SUMMARY FOR BASIS OF APPROVAL

Reference Number: 93-0395 Merck and Co. Varicella Virus Vaccine Live VARIVAX®

Varicella Virus Vaccine Live (Oka/Merck) is a preparation of the Oka/Merck strain of live, attenuated varicella zoster virus (VZV). The virus was obtained from a child in Japan with natural varicella and was attenuated by several passages in human embryonic lung cell cultures, followed by propagation in embryonic guinea pig cell cultures, and finally propagated in human diploid cell cultures.

I. Indications and Usage

VARIVAX® is indicated for vaccination against varicella zoster virus in individuals 12 months of age and older.

Revaccination

The duration of protection of VARIVAX® is unknown at present and the need for booster doses is not defined. However, a boost in antibody levels has been observed in vaccinees following exposure to natural varicella as well as following a booster dose of VARIVAX® administered four to six years post vaccination.

In a highly vaccinated population, immunity for some individuals may wane due to lack of exposure to natural varicella as a result of shifting epidemiology. Post-marketing surveillance studies are ongoing to evaluate the need and timing for booster vaccination.

Vaccination with VARIVAX® does not result in protection of all healthy susceptible children, adolescents, and adults.

II. Dosage and Administration

VARIVAX®, when reconstituted as directed, is a sterile preparation for subcutaneous administration. Each 0.5 ml dose contains the following: not less than 1500 PFU (plaque forming units) of Oka/Merck varicella virus at expiry; not less than 1350 PFU 30 minutes after reconstitution, sucrose, hydrolyzed gelatin, sodium chloride, monosodium-L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, residual components of MRC-5 cells including DNA and protein, and trace quantities of sodium phosphate monobasic, EDTA, neomycin, and fetal bovine serum. The vaccine contains no preservative.

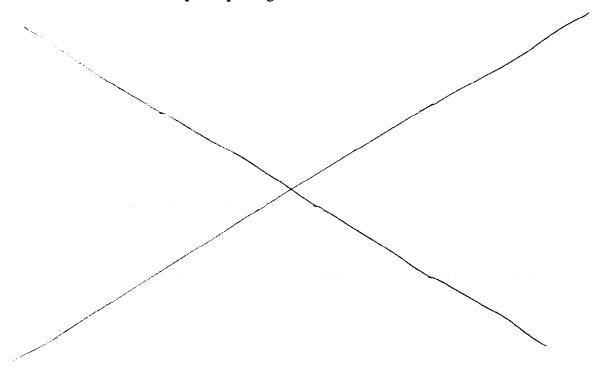
Vaccination in children 12 months to 12 years of age consists of one dose (0.5 ml) of VARIVAX® administered subcutaneously. Vaccination in adolescents and adults 13 years of age and older consists of two doses (0.5 ml, each) of VARIVAX® administered subcutaneously 4-8 weeks apart. Although VARIVAX® is recommended for subcutaneous administration (anterolateral thigh or upper arm), in clinical trials some children were given VARIVAX® intramuscularly. The seroconversion rates were similar to those observed in children who received the vaccine by the subcutaneous route. The vaccine should not be administered intravenously.

Reported adverse reactions were generally mild and included rash, soreness, and induration at the injection site, and generalized varicella-like rashes. Other reported complaints after immunization are summarized in Table 5.

III. Manufacturing Control

A. Manufacturing and Controls

The varicella-zoster virus was originally isolated from a three year old boy with typical chickenpox, by Dr. Michiaki Takahashi, et al. at the Research Institute for Microbial Diseases, Osaka University, Japan. This isolate was serially passaged through primary human embryonic lung culture, followed by guinea pig fibroblasts, and WI-38 cells. Subsequent passage of the virus is in MRC-5 cells.



Sterility of the pooled bulk vaccine is ensured by controlled aseptic processing

throughout the manufacturing process. Varicella Virus Vaccine Live (Oka/Merck) is manufactured using a robotic system which performs of manipulations and provides a high degree of aseptic processing and sterility assurance.

Control of viral adventitious agents is based on testing of the Master Seed, Stock Seeds, and Manufacturer's Working Cell Banks to ensure absence of other viral agents (including adenovirus-associated virus and retroviruses) as well as other microbial agents.

In addition, each batch of vaccine is tested to verify absence of viral adventitious agents using a testing approach appropriate for the varicella-zoster virus and MRC-5 host cell culture system used in the manufacture of this vaccine. Other than vaccine virus, no viral agents have been detected in any of the batches tested.

Karyological testing of the MRC-5 cell substrate used to produce Varicella Virus Vaccine Live revealed the presence of a clonal 7;12 translocation in cells derived from some manufacturer's working cell banks. In some flasks, at passages comparable to that used for vaccine manufacture, cells with this translocation comprised more than 5% of the cells. Additional experiments were performed to address the possibility that this anomalous DNA (or other cellular DNA in the vaccine) might integrate into and transform host cells. This translocation is not associated with any known genetic disease in humans. Further testing of these cells indicated no evidence for tumorigenicity in nude mice, and showed normal senescence in tissue culture. The approximately 2 µg of cellular DNA per dose of vaccine was determined to be unlikely to integrate into host cells and cause harm under the conditions of vaccination. The Vaccines and Related Biological Products Advisory Committee, with supplemental expert testimony, concluded on August 23, 1994 that this anomaly did not pose a safety risk which exceeded the known benefit of the vaccine.

Prior to filling into the final container, the clarified bulk is thawed and diluted to the target potency level. The final formulated bulk is tested for sterility. The filled vials are frozen and lyophilized to minimize potency loss. The vials are removed from the lyophilizer cabinet and stored at -20°C, or colder prior to labeling and packaging. Filled containers are tested for sterility, potency, identity, moisture, restoration, pH, and general safety. These tests have been determined to be appropriate for controlling the safety, freedom from contamination, and immunogenicity of the vaccine.

Varicella Virus Vaccine Live is a live virus vaccine which, due to the labile nature of the virus, does not undergo purification. Each 0.5 ml dose of the vaccine contains not less than 1500 PFU of Oka/Merck varicella-zoster virus (not less than 1350 PFU 30 minutes after reconstitution, sucrose, hydrolyzed gelatin, sodium chloride, monosodium-L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, residual components of MRC-5 cells, and trace quantities of sodium phosphate monobasic, EDTA, neomycin, and fetal bovine

serum. The vaccine contains no preservative.

Lot release testing is performed on each lot of vaccine. In addition, new Master Seeds are evaluated for neurovirulence in monkeys.

B. Stability

The recommended storage temperature of the vaccine is -15°C or colder in a frost free freezer. Stability of the vaccine was monitored by the demonstration of potency in a plaque assay. Four lots of the vaccine were studied for 18-21 months. There was no statistically significant difference between the slopes of the five lots tested at any of the long term storage temperatures. The estimated loss in potency with storage at -15°C for 18 months is 18%. No loss in potency was observed at storage temperatures of -20°C or colder.

Stability testing of the reconstituted vaccine at 2-8°C shows potency losses of up to — one half hour after reconstitution. Testing of the reconstituted vaccine at room temperature (20-25°C) showed similar losses. These data support holding the vaccine for up to 30 minutes at room temperature prior to administration. The package insert states that reconstituted product is to be used immediately and discarded if not used within 30 minutes.

The expiration dating for Varicella Virus Vaccine Live is 18 months at -15°C starting at the date of removal from -20°C for packaging. The package insert recommends storage at -15°C in a frost-free freezer. Prior to packaging, the product may be stored by the manufacturer for up to 24 months at -20°C or colder.

Varicella Virus Vaccine Live retains a potency level of 1500 PFU or higher per dose for at least 18 months in a frost-free freezer with an average temperature of -15°C or colder. The vaccine has a potency level of approximately 1350 PFU 30 minutes after reconstitution at room temperature (20°-25°C).

C. Validation

The major equipment systems and processes used in the manufacture and filling of the vaccine have been validated at the Merck & Co., Inc., West Point, PA, facilities. In addition, appropriate specifications have been established for monitoring environmental conditions and utilities for critical work areas in the manufacturing facility. Validation analyses for product potency and purity are performed at Merck & Co., Inc. The test methods were found to be suitable for control and regulatory purposes.

D. Labeling

The primary label used on the vials of Varicella Virus Vaccine Live states: the proper name and the trade name, VARIVAX®; vial size and volume; the caution

"STORE FROZEN"; the Durham-Humphrey statement; a space for adding the lot number and expiration date at the time of packaging; a space for the component number; the manufacturer's name and address "Dist. by: Merck & Co., Inc., West Point, PA 19486, USA; "and U.S. Govt. Lic. No 2.

The primary label used on the vials of Sterile Diluent for Merck & Co., Inc., Live Virus Vaccines (Sterile Water) states: the proper name, the vial size and volume; the product number; the statement "Contains No Preservatives"; the Durham-Humphrey statement; a space for adding the lot number and expiration at the time of packaging; and the manufacturer's name and address "Dist. by: Merck & Co., Inc., West Point, PA 19486, USA.

The carton containing 10 vials of diluent states: the proper name Sterile Diluent for Merck & Co., Inc., Live Virus Vaccines (Sterile Water) states: the proper name, the quantity of diluent vials and the volume of each, the product number, an ingredients and preservatives statement; directions for use; the letter code "B" identifying it as the diluent carton; the Durham-Humphrey statement; a warning to use only this diluent for reconstitution of the vaccine and to see the package circular for administration instructions; a storage statement; a space for the component number; a space for adding the lot number and expiration at the time of packaging; and the manufacturer's name and address "Dist. by: Merck & Co., Inc., West Point, PA 19486, USA."

The package insert (copy attached) is in compliance with the appropriate sections of 21 CFR, and contains statements regarding description, clinical pharmacology, indications and usage, contraindications, precautions, adverse reactions, dosage and administration, how supplied, and information on the stability and storage of the vaccine.

The trade name is not in conflict with the name of any other drug.

E. Establishment inspection

A pre-license inspection of the Merck biological production facilities in West Point, PA, was conducted by the Food and Drug Administration from February 28 through March 4, 1994. Compliance relative to all inspectional observations was demonstrated prior to licensure.

