following vax pt began to run fever & breakout in rash over chest lasting 4days.
Pre-existing conditions	2/11/99 bronchitis
Recovered	Y

VAERS ID	122687
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Adverse Event Onset Date	5/19/99
Sex	F
Lab Data	observation
Reported Text	screaming, loud, began 3 1/2hr p/vax;lasted 3 hours;mom described irregular breathing,sl jittery, next day;
Recovered	Y

VAERS ID	121689
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Sex	M

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Reported Text	apnea
Died	Y
Recovered	N

VAERS ID	113975
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Adverse Event Onset Date	8/17/98
Sex	F
Reported Text	pt recv vax & became mottled & listless for 5-10min RN encouraged mom to stay on site w/baby; baby was responsive to stimulus (though listless) heart reate 130-140beats/min;
Recovered	Y

VAERS ID	113008
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Adverse Event Onset Date	7/13/98
Sex	M
Reported Text	hard cry w/shots then immed petechial rash on face & neck; observed x 20min w/o further problems;
Pre-existing conditions	8wk premature
Other Medications	ViDaylin. Fe
Recovered	Y

VAERS ID	110237
State	NV
Vaccine Type	IPV
Vaccination Name	POLIOVAX
Manufacturer	CONNAUGHT LTD
Age in Years	0
Sex	F
Reported Text	pt expired @ 10PM (cause) pending autopsy report;
Died	Y
Recovered	N

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Shortcut Text	
View the VAERS glossary here to see commonly used abbreviations.	http://www.fedbuzz.com/vaccine/glossary.html
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Last Page	http://www.fedbuzz.com/vaccine/vax.asp?level=Detail&PAGE=1&d_vac_name=ON&c

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Detailed Query Results

Your query returned 26 records.

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VAERS ID	113956
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	8/6/98
Reported Text	pt devel fever as high as 104.6 & a non localized varicella like rash w/10-15 vesicles on trunk, neck, face 9-10 days p/vax;
Other Medications	liquid APAP
Recovered	Y

VAERS ID	107987
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	1/23/98
Sex	F
Reported Text	erythema mult 4 days p/vax;DPH given;
Recovered	Y

VAERS ID	108788
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	11/21/97
Sex	F
Lab Data	MRI of head-increased signal mesotemporal lobe poss mesotemp sclerosis needs f/u MIR

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Reported Text	pt w/focal sz 2hr gen in office;pt noticed to have fever 101.5;sz lasted approx 15min;in PICU no further sx noted;pt felt to have poss atypical febrile sz;
Pre-existing conditions	mild lt hydrocephalus;h/o pyeloreeplitis x1;
Recovered	Y
Hospitalized	Y

VAERS ID	108789
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	1/22/98
Sex	F
Reported Text	adm to hosp 21JAN98 w/dx of pneumonia;devel metabolic acidosis & a rt hand focal sz;cardiac instability septic shock, DIC followed;brain injury from anoxia, or ischemia, coma, now persistent vegetative state;
Life Threatening Illness	Y
Recovered	N
Disability	Y
Hospitalized	Y

VAERS ID	108829
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	59
Adverse Event Onset Date	2/16/98
Sex	F
Reported Text	pt recv vax 30JAN98 10AM & same evening 5PM exp severe chills;this resolved the next AM;2wk later 16FEB98 began exp pain in hands, wrists, ankles, feet, knees, thigh aching, gen malaise;followed up w/MD on 21FEB98 for bronchitis;arthritic
Pre-existing conditions	HTN-dx 5-6yr ago
Other Medications	2-3 wk prior to vax had taken Zithromax;taking nothing @ time of vax;

VAERS ID	110243
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	7/4/96
Sex	M
Reported Text	high temp off & on, taken to hosp w/high temp;given shot, allowed to go home, went to hosp, not nl, returned to hosp 7.5wk, no dx;MD states brain damage, cannot walk, crawl, sit up, talk or feed self;
Recovered	N
Hospitalized	Y

VAERS ID	110569
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	49
Adverse Event Onset Date	2/25/98
Sex	F
Lab Data	rubeola IGM negative 27FEB98
Reported Text	rash on back, stomach & in mouth:
Pre-existing conditions	HTN
Other Medications	Atenolol
Recovered	Y

VAERS ID	110582
State	NV
Vaccine Type	MMR
Vaccination Name	MMR II
Manufacturer	MSD
Age in Years	1
Adverse Event Onset Date	3/2/98
Sex	F
Reported Text	varicella p/vax pt had severe case of chickenpox;
Recovered	Y

