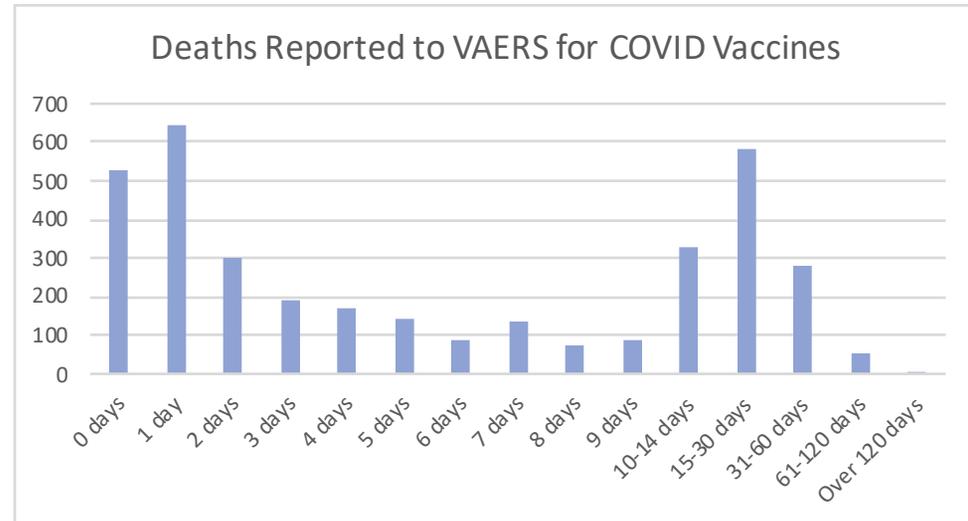


## COVID Vaccine VAERS Reports for Death by Onset - May 7, 2021

Notes    Onset Interval    Events Reported    Percent

Onset Interval	Events Reported	Percent
0 days	530	13.52%
1 day	642	16.38%
2 days	304	7.76%
3 days	192	4.90%
4 days	167	4.26%
5 days	142	3.62%
6 days	89	2.27%
7 days	136	3.47%
8 days	72	1.84%
9 days	87	2.22%
10-14 days	327	8.34%
15-30 days	582	14.85%
31-60 days	279	7.12%
61-120 days	52	1.33%
Over 120 days	7	0.18%
Unknown	311	7.94%
<b>Total</b>	<b>3919</b>	<b>100.00%</b>



Total

Dataset: The Vaccine Adverse Event Reporting System (VAERS)

Query Parameters:

Event Category: Death

State / Territory: The United States/Territories/Unknown

Vaccine Products: COVID19 VACCINE (COVID19)

Group By: Onset Interval

Show Totals: True

Show Zero Values: False

Help: See <http://wonder.cdc.gov/wonder/help/vaers.html> for more information.

Query Date: May 18, 2021 11:59:28 AM

Suggested Citation: Accessed at <http://wonder.cdc.gov/vaers.html> on May 18, 2021 11:59:28 AM

Messages:

1. VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
2. **These results are for 3,919 total events.**

Footnotes:

1. Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Caveats:

1. <p> VAERS accepts reports of adverse events and reactions that occur following vaccination. Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS. While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases. This creates specific limitations on how the data can be used scientifically. Data from VAERS reports should always be interpreted with these limitations in mind. </p> <p> The strengths of VAERS are that it is national in scope and can quickly provide an early warning of a safety problem with a vaccine. As part of CDC and FDA's multi-system approach to post-licensure vaccine safety monitoring, VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events,

also known as "safety signals." If a safety signal is found in VAERS, further studies can be done in safety systems such as the CDC's Vaccine Safety Datalink (VSD) or the Clinical Immunization Safety Assessment (CISA) project. These systems do not have the same limitations as VAERS, and can better assess health risks and possible connections between adverse events and a vaccine.

Key considerations and limitations of VAERS data:

- Vaccine providers are encouraged to report any clinically significant health problem following vaccination to VAERS, whether or not they believe the vaccine was the cause.
- Reports may include incomplete, inaccurate, coincidental and unverified information.
- The number of reports alone cannot be interpreted or used to reach conclusions about the existence, severity, frequency, or rates of problems associated with vaccines.
- VAERS data are limited to vaccine adverse event reports received between 1990 and the most recent date for which data are available.
- VAERS data do not represent all known safety information for a vaccine and should be interpreted in the context of other scientific information.

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3. Some items may have more than 1 occurrence in any single event report, such as Symptoms, Vaccine Products, Manufacturers, and Event Categories. If data are grouped by any of these items, then the number in the Events Reported column may exceed the total number of unique events. If percentages are shown, then the associated percentage of total unique event reports will exceed 100% in such cases. For example, the number of Symptoms mentioned is likely to exceed the number of events reported, because many reports include more than 1 Symptom. When more than 1 Symptom occurs in a single report, then the percentage of Symptoms to unique events is more than 100%. More information: <http://wonder.cdc.gov/wonder/help/vaers.html#Suppress>.

4. Data contains VAERS reports processed as of 5/7/2021. The VAERS data in WONDER are updated weekly, yet the VAERS system receives continuous updates including revisions and new reports for preceding time periods. Duplicate event reports and/or reports determined to be false are removed from VAERS. More information: <http://wonder.cdc.gov/wonder/help/vaers.html#Reporting>.

5. Values of Event Category field vary in their availability over time due to changes in the reporting form. The "Emergency Room/Office Visit" value was available only for events reported using the VAERS-1 form, active 07/01/1990 to 06/29/2017. The "Congenital Anomaly/Birth Defect", "Emergency Room", and "Office Visit" values are available only for events reported using the VAERS 2.0 form, active 06/30/2017 to present. These changes must be considered when evaluating count of events for these categories.

6. For more information on how many persons have been vaccinated in the US for COVID19 to date, see <https://covid.cdc.gov/covid-data-tracker/#vaccinations/>