F. Environmental Impact Analysis Report

An environmental assessment for the manufacture and use of Varicella Virus Vaccine Live (Oka/Merck) was completed to address the environmental impact considerations of 21 CFR, Part 25. The information provided for this environmental assessment supports the finding of no significant environmental impact.

IV. Pharmacology

The safety and efficacy of VARIVAX® was evaluated in clinical trials which used lots of vaccine manufactured in 1982, 1984, 1987, and 1991. Over that period, the vaccine manufacturing process changed to increase the yield, viability and stability of live attenuated virus in the final product. Efforts to optimize vaccine dose coupled with changes in vaccine manufacture led to variability among clinical trials in the amount of live virus (PFU; plaque forming units) and the ratio of live:dead viral antigen administered to vaccine recipients. The decision to license VARIVAX® therefore required the review of information from studies conducted on vaccine manufactured in 1982, 1984, 1987 and 1991.

Preclinical testing also addressed the question of whether the vaccine lots produced in different years represented the same product. Virus strains from these campaigns produced similar quantities of glycoproteins, induced similar titers of antibodies, and retained restriction endonuclease cleavage sites and sequences in regions which are potentially variable among different strains of varicella-zoster virus.

An animal model does not exist to test the efficacy of varicella-zoster virus vaccines. The vaccine was tested for oncogenicity in newborn hamsters. There was no evidence for oncogenicity in these tests. In addition, cells used to manufacture the vaccine were tested for oncogenicity in nude mice and by observation of senescence in tissue culture, as described above. Thus, animal studies did not suggest any specific risks in humans.

The labeling is adequate from the standpoint of pharmacology.

V. Medical

A. General Information

Varicella is a common childhood infection in the United States. The disease has a seasonal occurrence with the peak incidence generally occurring between March and May. The estimated number of cases of varicella in the United States per annum is approximately 3,500,000. Over 90% of cases occur in children 1 to 14 years of age; 60% of these cases occur among children 5 to 9 years of age. The CDC estimates that between 8.3% and 9.1% of children ages 1-10 contract varicella each year (depending on age, Wharton et al., ICAAC 1991). Varicella is uncommon in infants less than 1 year of age and in adults over 20 years of age. Each of these latter two groups account for only 2 to 3% of all cases of varicella. However, the morbidity and mortality of the disease in these groups are much greater than in children 1-14 years of age.

Primary varicella infection is a generalized illness that has an incubation period of approximately 11 to 20 days, is highly contagious, and is characterized by a papulovesicular rash that usually resolves in 5 to 20 days with or without residual scarring. Although immunity following VZV infection is generally long-lasting,

the virus persists in latent form in the peripheral nerve tissue (ganglia). While chickenpox is generally a mild disease, it may be complicated by bacterial superinfection of skin lesions, pneumonia, encephalitis, Reye's syndrome, and congenital varicella syndrome. Over 9,000 hospitalizations and 50 - 100 deaths in the U.S. each year are attributed to chickenpox. Infection is more severe among adolescents, adults and the immunocompromised than normal children. Herpes zoster, the clinical disease characterized by a localized vesicular rash involving from one to three dermatomes, is due to the reactivation of latent VZV.

Preparations of immune globulin (varicella-zoster immune globulin-VZIG) given post-exposure to natural varicella have been shown to protect from clinical disease. A vaccine which induces both neutralizing antibody and cellular immunity would be expected to prevent natural disease. Clinical studies with VARIVAX® have shown production of varicella virus antibodies, cellular immunity, and protection from disease.

B. Adequately controlled studies supporting licensure

From 1981 to 1993, VARIVAX® was administered to 9454 healthy children (12 months to 12 years of age) and 1648 adolescents and adults (13 years of age and older) enrolled in clinical studies to assess immunogenicity, efficacy, and safety. The demographics of individuals included in the studies are summarized in table 1. The vaccine was usually administered as one dose in children 1-12 years of age and 2 doses (given 4-8 weeks apart) in adolescents and adults 13 years of age and older.

2. Efficacy

Table 2 provides clinical efficacy data from all vaccine studies submitted to support VARIVAX® licensure.

Over 2,000 children participated in clinical trials of the vaccine produced in 1982. Approximately half were enrolled in a placebo-controlled double-blind study designed to compare the effect of 17,430 PFU of Varicella Virus Vaccine Live to a placebo. No infections occurred among vaccine recipients during the first year of that trial while 0.6% of vaccinees developed breakthrough disease during the second year (Table 2). This compares with the 8.5% rate of chickenpox in the control group during the first year of study. These impressive levels of protection were obtained using a dose of attenuated varicella that was substantially higher than present in the current vaccine (0.5 ml of the licensed product contains an average of 3,500 PFU/dose at the time of manufacture and a minimum of 1,350 PFU 30 minutes after reconstitution at product expiry).

Additional studies of the 1982 vaccine were performed using a dose of 950 PFU. As shown in Table 2, the calculated efficacy of the vaccine at this lower dose ranged from 75% - 87% (1.2% and 2.1% of vaccinees developed breakthrough infections

during the first and second year following immunization, respectively, versus 8.3% - 9.1% wild-type infections among unvaccinated American children of the same age). Considering data from the subset of children who were actively followed in this study, the calculated efficacy two years after vaccination was 72%. It therefore appears that the amount of live virus per dose and the quality of clinical follow-up influenced the protective efficacy calculated for this vaccine.

The 1984 vaccine campaign included approximately 1,300 healthy vaccinees who received doses ranging from 2,460 - 14,000 PFU of attenuated virus. This and subsequent studies were not placebo controlled. In addition, only a subset of participants were actively followed so that the frequency of breakthrough chickenpox among vaccinees relied heavily on passive reporting of illness by parents. In the 1984 study, a protective efficacy of 93% during the first two years following immunization was calculated by i) assuming that all cases of breakthrough chickenpox were reported and ii) comparing this rate with the frequency of wild-type chickenpox in unvaccinated American children.

The 1987 campaign had an enrollment of 4,142 children and the best long-term follow-up of the clinical studies submitted to support vaccine licensure. Using the method described above, 1,000 - 1,625 PFU of vaccine was calculated to provide protective efficacy of 66% - 77% per year over the first two years of follow-up in these children. Among the subset of children on whom active follow-up was performed, protective efficacy over the first two years ranged from 61% - 67% (Table 2).

The 1991 immunization campaign involved 1,164 subjects who received 2,900 - 9,000 PFU of vaccine. The lots of vaccine used in that campaign and those currently manufactured by Merck are nearly identical. Three years of follow-up indicate that the vaccine is approximately 93% effective in preventing breakthrough infection when compared to chickenpox rates in historic controls (Table 2).

An additional method used to estimate vaccine efficacy involved vaccinees exposed to varicella in their home. Previous studies showed that 87% of unvaccinated children with household exposure to wild-type varicella contract disease (Ross et al, NEJM 1962). Combining data from the non-placebo controlled 1982, 1987 and 1991 campaigns, 20% of actively followed vaccinated children exposed to natural varicella in their homes developed breakthrough chickenpox. This represents a 77% decrease from the 87% rate of transmission reported in the literature for unvaccinated individuals. In adolescents and adults who received two doses of vaccine, 17 of 64 (or 27%) reported breakthrough chickenpox following household exposure.

Vaccinated children who contracted varicella usually developed a milder form of breakthrough chickenpox than did unvaccinated controls. In a blinded trial, breakthrough chickenpox was characterized by a 3-fold lower incidence of fever, a 6-fold decrease in the number of chickenpox lesions, and a one day shorter illness than disease in unimmunized controls. Milder illness was also observed in vaccinated adolescents and adults - a population otherwise at high risk for severe

disease.

There have been too few cases of breakthrough chickenpox reported to determine the absolute rate at which the serious but rare complications of varicella infection (such as pneumonitis, encephalitis, hepatitis and congenital varicella syndrome) might occur. However, there is no evidence to suggest that vaccination is associated with an increase in the frequency of the serious complications of chickenpox.

C. Additional data supportive of licensure

1. Immunogenicity

Studies designed to monitor the serum anti-varicella antibody response induced by VARIVAX® immunization were conducted on a subset of vaccinees participating in the efficacy trials. Serological studies to detect and quantify specific antibodies to VZV (anti-VZV) have been performed on vaccinees by several methods. Antisera from vaccinees recognize a spectrum of VZV proteins, especially glycoproteins. The majority of serological data have been generated using a highly sensitive and specific ELISA based on reactivity with an enriched mixture of glycoproteins (gp) isolated from VZV-infected cells (gpELISA). Data from this gpELISA show good concordance with the other serological assays, consistent with the finding that viral glycoproteins are targets of neutralizing antibodies. In vaccinated children, neutralizing antibody titers rise concomitant with gpELISA titer. Children with no history of varicella infection generally had titers below 0.3 "units" by this assay whereas wild-type varicella infection induced titers >1,000.

Seroconversion was not always associated with protection from breakthrough disease. Rather, the higher the gpELISA titer, the greater the likelihood of protection from breakthrough chickenpox. In general, children with gpELISA titers below 2.5 were no better protected from infection than those with no detectable serum antibody. Statistically significant protection from disease (p <.05) correlated with gpELISA titers >5. Table 3 provides data on the distribution of gpELISA titers in children immunized with lots of VARIVAX® produced in 1982, 1987 and 1991. As the dose of virus administered rose from 950 to 17,430 PFU, the fraction of children with protective gpELISA titers rose from 60% to 97% (Table 3).