VAERS ID 111518
 State NV
 Vaccine Type MMR
 Vaccination Name MMR II
 Manufacturer MSD
 Age in Years 15
 Adverse Event Onset Date 3/22/98
 Sex F
 Lab Data CBC, chem panel, strep test, autoimmune;
 Reported Text pt recv vax 17MAR98 & exp nausea & stiff neck
 22MAR98;missed school 25,26,27MAR;went to MD placed on
 ATB;returned to MD 30MAR98 sx swelling @ rt side of neck.
 rt ear fever 103, h/a, nausea, stiff neck;condition getting
 worse;went to MD;
 Recovered U

VAERS ID 111522
 State NV
 Vaccine Type MMR
 Vaccination Name MMR II
 Manufacturer MSD
 Age in Years 5
 Adverse Event Onset Date 4/11/98
 Sex F
 Reported Text pt recv vax & lt deltoid became swollen, tender, painful, red;rx
 keflex, redness gone 10 day, still sl swollen;
 Recovered Y

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Detailed Query Results

Your query returned 30 records.

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VAERS ID	118514
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	12
Adverse Event Onset Date	1/12/99
Sex	F
Reported Text	Pt recv vax on 1/12/99; on same day pt exp sore arm, dizziness, weakness & paleness
Recovered	Y

VAERS ID	106037
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	41
Adverse Event Onset Date	3/23/97
Sex	F
Reported Text	pt recv vax 19MAR97 & 23MAR97 devel arthralgia in knees, elbows, & finger joints;pt was treated w/steroid therapy;
Recovered	U

VAERS ID	110237
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	0
Sex	F
Reported Text	pt expired @ 10PM (cause) pending autopsy report;
Died	Y

Recovered	N
VAERS ID	113007
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	36
Adverse Event Onset Date	6/12/98
Sex	F
Reported Text	c/o hives beginning 12JUN (8 days p/vax) followed by congestion, diarrhea, achy joints then swelling of joint;went to ER;
Pre-existing conditions	hiatal hernia
Other Medications	Reglan
Recovered	Y
VAERS ID	113008
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	0
Adverse Event Onset Date	7/13/98
Sex	M
Reported Text	hard cry w/shots then immed petechial rash on face & neck;observed x 20min w/o further problems:
Pre-existing conditions	8wk premature
Other Medications	ViDaylin, Fe
Recovered	Y
VAERS ID	113975
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	0
Adverse Event Onset Date	8/17/98
Sex	F
Reported Text	pt recv vax & became mottled & listless for 5-10min RN encouraged mom to stay on site w/baby;baby was responsive to stimulus (though listless) heart reate 130-140beats/min:
Recovered	Y

VAERS ID	114237
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	58
Adverse Event Onset Date	8/1/98
Sex	F
Lab Data	Chem Panel, Hep C Antibody, Hep B Surface Antigen, Sedrate, CBC
Reported Text	Pt recv vax on 7/30/98; on 8/1 pt exp fibromyalgia, fatigue, sweet/metallic taste in mouth,rash&burning rt side face,stomach cramps,pain in shoulderblades,skin irritated, cough, breathing problems, chills/sweats,burning sinus&eyes cont....
Pre-exisiting conditions	Fibromyalgia, Epinepherine allergy
Other Medications	Herbal & Homeopathic meds
Recovered	U

VAERS ID	114279
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	58
Sex	F
Reported Text	pt recv vax & devel weakness & fatigue p/vax;
Pre-exisiting conditions	fibro-myalgia. epi allergy
Other Medications	Herbal & Homeopathic meds;pt recv hep b vax 30JUL98
Recovered	U

VAERS ID	114305
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	49
Adverse Event Onset Date	9/1/98
Sex	M
Reported Text	pt recv vax & devel peeling of face & scalp & facial flushing;to MD given cortisone;now states has generalized weakness & sore throat;
Pre-exisiting conditions	allergy PCN
Recovered	Y

VAERS ID	114496
State	NV
Vaccine Type	HEPB
Vaccination Name	ENGERIX-B
Manufacturer	SMITHKLINE
Age in Years	20
Adverse Event Onset Date	7/4/98
Sex	M
Lab Data	4JUN98 plate 1000; pt recv vax & 4JUL98 10 days later pt devel petechial hemorrhages in mouth, arms, trunk;went to ER & was adm to hosp;platelet count as low as 1000 dx idiopathic thrombocytopathy;
Reported Text	
Other Medications	Zantac
Hospitalized	Y

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