VAERS Event Details

Details for VAERS ID: 199646-1

Event Information			
Patient Age	0.6	**Gender**	Male
State / Territory	Washington	**Date Report Completed**	2003-03-07
Date Vaccinated	2002-12-11	**Date Report Received**	2003-03-17
Date of Onset	2002-12-17	**Date Died**	2003-01-22
Days to onset	6	**Grantee**	Non-Grantee
Vaccine Administered By	Private	**Vaccine Purchased By**	Public
Mfr/Imm Project Number	NONE		

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Hospitalized	No
Existing Hospitalization Prolonged	No
Days in hospital	
Emergency Room	No
Recovered	No
Serious	Yes

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE	DTAP (INFANRIX)	SMITHKLINE BEECHAM	566A2	2	IM	LL
HAEMOPHILUS B CONJUGATE VACCINE	HIB (ACTHIB)	AVENTIS PASTEUR	UA720AA	2	IM	RL
HEPATITIS B VACCINE	HEP B (RECOMBIVAX HB)	MERCK & CO. INC.	0534M	2	IM	LL

Symptom
BACTERIAL INFECTION
COAGULOPATHY
HEPATIC FAILURE
HYPOGLYCAEMIA
JAUNDICE
LABORATORY TEST ABNORMAL
MULTI-ORGAN FAILURE
VOMITING

Adverse Event Description
Pt previously healthy. Six days after 6 mo WCC and vaccines x 3 (hep B, DTaP, HIB), pt presented with vomiting and jaundice. Transferred to hospital on 12/20/02. Developed fulminant liver failure of unknown etiology and died 1/22/03. Principal diagnosis: idiopathic liver failure. Secondary

diagnoses: hypoglycemia. Coagulopathy. Citrobacter freundii bacteremia and line infection. Multiorgan system failure.

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
86 with an INR of 7.6, PTT 85, fibrinogen of 56,000. His AST was 2,900, ALT 3,500. His white count was elevated at 22, hematocrit 35, platelet count 245,000. Ammonia level was 73.	NONE	

Medications At Time Of Vaccination	History
NONE	NONE

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

Notes:

Caveats: DISCLAIMER: VAERS staff at CDC and the Food and Drug Administration (FDA) follow up on all serious adverse event reports to obtain additional medical, laboratory, and/or autopsy records to help understand the circumstances. However, VAERS public data do not generally change based on the information obtained during the follow-up process. There are limitations to VAERS data. A report to VAERS does not mean that the vaccine caused the adverse event, only that the adverse event occurred sometime after vaccination. Read more about interpreting VAERS data: More information.

Data contains VAERS reports processed as of 10/14/2015. The VAERS data in WONDER are updated monthly, yet the VAERS system receives continuous updates including revisions and new reports for preceding time periods. More information.

Help: See The Vaccine Adverse Event Reporting System (VAERS) Documentation for more information.

Query Date: Dec 5, 2015 4:57:21 PM

Suggested Citation:

United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - last month, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html on Dec 5, 2015 4:57:21 PM