Clinical studies have demonstrated that VARIVAX® induces detectable varicella antibody in 97% of children as measured by gpELISA 6 weeks after one dose. Using a cutoff of ≥0.3 units, anti-varicella antibodies were induced in >99% of children vaccinated with 17,430 PFU of virus in 1982, >95% of children vaccinated with 950 - 1,600 PFU of virus in 1982 and 1987 and >99% vaccinated with >2,900 PFU, of virus 1991 (Table 3). Studies of seroconversion kinetics in children show that 36%, 100%, and 99% had seroconverted by 2, 4, and 6 weeks post-vaccination, respectively. Seventy-four percent (74%) of children who received between 905 to 9000 PFUs of varicella virus in the vaccine developed titers ≥5 U by gpELISA (Table 3), a titer

which correlates with more complete protection from disease. Limited studies of the cellular immune response in vaccinees indicate that VARIVAX® induces a proliferative T-cell response in children, adolescents and adults when measured 4-6 weeks post-vaccination.

In adolescents and adults, 75-94% developed detectable antibody as measured by the gpELISA 4-6 weeks post-vaccination. Seroconversion by the gpELISA was 99% 4-6 weeks after a second dose of vaccine in adolescents and adults. After one dose, only 32% of these subjects developed titers ≥ 5 U by gpELISA (Table 3). More vaccinees developed antibody levels ≥5 U when the two doses of VARIVAX® were administered 8 rather than 4 weeks apart.

In clinical studies involving healthy children who had received 1 dose of vaccine, anti-VZV was present in 98.89% at 1 year, 98.9% at 2 years, 97.5% at 3 years, and 99.5% at 4 years post-vaccination. In addition, limited follow-up data on vaccinees showed that 100% of vaccinees were seropositive at least 7 years post-vaccination. Antibody levels were present at least 1 year in 97.2% of healthy adolescents and adults who had received 2 doses of Varicella Virus Vaccine Live separated by 4-8 weeks.

D. Additional data on clinical issues.

1. Safety & Communicability

VARIVAX® has been generally well tolerated. The type and incidence of complaints which were reported within 42 days post-vaccination in ~8900 children are summarized in Table 3. Injection site complaints and non-injection site rashes (varicella-like, generalized were reported in 19.3% and 3.8% of children, respectively). Oral temperatures ≥102°F (39°C) were reported in 14.7% of children over the 42 day follow-up period. The most common systemic complaint in children was upper respiratory illness (62.4%). In a placebo-controlled efficacy trial with VARIVAX®, 16% of children who received placebo reported an oral temperature ≥102°F during 56 days of follow-up. Comparable rates of other systemic reactions were observed in the vaccine and placebo groups.

The types and incidence of complaints which were reported within 28 or 42 days post-dose 1 and dose 2 in ~1600 adolescents and adults are summarized in Table 4. Injection site complaints were reported in 24.4% and 32.5% of vaccinees post-dose 1 and dose 2, respectively, Non-injection site rashes (varicella-like, generalized) were reported in 5.5% and 9.5% of vaccinees post-dose 1 and dose 2, respectively. The most common systemic complaint in adolescents and adults was upper respiratory illness (43.4% post-dose 1 and 39.7% post-dose 2).

Reye's syndrome has occurred in children and adolescents following natural varicella infection, the majority of whom had received salicylates. In clinical studies in healthy children and adolescents in the United States, physicians advised

varicella vaccine recipients not to use salicylates for six weeks after vaccination. There were no reports of Reye's syndrome in varicella vaccine recipients during these studies.

The potential exists for vaccinees to transmit the Oka strain of varicella to household contacts. Six of 446 unvaccinated children seroconverted while three additional children developed chickenpox after household exposure to siblings immunized with VARIVAX (Weibel, et al. NEJM 1984). Nine unvaccinated controls developed 'chickenpox-like rashes' but did not seroconvert, although the IAHA assay used to detect serum anti-varicella antibodies in that study was less sensitive than the gpELISA. These data suggest that vaccine recipients may transmit the attenuated strain of varicella virus to close contacts. The labeling appropriately suggests that vaccinees should avoid contact with susceptible high-risk individuals or non-immune pregnant women for several weeks after receiving VARIVAX® (package insert). The relative risk of a vaccinee transmitting the attenuated strain of varicella to an immunocompromised family member must be weighed against the risk of wild-type infection in the absence of vaccination.

2. Herpes zoster

Eight cases of herpes zoster have been reported in children during 44, 994 person years of follow-up in clinical trials resulting in a calculated incidence of 18 cases per 100,000 person-years. These were, for the most part, milder than typical cases of zoster caused by wild-type virus. One case of herpes zoster has been reported in the adolescent and adult age group during 7826 person-years of follow-up, resulting in a calculated incidence of 12.8 cases per 100,000 person years. All nine cases were mild and without sequelae. Two of the cultures (one child and one adult) obtained from vesicles were positive for wild-type VZV as confirmed by restriction endonuclease analysis. The long-term effect of VARIVAX® and the influence of exposure to wild-type varicella among vaccinees studied so far on the incidence of herpes zoster is unknown at present.

There is an additional concern that universal vaccination might result in increased rates of zoster in vaccinated and unvaccinated individuals. Evidence suggests that re-exposure to natural chickenpox boosts cellular immunity and potentially reduces an individual's likelihood of developing zoster. Since vaccine-induced herd immunity will reduce exposure to wild-type varicella, mathematical modelling indicates that the frequency of zoster in adults could increase. Careful monitoring of zoster rates over time will facilitate the detection of such an effect.

3. Simultaneous administration with other childhood vaccines

VARIVAX® can be administered concomitantly with M-M-R-II® using separate syringes at separate injection sites. Limited data in studies using an investigational vaccine, a formulation combining live attenuated measles, mumps, rubella, and varicella vaccines in one syringe, suggest that the varicella vaccine can be

administered concomitantly with booster doses of DTaP (diphtheria, tetanus, acellular pertussis) and PedvaxHIB [Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)] using separate sites and syringes. However, anti-varicella levels were decreased when the investigational vaccine containing varicella was administered concomitantly with DTaP or PedvaxHIB. Additional studies are ongoing to assess concomitant use of VARIVAX® with other pediatric vaccines.

4. Duration of efficacy

The duration of the immune response induced following vaccination with VARIVAX® is an issue of considerable importance. It is unknown whether children who are immunized with varicella vaccine develop lifelong immunity. If the protective effect of immunization wanes, a program of universal immunization may create a population of adults who are at risk of serious illness.

Several factors complicated the assessment of long-term varicella vaccine efficacy. First, most of the clinical trials conducted by Merck were designed to monitor short-term rather than long-term efficacy. Second, many patients in these trials were followed passively and their participation in the trial waned as time following vaccination increased. Table 2 documents this effect and shows that the calculated frequency of breakthrough disease varied among actively versus passively followed children. Third, subjects vaccinated during the 1987 campaign who did not produce serum antibodies against varicella were generally re-immunized with vaccine one year later. Thus, the effect of a single vaccination in this trial was obscured.

The 1987 study contained the largest number of children actively followed for more than three years. Results from that study indicate that the highest level of protection was obtained during the first two years post immunization (Table 2). There was an approximate 32% decrease in protective efficacy from the first to fifth year post immunization (p. <.01). However, breakthrough rates were relatively stable from 3 - 5 years post vaccination, suggesting that immunity was maintained over that period (Table 2). Only three years of follow-up data were available from the 1991 campaign, but protective efficacy exceeded 90% throughout that trial (Table 2). While there was little active long-term follow-up of subjects participating in the 1982 and 1984 trials, passive follow-up suggests that immunity persisted during those trials as well.

Serologic studies of children immunized with VARIVAX® showed that antivaricella titers not only persisted but actually increased with time post immunization (Fig 1). This seemingly paradoxical finding highlights an important limitation to the long-term analysis of vaccine efficacy. Wild-type varicella is endemic in the U.S, so some children participating in efficacy trials were undoubtedly re-exposed to chickenpox when their friends or siblings became infected. Such inadvertent exposure could have boosted the vaccinee's immune response, resulting in increased serum antibody titers and potentially extending the

subject's immunity to varicella. Only after most children are immunized with VARIVAX® will this booster effect diminish and an unequivocal analysis of the vaccine's long-term efficacy become possible.

To monitor the effect of vaccine use, Merck has agreed to conduct phase IV (post-licensure) studies. These include trials in which a cohort of i) 25,000 immunized children will be followed over the short term to detect rare adverse events, ii) 7,000 children will be actively followed for at least 15 years to monitor changes in varicella rates and iii) five sets of 8,000 children will be studied over 15 years to determine whether varicella incidence changes following wide-spread vaccine use. In addition, Merck will conduct case-control studies of vaccine effectiveness over a 15 year period, monitor varicella epidemiology among children enrolled in certain day care centers, monitor the persistence of antibody in children and adults immunized with VARIVAX®, and examine whether the anamnestic response induced by revaccination varies over time. These studies will be supplemented by epidemiological surveys conducted by the CDC designed to assess the frequency of varicella infection following widespread use of VARIVAX®.

5. Immunotoxicology

As noted above, human MRC-5 cells are the substrate upon which the Oka strain of varicella is grown. In the process of isolating virus from these cells, MRC-5 derived proteins and DNA are also obtained. The nearly 2 μg of unmodified mammalian DNA present in each dose of VARIVAX® exceeds that present in any other approved childhood vaccine.

To assess whether these impurities could induce a harmful anti-DNA autoimmune response, serum IgG anti-DNA antibody levels were monitored in a cohort of 293 subjects who were immunized and boosted with VARIVAX®. A comparison of anti-DNA titers before immunization and at 6 weeks and 1 year after boost showed no significant change in either the average anti-DNA antibody titer or the frequency of elevated anti-DNA titers in immunized subjects.

E. Labeling

The labeling is adequate from the perspective of the clinical studies.

VI. Advisory Panel Consideration

Data concerning the safety and efficacy of VARIVAX® for the prevention of varicella disease (chickenpox) were discussed in open public hearings at the Vaccines and Related Biological Products Advisory Committee meetings on the following dates: January 14, 1985, January 24, 1986, July 22, 1986, June 17, 1987, January 25, 1990, January 28, 1994, and January 27, 1995. Data concerning manufacturing issues of VARIVAX® were discussed in closed session at the

Vaccines and Related Biological Products Advisory Committee meetings on June 7, 1994, and August 23, 1994.

Philip R. Krause, M.D., Chairman Dennis Klinman, M.D., Ph.D.

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TABLE 1 Demographics of persons included in clinical studies of VARIVAX®

	Healthy children (Ages 1-12 years)	Healthy Adolescents & Adults (≥13 years)			
Male	4895 (51.8%)	636 (38.6%)			
Mean age (years)	3.94	25.88			
Female	4559 (48.2%)	1012 (61.4%)			
Mean age (years)	4.03	27.39			
Total	9454 (100%)	1648 (100%)			
Mean age (years)	3.98	26.81			

Table 2. Long-term clinical follow-up of VARIVAX® Recipients

A. Active and passive follow-up combined

Annual Breakthrough Incidence and (Number of Vaccinees Studied)

Interval after		Vaccine Ma	nufacturing (a	
immunization	<u>1982</u> #	<u>1982</u> ±	<u>1984</u>	<u>1987</u>	<u>1991</u>
1	0.2% (487)	0.4% (908)	0.3% (1154)	2.1% (3537)	0.2% (1011)
2	0.0% (543)	1.2% (1021)	, ,	, ,	0.8% (1134)
3	0.6% (534)	2.1% (1004)	` '	` '	1.0% (682)
4	1.3% (528)	1.2% (989)	0.7% (1271)	3.6% (3563)	,
5	1.9% (518)	2.1% (971)	0.8% (1261)	3.3% (3371)	
6	1.0% (513)	0.9% (956)	0.9% (1247)	3.0% (2831)	
7	0.6% (508)	0.3% (951)	0.3% (1076)		
8	0.0% (506)	0.4% (943)			
9	0.2% (505)	0.5% (938)			
10	0.0% (504)	0.0% (917)			
PFU	17,430	950 2	2,460 - 14,000	1000 - 1625	2900 - 9000

B. Active follow-up alone

Breakthrough Incidence and (Number of Vaccinees Studied)

per Year Interval after Vaccine Manufacturing Campaign immunization 1982# 1982± 1984 1987 1991 3.0% (2994) 0.6% (955) 1 0.2% (401) 0.8% (615) 3.3% (2415) 0.8% (717) 2 1.2% (417) 4.4% (911) 3 2.4% (123) 4 1.8% (111) 4.3% (538) 5 1.9% (108) 4.5% (376) 6

this population. In part B, only those subjects contacted for information on breakthrough disease within the previous interval were included. Individuals re-immunized with vaccine were excluded from further analysis. The 12 month follow-up intervals for these individuals started 6 months after initial vaccination. See Table II for information on vaccine dose. The FDA was not provided with data concerning subjects actively followed in the 1984 trial.

^{*}Fewer than 100 subjects actively followed during preceding 12 month interval.
+Trial participants in 1982 received either 17,430 PFU (#) or 950 PFU (+) of virus.
For each follow-up interval, the annual incidence of breakthrough varicella (%) and the number of children included in the study population are shown. In part A, calculations assume that all breakthrough cases that occurred in vaccinated individuals were reported. The 12 month follow-up intervals started 6 weeks after initial vaccination in this population. In part B, only those subjects contacted for information on breakthrough disease within the previous

Table 3. Distribution of gpELISA titers among subjects vaccinated with different lots of VARIVAX®

Percent of trial participants

gpELISA Titer (OD)	1982#	1982+	1987	1991
≤ 0.3 >0.3 - 5	0.2 2.8	4.6 35.4	4.6 23.1	0.5 9.3
5 - 10*	10.7	28.6	18.8	16.6
>10*	86.2	31.4	53.6	73.6
N	457	714	3603	2625
PFU	17,430	950	1000 - 1625	2900 - 9000

Serum anti-varicella antibody titers were measured 6 weeks following vaccination by gpELISA.

^{*} gpELISA titers correlating with significantly increased protection against subsequent varicella infection.

⁺ Trial participants in 1982 received either 17,430 PFU (#) or 950 PFU (+) of live virus.

Table 4

Antibody responses among healthy individuals+ who received VARIVAX®

Population	Seroconversion*	%≥5 gpELISA Titer
Healthy Children 1-12 years Dose 1**	97%	74%
Healthy Adolescents & Adults ≥13 years		
Dose 1 *** Dose 2	79% 99%	32% 82%

⁺ Includes only subjects who received between 905-9000 PFUs

^{*} Seroconversion= detectable antibody levels by gpELISA (assay not commercially available)

^{**6} weeks post-vaccination

^{***4-6} weeks post-vaccination

Table 4

Frequency of clinical complaints (without regard to causality), occurring at a frequency >1% within 42 days following administration of VARIVAX® in healthy children (N=9230*).

Clinical Complaints	Frequency (%)
Injection Site	
Injection site complaints (pain/soreness, swelling and/or erythema, varicella-like rash, pruritus)	19.3
Body as a whole	
Fatigue Fever (≥102°F) Headache Malaise Chills	27.4 14.7 11.1 9.2 4.8
Digestive System	
Diarrhea Loss of appetite Vomiting Abdominal pain Teething Nausea Constipation	22.8 19.8 15.7 8.2 9.7 7.1
Respiratory system	
Upper respiratory illness Cough Lower respiratory illness	62.4 40.4 3.0
Psychiatric/Behavioral	
Irritability, nervousness Disturbed sleep	31.4 24.1

Table 4 (continued)

*No data on 314 subjects

Special Senses

Otitis	14.9
Eye complaints	6.2
Integumentary System	
Diaper rash/contact rash	11.9
Other rash	8.0
Varicella-like rash	3.8
Allergy/allergic rash/hives	2.1
Heat rash/prickly heat	1.6
Insect bites	1.6
Eczema/dry skin/dermatitis	1.2
Itching	1.1
Hematologic/Lymphatic system	
Lymphadenopathy	3.1
Musculoskeletal system	
Myalgia	3.1
Stiff Neck	1.7
Arthralgia	1.5

Table 5 Frequency of clinical complaints (without regard to causality) occurring at a frequency >1% within either 28 or 42 days following administration of VARIVAX® in healthy adolescents and adults.

	Frequency (%)
Clinical Complaint	Dose 1*	Dose 2**
Injection Site	N=1639	N=984
Injection site complaints (pain/soreness, swelling and/or erythema, varicella-like rash, pruritus, hematoma, induration, stiffness)	24.4	32.5
Body as a whole		
Headache Fatigue Malaise Fever (≥100°F) Chills	35.4 29.0 12.0 10.2 8.7	27.9 24.4 10.4 9.5 7.7
Digestive System		
Diarrhea Abdominal pain Loss of appetite Vomiting Constipation Nausea	11.3 7.7 7.4 4.4 2.3 13.4	10.7 7.4 6.2 3.0 1.9 11.3
Respiratory system		
Upper respiratory illness Cough Lower respiratory illness	43.4 17.6 1.7	39.7 19.9 2.4
Psychiatric/Behavioral		
Disturbed sleep Irritability/Nervousness	15.6 11.1	12.4 6.4

Table 5 (continued)

Clinical Complaint	Frequency (%)			
	Dose 1*	Dose 2**		
Special Senses				
Eye complaints Otitis	8.5 5.2	5.9 3.8		
Integumentary system				
Varicella-like rash Itching Other rash Allergy/allergic rash/hives Contact rash Cold/canker sores	5.5 4.5 3.3 1.4 1.2 1.1	0.9 0.8 1.9 1.7 0.6 1.2		
Hemic/Lympthatic system				
Lymphadenopathy	8.8	7.0		
Musculoskeletal System				
Myalgia Stiff neck Arthralgia	16.9 11.3 6.1	13.7 7.9 4.4		

^{*} No data on 33 subjects ** No data on 29 subjects

Appendix I Black/Shinefield Report

Final Report

Post Marketing Evaluation of Short Term Safety of Varicella (Varivax®, MSD) Vaccine

Steven Black, Henry Shinefield, Paula Ray, Edwin Lewis, John Hansen, Todd Glasser Kaiser Permanente Vaccine Study Center, Oakland

June 13, 1997

Introduction

Varicella is a common childhood disease which infects more than 90% of children before ten years of age. In the vast majority of children, this infection is mild and self limited. Varicella infection in healthy children is, however, responsible for an estimated 100 deaths each year as well as sequelae due to encephalitis, cerebellar ataxia, pneumonia, hepatitis and secondary infection.

The Oka strain of live attenuated varicella vaccine was developed by Takahashi in Japan and was licensed for use in healthy children in the United States in March, 1995. The varicella vaccine has also been recommended for routine use in children by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. Since licensure, more than 90,000 doses of this vaccine have been given to children and adults within the Northern California Kaiser Permanente Medical Care Program as part of routine preventive care.

We report here on an evaluation of the short term safety of this vaccine as assessed by rates of medical events resulting in hospitalization, emergency room visits, and outpatient utilization within Kaiser Permanente from May 1, 1995 through February 5, 1997.

Methods

Beginning in April, 1995, varicella vaccination was introduced into the preventive care program of the Northern California Kaiser Permanente Medical Care Program (KPMCP) which provides pre-paid medical care for 2.5 million people at 31 medical centers in Northern California. The vaccine was recommended for routine use in children between the ages of one and two years old as well as for older children and adults without a history or serological evidence of prior varicella infection.

Within KPMCP, all immunizations are routinely entered into the Kaiser Immunization Tracking System (KITS) and are available for reporting and analysis. In addition, diagnoses and procedure codes for all visits are available from clinical databases for hospitalizations, emergency room visits, clinic visits as well as visits to specialists. Since KPMCP is self-insured, data on emergency visits to outside providers are also available from a claims database.

For the purposes of the analyses performed in this study, the rates of medical events occurring within 0 - 60 days of vaccination for hospitalization, 0 - 30 days for emergency room, and 1 - 30 days for clinic (outpatient) visits were compared to the rates of the same events in three different control periods. One control period was a historical comparison with the rates of the same events in historical age and sex matched controls during the one year prior to the onset of this study. The two other control periods were two distinct follow-up time periods in the vaccinees: the before control periods and the post-vaccine or after control periods. The before control periods were defined as 31 - 60 days prior to receipt of the varicella vaccine for clinic and emergency visits and 31 - 90 prior to vaccine for hospitalization. The after control periods were 91 - 120 days following vaccine for emergency and clinic visits and 91 - 150 days following vaccine for hospitalization. All events were reviewed by one of the

two principal investigators for possible vaccine association and classification of severity. Any events felt to be possibly associated with vaccination and all allergic reactions, deaths and neurologic events within the exposed follow-up period were reported to the Vaccine Adverse Events Reporting System (VAERS) through the manufacturer. In addition, in all cases, the diagnosis specific rates of events within exposed follow-up time period were compared to the control rates. P values and confidence intervals for the relative risk were calculated using the mid-p exact binomial method. Separate analyses were performed for the one year old, 2-12 year old, 13-17 year old and over 18 year old age groups. In reviewing the results of these multiple comparisons, any diagnostic categories with an elevated risk following vaccination and for which there was biologic plausibility were identified for further evaluation.

Results

The results of the analyses described above are shown in the attached tables. Descriptive summary statistics are followed by a series of tables presenting the results of the comparisons between the defined risk period and the various control periods: self-control 91 - 120 days after vaccination; self-control 31 - 60 days before; and, for hospitalizations and emergency room utilization, historical controls 1 year prior. This first group of tables is organized by age group and control period within type of service (hospitalization, ER, or outpatient). For each elevated risk significant at the .05 level we performed an additional analysis controlling for receipt of concomitant MMR vaccine. The second set of tables report these results and are organized as above by type of service, age group, and control period. Third, for all diagnostic categories with apparent increased risk, the number of events on the same day as immunization is shown compared with the total number of events within 30 and 60 days for emergency room visits and hospitalizations respectively. Finally, the number, interval since vaccination, and cause of death by age group is reported for subjects who died at any time following vaccination.

Interpretation .

The analysis identified several outcome categories with elevated relative risks which were statistically significant at the α =0.05 level. It is important to note that the statistics employed in these tables are not adjusted for the multiple comparisons that are being made.

. To comment specifically on a few of these outcomes:

1. Among the 1 year of age and 2-12 years of age comparison groups, higher rates of elective procedures in the hospital within 60 days following vaccination are observed. Most elective procedures are scheduled during routine care visits, where there is the opportunity for vaccination. Therefore, we would expect a higher rate of routine care visits and immunizations to precede hospital visits for elective procedures. The same line of reasoning applies to the comparison of hospitalization rates with historical controls.

- 2. As in our prior report, the rate of acute gastroenteritis among one year olds is lower in the age-matched historical controls for both hospitalizations and emergency room visits. We believe this result is due to year to year variation in the seasonality of acute gastroenteritis.
- 3. Among one year olds, there is also a reported increased risk of emergency room visits for acute gastroenteritis when compared with the 91-120 period after vaccination, but this does not appear in the 31-60 day before vaccination control interval. This may be due to seasonal variation within the study time period.
- 4. Among one year olds we observed a significantly elevated risk of emergency room utilization for epilepsy in the comparison with 31-60 days before vaccine, while the relative risk estimate in the 90-120 days after comparison was not statistically significant. We believe this is the result of children with active epilepsy not being vaccinated.
- 5. There is a consistent finding of increased febrile illness and 'R/O sepsis' within the 30 day interval following vaccination. We have observed similar findings following MMR alone in other studies where we observed an increased risk of febrile illness and "rule out sepsis" evaluations. We therefore conducted separate analyses of children with and without concomitant MMR vaccine. One year olds who received concomitant MMR vaccine had a significantly elevated risk of febrile illness in the emergency room setting, whereas the risk was not statistically significant in those not given MMR concurrently. In the outpatient setting, among the 1 and 2-12 year age groups, there was a significant risk of febrile illness in the 91-120 day after comparison but not in the 31-60 days before comparison. This risk could be due to seasonality of febrile illness within the study period. In the 2-12 year old group, MMR vaccine is not given commonly, and we believe some increased risk may be due to concomitant DTP administration. Analyses of risk of febrile illness among children 2-12 years of age with and without concomitant DTP vaccine is planned.
- 6. Increased risk of febrile seizure was observed in the 1 year age group for comparisons in the hospital and outpatient settings. Of 21 hospitalizations for febrile seizure, 19 followed varicella vaccine with concomitant MMR and 2 followed varicella vaccine given without MMR. Without MMR, the relative risk estimate for hospitalization with febrile seizure was 0.58 among one year olds. Similarly, in the outpatient setting, with a control period of 91 -120 days after vaccination, the relative risk following concomitant varicella and MMR vaccine was 2.23 while the relative risk following varicella alone was 0.84.
- 7. Among one year olds, significantly increased risk of emergency room visits for viral syndrome and rash occurred only among vaccine recipients with concomitant MMR. In the outpatient setting, risk of viral syndrome was significantly elevated among those with concurrent MMR, but not for varicella vaccine without MMR.

- 8. Similarly, an increased risk of outpatient visits for allergic reactions (including hives) was observed among one year olds in the after comparison. This risk was present only in the group that received concomitant MMR. Among 2-12 year olds there was a marginally significant increased risk of emergency room visits for hives in the after comparison only. Analysis of this group with and without concomitant DTP vaccine is planned.
- 9. Among the 2-12 years of age group, a possible increased risk of alopecia remains unexplained pending analysis of concurrent immunogens, particularly Hepatitis B vaccine and DTP.

Conclusion

In this study population of 90,000 children and adults, the varicella vaccine (Oka strain, Merck) appeared to be free of serious side effects. Overall we are impressed by the apparent safety of Varivax in this study.

Appendix II-1 Line Summaries - 1 Year

T.

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days ม	0-60 days Rate	31-90 days before N	31-90 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Abscess	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Acute Gastroenteritis	33	5.83	33	5.80	1.01	0.62	1.64	0.983
Adenitis	2	0.35	0	0.00		0.29		0.249
Agranulocytosis	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Allergic incl Angioedema	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Anemia	2	0.35	0	0.00	63	0.29		0.249
Appendicitis	1	0.18	1	0.18	1.01	0.03	39.21	0.997
Arhythmia	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Aspiration	2	0.35	1	0.18	2.01	0.15	59.31	0.622
Asthma	40	7.06	40	7.02	1.01	0.65	1.56	0.981
Ataxia Bronchiolitis	0 7	0.00	1	0.18	0.00	0.00	19.10	0.501
Cardiac disease		1.24	9	1.58	0.78	0.28	2.14	0.637
Cellulitis	1	0.18 0.53	0 2	0.00 0.35		0.05	:	0.499
Cerebral Palsy	0	0.53	2	0.35	1.51	0.22	12.68	0.683
Chronic sinusitis	1	0.18	6	0.35	0.00	0.00 0.05	3.49	0.251
Congenital Anomaly	33	5.83	64	10.71	0.54	0.05	0.83	0.499
Congenital heart disease	Ö	0.00	4	0.70	0.00	0.00	1.12	0.004 0.063
Constipation	ŏ	0.00	ī	0.18	0.00	0.00	19.10	0.063
Croup	9	1.59	11	1.93	0.82	0.33	2.02	0.672
Developmental Delay	1	0.18	-0	0.00		0.05	2.02	0.499
Diabetes	1	0.18	ī	0.18	1.01	0.03	39.21	0.997
Drug Reaction	2	0.35	ō	0.00		0.29	33.21	0.249
E Coli Septicemia	1	0.18	0	0.00	•	0.05		0.499
Elective Procedure	131	23.13	119	20.90	1.11	0.86	1.42	0.424
Epiglottis	1	0.18	0	0.00	•	0.05		0.499
Epilepsy	11	1.94	6	1.05	1.84	0.68	5.39	0.234
Erythema multiforme	0	0.00	1	0.18	0.00	0.00	19.10	0.501
FUO	2	0.35	0	0.00		0.29	•	0.249
Failure to thrive	1	0.18	3	0.53	0.34	0.01	3.14	0.378
Febrile illness	5	0.88	6	1.05	0.84	0.24	2.87	0.781
GE Reflux	2	0.35	4	0.70	0.50	0.06	2.83	0.457
GI Bleed	2	0.35	0	0.00	. •	0.29	•	0.249
Hemophilia Hydrocephalus	-	0.00	I	0.18	0.00	0.00	19.10	0.501
Hypovolemia	<u>. 1</u>	0.18	1	0.18	1.01	0.03	39.21	0.997
Infection	.#.	6.18 0.18	8	1.40	0.13	0.01	0.79	0.022
Kawasaki's Disease	1	0.18	2	0.35	o . E o	0.05	:	0.499
Mastoiditis	î	0.18	0	0.00	0.50	0.02 0.05	6.61	0.628
Near Drowning	ō	0.00	2	0.35	0.00	0.05	3 45	0.499
Otitis Media	90	15.89	116	20.37	0.78	0.59	3.49 1.03	0.251 0.077
Pharyngitis	Õ	0.00	1	0.18	0.00	0.00	19.10	0.501
Pneumonia	27	4.77	22	3.86	1.23	0.70	2.19	0.468
Poisoning/Ingestion	7	1.24	8	1.40	0.88	0.30	2.50	0.812
Post-surgical complication	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Rash	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Respiratory failure (chronic)	1	0.18	0	0.00		0.05		0.499
Seizure, Febrile	21	3.71	12	2.11	1.76	0.87	3.69	0.118
Seizure, Type Unk.	1	0.18	0	0.00		0.05		0.499
Sickle Cell Disease	1	0.18	3	0.53	0.34	0.01	3.14	0.378
Sinusitis	1	0.18	0	0.00		0.05		0.499
Sleep apnea	0	0.00	2	0.35	0.00	0.00	3.49	0.251
Small bowel obstruction	1	0.18	2	0.35	0.50	0.02	6.61	0.628
Trauma	20	3.53	28	4.92	0.72	0.40	1.27	0.261
URI	5	0.88	5	0.88	1.01	0.27	3.74	0.993
UTI.	3	0.53	5	0.88	0.60	0.12	2.61	0.513
Viral Syndrome	8	1.41	7.	1.23	1.15	0.40	3.33	0.796
Wheezing/SOB r/o Sepsis	2	0.00	.5 0	0.88	0.00	0.00	D.83	0.032
*Total	448	0.35 79.10	0 479	0.00	•••	0.29	:	0.249
10.61	440	79.10	4/9	84.12	0.94	0.83	1.07	0.350

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Hospitalizations 1 Year of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-60	0-60	91-150	91-150	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	days N	days Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
Abscess	Q	0.00						(MIG-FIDD.)
Acute Gastroenteritis	33		1	0.20	0.00	0.00	16.44	0.464
Adenitis		5.83	25	5.10	1.14	0.68	1.94	0.620
	2	0.35	1	0.20	1.73	0.13	51.06	0.708
Allergic incl Angioedema	0	0.00	3	0.61	0.00	0.00	1.48	0.100
Allergic not incl Angioedema	Ö	0.00	1	0.20	0.00	0.00	16.44	0.464
Anemia	2	0.35	2	0.41	0.87	0.09	8.31	0.892
Appendicitis	1	0.18	1	0.20	0.87	0.02	33.75	0.928
Aspiration	2	0.35	0	0.00		0.25		0.287
Asthma	40	7.06	29	5.92	1.19	0.74	1.94	0.472
Bronchiolitis	7	1.24	1	0.20	6.06	0.94	137.57	0.061
Cancer, R/O Cancer	0	0.00	2	0.41	0.00	0.00	3.00	0.215
Cardiac disease	1	0.18	0	0.00		0.05		0.536
Cellulitis	3	0.53	4	0.82	0.65	0.12	3.14	0.593
Cerebral Palsy	0	0.00	1	0.20	0.00	0.00	16.44	0.464
Chronic sinusitis	1	0.18	0	0.00		0.05		0.536
Congenital Adrenal Insufficien	0	0.00	1	0.20	0.00	0.00	16.44	0.464
Congenital Anomaly	33	5.83	34	6.94	0.84	0.52	1.36	C. 47B
Congenital heart disease	0	0.00	3	0.61	0.00	0.00	1.48	0.100
Croup	9	1.59	5	1.02	1.56	0.52	5.13	0.100
Developmental Delay	1	0.18	ō	0.00		0.05	3.13	0.442
Diabetes	1	0.18	ō	0.00		0.05	•	
Drug Reaction	2	0.35	ō	0.00	•	0.25	•	0.536
E Coli Septicemia	ī	0.18	ĭ	0.20	0.87	0.02	22 25	0.287
Elective Procedure	131	23.13	79	16.12		1.09	33.75	0.928
Epiglottis	1	0.18	Ö	0.00	1.44	According to the control of the cont	1.90	0,011
Epilepsy	11	1.94	11	2.24	0.87	0.05	:	0.536
FUO	2	0.35	0	0.00		0.37	2.04	0.738
Failure to thrive	ī	0.18	õ	0.00	•	0.25	•	0.287
Febrile illness	5	0.88	2			0.05		0.536
GE Reflux	2	0.35	0	0.41	2.16	0.43	16.10	0.380
GI Bleed	2	0.35	ŏ	0.00	•	0.25	•	0.287
Hematemesis	Ó	0.35	2	0.00		0.25		0.287
Hematuria	ŏ	0.00		0.41	0.00	0.00	3.00	0.215
Hydrocephalus			1	0.20	0.00	0.00	16.44	0.464
Hypoglycemia	1	0.18	0	0.00	•	0.05	•	0.536
Hypovolemia		0.00	.1	0.20	0.00	0.00	16.44	0.464
ITP		0.18	7	1.43	0.12	0.01	0.80	0.024
===	0	0.00	1	0.20	0.00	0.00	16.44	0.464
Infection	1	0.18	0	0.00	•	0.05		0.536
Kawasaki's Disease	1	0.18	1	0.20	0.87	0.02	33.75	0.928
Mastoiditis	1	0.18	0	0.00		0.05	-	0.536
Near Drowning	0	0.00	1	0.20	0.00	0.00	16.44	0.464
Otitis Media	90	15.89	99	20.20	0.79	0.59	1.05	0.100
Pneumonia	27	4.77	24	4.90	0.97	0.56	1.70	0.922
Poisoning/Ingestion	7	1.24	11	2.24	0.55	0.20	1.43	0.223
Respiratory failure (chronic)	1	0.18	0	0.00		0.05	1.13	0.536
Seizure, Afebrile	0	0.00	1	0.20	0.00	0.00	16.44	0.464
Seizure, Febrile	21	3.71	8	1.63	2.27	1.03	5.45	0.043
Seizure, Type Unk.	1	0.18	1	0.20	0.87	0.02	33.75	
Sickle Cell Disease	1	0.18	ō	0.00	0.07	0.05	33.75	0.928
Sinusitis	1	0.18	ž	0.41	0.43	0.03		0.536
Small bowel obstruction	ī	0.18	ō	0.00	0.43	0.01	5.69	0.546
Syncope/LOC	ō	0.00	ĭ	0.20	0.00			0.536
Tonsillitis	ŏ	0.00	1	0.20		0.00	16.44	0.464
Trauma	20	3.53	25	5.10	0.00	0.00	16.44	0.464
URI	5	0.88	25 4		0.69	0.38	1.25	0.223
UTI	3	0.53	3	0.82	1.08	0.27	4.53	0.918
Viral Syndrome	8		_	0.61	0.87	0.15	5.04	0.865
Wheezing/SOB	•	1.41	4	0.82	1.73	0.52	6.59	0.385
r/o Sepsis	0	0.00	1	0.20	0.00	0.00	16.44	0.464
*Total	2	0.35	0	0.00		0.25		0.287
10001	448	79.10	357	72.83	1.09	0.95	1.25	0.245

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-60	0-60	Historical	Historical	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	Control N	Control Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
Abscess	. 0	0.00	4	0.70				
Acute Gastroenteritis	33	5.83	4	0.70	0.00	0.00	1.12	0.063
Adenitis	2	0.35	18	3.16	1.84	1.04	3.34	0.035
Anemia	2	0.35	4 2	0.70	0.50	0.06	2.83	0.457
Apnea	0	0.00	4	0.35 0.70	1.01	0.10	9.66	0.996
Appendicitis	1	0.18	Ö	0.00	0.00	0.00 0.05	1.12	0.063
Aseptic meningitis	ō	0.00	ĭ	0.18	0.00	0.00	10.10	0.499
Aspiration	2	0.35	2	0.35	1.01	0.10	19.10 9.66	0.501
Asthma	40	7.06	26	4.57	1.55	0.95	2.56	0.996
Bronchiolitis	7	1.24	5	0.88	1.41	0.44	485	0.083
Cancer, R/O Cancer	ò	0.00	4	0.70	0.00	0.00	1.12	0.575 0.063
Cardiac disease	ĭ	0.18	Ö	0.00	0.00	0.05	1-12	0.499
Cellulitis	3	0.53	8	1.40	0.38	0.08	1.38	0.148
Chronic sinusitis	ĭ	0.18	ŏ	0.00		0.05	1.30	0.499
Congenital Anomaly	33	5.83	44	7,73	0.75	0.48	1.18	0.221
Congestive Heart Failure	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Croup	9	1.59	12	2.11	0.75	0.31	1.81	0.531
Cystic Fibrosis	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Developmental Delay	1	0.18	ō	0.00		0.05	13.10	0.499
Diabetes	1	0.18	0	0.00	-	0.05	_	0.499
Drug Reaction	2	0.35	0	0.00		0.29	_	0.249
E Coli Septicemia	1	0.18	0	0.00		0.05		0.499
Elective Procedure	131	23.13	85	14.93	1.55	1,29	2.04	0.002
Epiglottis	1	0.18	0	0.00	•	0.05	. 1774 1784 178	0.499
Epilepsy	11	1.94	4	0.70	2.76	0.91	10.04	0.075
FUO	2	0.35	1	0.18	2.01	0.15	59.31	0.622
Failure to thrive	5 2	0.18	0	0.00		0.05		0.499
Februs illness		0.88	0	0.00	*	1.23		0.031
GE Reflux	2	0.35	1	0.18.	2.01	0.15	59.31	0.622
GI Bleed	2	0.35	1	0.18	2.01	0.15	59.31	0.622
Histiocytosis	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Hydrocephalus	1	0.18	1	0.18	1.01	0.03	39.21	0.997
Hypovolemia	1	0.18	1	0.18	1.01	0.03	39.21	0.997
Infection	1	0.18	0	0.00	•	0.05	•	0.499
Inguinal Hernia/Repair	o .	0.00	1	0.18	0.00	0.00	19.10	0.501
Kawasaki's Disease	1	0.18	2	0.35	0.50	0.02	6.61	0.628
Mastoiditis	1	0.18	0	0.00		0.05	•	0.499
Meningitis	0	0.00	1	0.18	0.00	0.00	19.10	0.501
Mononucleosis Near Drowning	0	0.00	2	0.35	0.00	0.00	3.49	0.251
Osteomyelitis	0	0.00	1 1	0.18	0.00	0.00	19.10	0.501
Otitis Media	90	0.00 15.89	109	0.18	0.00	0.00	19.10	0.501
Pneumonia	27	4.77	28	19.14	0.83	0.63	1.10	0.192
Poisoning/Ingestion	7	1.24	6	4.92 1.05	0.97	0.57	1.65	0.910
Rash	á	0.00	1	0.18	1.17 0.00	0.38	3.72	0.783
Respiratory failure (chronic)	1	0.18	ō	0.00	0.00	0.00	19.10	0.501
Reye's Syndrome	ō	0.00	1	0.18	0.00	0.05		0.499
Seizure, Febrile	21	3.71	7	1.23		0.00	19.10	0.501
Seizure, Type Unk.	1	0.18	ò	0.00	3.02	1.32 0.05	7.63	0.008
Sepsis		0.00	5	0.86	0.00	0.00	- N 000	0.499
Sickle Cell Disease	ĩ	0.18	ő	0.00	*****	0.05	0.83	0.032
Sinusitis	ī	0.18	ĭ	0.18	1.01	0.03	39.21	0.499 0.997
Small bowel obstruction	ī	0.18	ō	0.00		0.05	35.21	0.499
Stomatitis	ō	0.00	ĭ	0.18	0.00	0.00	19.10	
Synostosis	Ö	0.00	ī	0.18	0.00	0.00	19.10	0.501 0.501
Tonsillitis	ō	0.00	2	0.35	0.00	0.00	3.49	0.251
Trauma	20	3.53	11	1.93	1.83	0.88	3.95	0.107
URI	5	0.88	1	0.18	5.03		119.62	0.123
UTI	3	0.53	5	0.88	0.60	0.12	2.61	0.513
Varicella	ō	0.00	2	0.35	0.00	0.00	3.49	0.251
Varicella w & w/o Cellulitis	Ö	0.00	2	0.35	0.00	0.00	3.49	0.251
Viral Syndrome	8	1.41	2	0.35	4.02	0.93	27.72	0.251
r/o Sepsis	2	0.35	3	0.53	0.67	0.08	4.51	0.692
*Total	448	79.10	398	69.89	1.13	0.99	1.30	0.072

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-30	0-30	31-60 days	31-60 days	Relative	95 % CI	95% CI	
Diagnosis	days N	days Rate	before N	before Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
Abscess	1	0.35	4	1.40	0.25	0.01	1.99	0.219
Acute Gastroenteritis	92	32.31	96	33.72	0.96	0.72	1.28	0.771
Allergic incl Angioedema	3	1.05	6	2.11	0.50	0.10	2.01	
Allergic not incl Angioedema	2	0.70	5	1.76	0.40	0.05	2.03	0.344
Apnea	0	0.00	ĭ	0.35	0.00	0.00	19.00	0.289 0.500
Aspiration	ă	0.00	ī	0.35	0.00	0.00	19.00	
Asthma	46	16.16	34	11.94	1.35	0.87	2.12	0.500
Ataxia	0	0.00	i	0.35	0.00	0.00	19.00	0.182
Breath holding	1	0.35	ō	0.00	0.00	0.00	13.00	0.500
Bronchiolitis	14	4.92	17	5.97	0.82	0.40		0.500
Cellulitis	1	0.35	4	1.40	0.25	0.01	1.68 1.99	0.597
Congenital Anomaly	ō	0.00	3	1.05	0.00	0.00	1.71	0.219
Conjunctivitis	5	1.76	10	3.51	0.50	0.15	1.45	0.125
Constipation	4	1.40	14	1.40	1.00	0.13	4.43	0.210
Croup	28	9.83	18	6.32	1.56	0.23		0.999
Diabetes	1	0.35	-0	0.00		0.05	2.86	0.144
Drug Reaction	ō	0.00	ĭ	0.35	0.00	0.00		0.500
Elective Procedure	14	4.92	12	4.21	1.17	0.00	19.00	0.500
Rpilepsy	6	2.11	į į	0.00	· · · · · · · · · · · · · · · · · · ·		2.58	0.701
Epistaxis	1	0.35	0	0.00	•,	1.54	· · · · · · · · · · · · · · · · · · ·	0.016
Pebrile illness	52	18.26	26	9.13	2.00	0.05		0.500
Hematuria	i i	0.35	64	0.00	2300	126	3.25	0.003
Hives	6	2.11	2	0.70	3.00	0.05	:	0.500
Infection	3	1.05	ő	0.70		0.63	21.60	0.180
Ingrown toenail	ī	0.35	ö	0.00	•	0.58	•	0.125
Irritable child	ā	1.40	4	1.40		0.05	:	0.500
Local swelling	ì	0.35	Ö		1.00	0.23	4.43	0.999
Musculoskeletal pain	ō	0.00	1	0.00		0.05	•	0.500
Near Drowning	ŏ	0.00	i	0.35 _	0.00	0.00	19.00	0.500
Otitis Media	177	62.17	207	0.35	0.00	0.00	19.00	0.500
Partial Bowel Obstruction	1//	0.35	207	72.70	0.86	0.70	1.04	0.126
Pharvngitis	10	3.51	-	0.00		0.05	•	0.500
Pneumonia	20		12	4.21	0.83	0.35	1.96	0.67B
Poisoning/Ingestion	25	7.02 8.78	25	8.78	0.80	0.44	1.44	0.461
Rash	20	7.02	24	8.43	1.04	0.59	1.84	0.888
Scabies	3	1.02	10 0	3.51	2.00	0.94	4.45	0.071
Seizure, Afebrile	1		•	0.00	•	0.58	•	0.125
Seizure, Febrile	43	0.35	0	0.00	. •	0.05		0.500
Sinusitis	1	15.10	34	11.94	1.26	0.B1	2.00	0.308
Small bowel obstruction	1	0.35	0	0.00	•	0.05	•	0.500
Stomatitis	Ď	0.35	0	0.00	•	0.05	•	0.500
Synovitis	0	0.00	2	0.70	0.00	0.00	3.47	0.250
Thrush		0.00	1	0.35	0.00	0.00	19.00	0.500
Tonsillitis	1	0.35	1	0.35	1.00	0.03	39.00	0.999
Trauma	4	1.40	2	0.70	2.00	0.35	15.61	0.453
URI	333	116.96	315	110.63	1.06	0.91	1.23	D-480
UTI	63 5	22.13	64	22.48	0.98	0.69	1.40	0.930
Varicella		1.76	4	1.40	1.25	0.32	5.23	0.754
Varicella W & W/o Cellulitis	3	1.05	0	0.00	•	0.58		0.125
	3	1.05	o o	0.00	•	0.58		0.125
Varicella with Cellulitis	105	0.35	0	0.00	-	0.05		0.500
Viral Syndrome	105	36.88	96	33.72	1.09	0.83	1-44	0.527
Well Child/Reassurance/FU	17	5.97	19	6.67	0.89	0.46	1.73	0.743
Wheezing/SOB	ğ	0.00	12	4.21	0.00	0.00	0.28	<0.001
r/o Sepsis *Total	0	0.00	2	0.70	0.00	0.00	3.47	0.250
*Total	1038	364.57	993	348.76	1.05	0.96	1.14	0.318

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-30 days	0-30 days	91-120 days	91-120 days	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	N	Rate	Ñ	Rate	Estimate	Bound	Bound	(Mid-Prob.)
Abscess	1	0.35	1	0.40	0.89	0.02	34.63	0.941
Acute Gastroenteritis	92	32.31	48	18.98	1.70	1.20	2.43	D.002
Allergic incl Angioedema	3	1.05	7	2.77	0.38	0.08	1.45	0.164
Allergic not incl Angioedema	2	0.70	5	1.98	0.36	0.05	1.80	0.226
Anorexia	0	0.00	1	0.40	0.00	0.00	16.87	0.470
Aspiration	0	0.00	2	0.79	0.00	0.00	3.08	0.221
Asthma	46	16.16	29	11.47	1.41	0.89	2.26	0.148
Breath holding	1	0.35	0	0.00	•	0.05		0.530
Bronchiolitis	14	4.92	7	2.77	1.78	0.72	4.70	0.217
Cellulitis	1	0.35	2	0.79	0.44	0.02	5.84	0.560
Child Abuse	0	0.00	1	0.40	0.00	0.00	16.87	0.470
Congenital Adrenal Insufficien		0.00	1	0.40	0.00	0.00	16.87	0.470
Congenital Anomaly	0	0.00	2	- 0.79	0.00	0.00	3.08	0.221
Conjunctivitis	5	1.76	4	1.58	1.11	0.28	4.65	0.888
Constipation	4	1.40	0	0.00	-	0.80		0.079
Croup	28	9.83	27	10.68	0.92	0.54	1.57	0.761
Diabetes	1	0.35	0	- 0.00		0.05		0.530
Elective Procedure	14	4.92	17	6.72	0.73	0.35	1.49	0.391
Epilepsy	6	2.11	2	0.79	2.66	0.56	19.18	0.237
Epistaxis	1	0.35	1	0.40	0.89	0.02	34.63	0.941
Pebrile illness	52	18,26	18	7.12	2.57	1.52	4.49	<0.001
Hematuria	1	0.35	1	0.40	0.89	0.02	34.63	0.941
Hives	6	2.11	4	1.58	1.33	0.36	5.35	0.677
Hydrocephalus	0	0.00	1	0.40	0.00	0.00	16.87	0.470
Infection	3	1.05	1	0.40	2.66	0.28	70.14	0.437
Ingrown toenail	1	0.35	0	0.00		0.05		0.530
Irritable child	4	1.40	1	0.40	3.55	0.45	87.90	0.268
Local swelling	1	0.35	0	0.00		0.05		0.530
Musculoskeletal pain	0	0.00	1	0.40	0.00	0.00	16.87	0.470
Otitis Media	177	62.17	156	61.70	1.01	0.81	1.25	0.946
Partial Bowel Obstruction	1	0.35	D	0.00	•	0.05		0.530
Pharyngitis	10	3.51	9	3.56	0.99	0.39	2.51	0.974
Pneumonia	20	7.02	19	7.51	0.93	0.49	1.77	0.833
Poisoning/Ingestion	25	8.78	22	8.70	1.01	0.57	1.81	0.978
Rash	20	7.02	7	2.77	2.54	1.10	5.45	0.028
Scabies	3	1.05	Ö	0.00		0.52	•	0.149
Seizure, Afebrile	.1	0.35	0	0.00	-	0.05		0.530
Seizure, Febrile	43	15.10	41	16.22	0.93	0.61	1.43	0.745
Sinusitis	1	0.35	2	0.79	0.44	0.02	5.84	0.560
Small bowel obstruction	1	0.35	0	0.00	-	0.05		0.530
Stomatitis	0	0.00	3	1.19	0.00	0.00	1.52	0.104
Thrush	1	0.35	1	0.40	0.89	0.02	34.63	0.941
Tonsillitis Trauma	4	1.40	1	0.40	3.55	0.45	87.90	0.268
Trauma URI	333	116.96	294	116.28	1.01	0.86	1.18	0.943
UTI	63	22.13	48	18.98	1.17	0.80	1.70	0.426
Varicella	5	1.76	2	0.79	2.22	0.44	16.52	0.362
	3	1.05	1	0.40	2.66	0.28	70.14	0.437
Varicella w & w/o Cellulitis	3	1.05	1	0.40	2.66	0.28	70.14	0.437
Varicella with Cellulitis	1	0.35	0	0.00		0.05	***	0.530
Viral Syndrome	105	36.88	54	21.36	1.73	1.25	2.41	0.001
Well Child/Reassurance/FU	17 0	5.97	14	5.54	1.08	0.53	2.23	0.840
Wheezing/SOB		000	6	2.37	0.00	0-05	0.58	0-011
*Total	1038	364.57	790	312.45	1.17	1.06	1.28	0.001

IR#0149_000035 .

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Historical Controls - Emergency Room Visits 1 Year of Age -- Immunizations through 12/31/96 Risk Period: 0-30 days, Control Period: Same Calendar Days, 1 or 2 Years Prior to Study

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-30 days	0-30 days	Historical Control	Historical Control	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
Abscess	1	0.35	2	0.70	0.50	0.02	6.57	0.625
Acute Gastroenteritis	92	32.31	62	21.78	1.48	1.08	2.06	0.016
Allergic incl Angioedema	3	1.05	7	2.46	0.43	0.09	1.63	0-227
Allergic not incl Angioedema	2	0.70	3	1.05	0.67	0.08	4.48	0.687
Anal fissure	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Apnea	0	0.00	2	0.70	0.00	0.00	3.47	0.250
Asthma	46	16.16	36	12.64	1.28	0.83	1.99	0.272
Breath holding	1	0.35	2	0.70	0.50	0.02	6.57	0.625
Bronchiolitis	14	4.92	18	6.32	0.78	0.38 0.03	1.57	0.487
Cellulitis	1	0.35	1	0.35	1.00	0.03	39.00	0.999
Child Abuse	0 5	0.00	1 6	0.35 2.11	0.00 0.83	0.00	19.00 2.86	0.500 0.774
Conjunctivitis	5 4	1.76	_	0.35	4.00	0.50	98.98	0.219
Constipation	28	1.40 9.83	1 30	10.54	0.93	0.55	1.57	0.795
Croup Diabetes	1	0.35	0	0.00	0.33	0.05	1.5,	0.500
Elective Procedure	14	4.92	9	3.16	1.56	0.67	3.75	0.307
conductable a contract 100 100 100	6	2.11	Ö	000		1.54		0.016
Epilepsy Epistaxis	ĩ	0.35	Ö	0.00	7	0.05		0.500
Ervthema multiforme	ō	0.00	ī	0.35	0.00	0.00	19.00	0.500
FUO	ō	0.00	3	1.05	0.00	0.00	1.71	0.125
Febrile illness	52	18.26	34	11.94	1.53	0.99	2.38	0.053
GI Bleed	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Hematuria	1	0.35	0	0.00	•	0.05		0.500
Hives	6	2.11	4	1.40	1.50	0.41	6.03	0.549
Infection	3	1.05	2	0.70	1.50	0.22	12.61	0.688
Ingrown toenail	1	0.35	1	0.35	1.00	0.03	39.00	0.999
Inguinal Hernia/Repair	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Irritable child	4	1.40	7	2.46	0.57	0.15	1.97	0.388
Local swelling	1	0.35	0	0.00_		0.05		0.500
Muscle pain	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Otitis Media	177	62.17 0.35	229	80.43 0.00	0.77	0.463	0.94	0.010
Partial Bowel Obstruction	1 0	0.33	. 1	0.35	0.00	0.00	19.00	0.500
Pertussis	10	3.51	18	6.32	0.56	0.25	1.20	0.136
Pharyngitis Pneumonia	20	7.02	17	5.97	1.18	0.61	2.28	0.627
Poisoning/Ingestion	25	8.78	31	10.89	0.81	0.47	1.37	0.427
Rash	20	7.02	22	7.73	0.91	0.49	1.68	0.761
Scabies	3	1.05	0	0.00		0.58		0.125
Seizure, Afebrile	1	0.35	2	0.70	0.50	0.02	6.57	0.625
Seizure, Febrile	43	15.10	31	10.89	1.39	0.87	2.22	0.165
Seizure, Type Unk.	0	0.00	2	0.70	0.00	0.00	3.47	0.250
Sepsis	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Sinusitis	1	0.35	3	1.05	0.33	0.01	3.13	0.375
Small bowel obstruction	1	0.35	0	0.00	•	0.05	•	0.500
Stomatitis	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Thrush	1	0.35	0	0.00	. •	0.05		0.500
Tonsillitis	4	1.40	3	1.05	1.33	0.28	7.15	0.727
Transverse Myelitis	0	0.00	1	0.35	0.00	0.00	19.00	0.500
Trauma	333	116.96	343	120.47	0.97	0.83	1.13	0.701
URI	63	22-13	59	20.72	1.07	0.75	1.53	0.719
UTI	5	1.76	2	0.70	2.50	0.49	18.61	0.289
Varicella Varicella w & w/o Cellulitis	.3 .3	1.05 1.05	3 3	1.05 1.05	1.00 1.00	0.17 0.17	5.82 5.82	0.999 0.999
	1	0.35	. 0	0.00	1.00	0.05	3.82	0.500
Varicella with Cellulitis Viral Syndrome	105	36.88	83	29.15	1.27	0.05	1.69	0.500
Well Child/Reassurance/FU	105	5.97	33	11.59	0.52	0.28	0.92	0.024
Wheezing/508	Ó	0.00	9	3.16	0.00	0.00	0.39	0.002
*Total	1038	364.57	1032	362.46	1.01	0.92	1.10	0.895

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

			31-60	31-60				
	1-30	1-30	days	days	Relative	95% CI	95% CI	
Diagnosis	days N	days	before	before	Risk	Lower	Upper	P-Value
DIEGNOSIS	и	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
ABDOMINAL PAIN	10	3.63	18	6.32	0.57	0.25	1.24	0.161
ABSCESS	78	28.34	55	19,32	1.47		2.08	0.029
ACNE	1	0.36	0	0.00		0.05		0.492
ADENITIS AGE	21 983	7.63 357.15	13 1154	4.57	1.67	0-84	3.43	0.146
ALLERGIC ENTEROPATHY	903	0.00	1	405.31 0.35	0.88	0.81	0.96 19.66	0.004
ALLERGIC ENTEROPATHY ALLERGIC REACT W OR W/O HIVES ALLERGIC REACTION (EX. HIVES) ALLERGIC REACTION (INC. HIVES)	180	65.40	189	66.38	0.99	0.80	1 21	0.508 0.887
ALLERGIC REACTION (EX. HIVES)	O	0.00	8	2.81	0.00	0.00	0.47	0.004
		65.40	181	63.57	1.03	0.84	1.26	0.788
ALLERGIC REINITIS ALOPECIA	1	6.54 0.36		1.76		1.44	31.24	
ANEMIA	i	0.36	2	0.35 0.70	1.03 0.52	0.03 0.02	40.34 6.80	0.983
APNEA ·	4	1.45	6	2.11	0.69	0.17	2.52	0.644 0.584
ARTHRALGIA / ARTHRITIS	2	0.73	1	0.35	2.07	0.16	61.03	0.606
ASTHMA	482	175.12	634	222.67	0.79	0.70	0.89	<0.001
BACK PAIN BRONCHIOLITIS	7 402	2.54	3	1.05	2.41	0.63	11.49	0.207
BRONCHIOLITIS W PNEUMONIA	162	146.06 58.86	508 232	178.42 81.48	0.62	0.72	0.93	0.003
BRONCHOPULMONARY DYSPLASIA	4	1.45	3	1.05	0.72 1.38	0.59	7.39	0.001 0.694
CANCER	26	9 45	17	5.97	1.58	0.86	2.97	0.142
CARDIOMYOPATHY	1	0.36	1	0.35	1.03	0.03	40.34	0.983
CATARACT CELLULITIS	0 17	0.36 0.00 6.18	.1	0.35	0.00	0.00	19.66	0.508
	19	6.90	17 20	5.97 7.02	1.03 0.98	0.52	2.05	0.922
CHOROID DISORDERS	0	0.00	1	0.35	0.00	0.52 0.00	1.86 19.66	0.958 0.508
CHRONIC LUNG DISEASE	.2	0.73	ī	0.35	2.07	0.16	61.03	0.606
CONGENITAL ANOMALY	143	51.96	123	43.20	1.20	0.95	1.53	0.134
	36	13.08	. 53	18.61	0.70	0.46	1.07	0.102
CONJUNCTIVITIS CONSTIPATION	576 49	209.28 17.80	.689	241.99	0.86	9.37	0.97	0.010
CONTACT DERMATITIS	Ō	0.00	46 4	16.16 1.40	1.10 0.00	0.74	1.65	0.638
CORNEA DISORDERS	4	1.45	4	1.40	1.03	0.23	1.15 4.59	0.067 0.963
COUGH	1	0.36	Ó	0.00	-:	0.05	4.55	0.492
CROUP	234	85.02	222	77.97	1.09	0.91	1.31	0.356
CYST CYSTIC FIBROSIS	3	1.09	1	0.35	3.10	0.33	81.71	0.358
DACRYOCYSTITIS	1 0	0.36 0.00	2 1	0.70 0.35	0.52 0.00	0.02	6.80	0.644
DENTAL CARIES	ŏ	0.00	2	0.70	0.00	0.00 0.00	19.66 3.59	0.508 0.259
DERMATITIS, SEBORRHEIC	1	0.36	ō	0.00		0.05	3.35	0.492
DEVELOPMENTAL DELAY	64	23.25	72	25.29	0.92	0.66	1.29	0.627
DIABETES	2	0.73	1	0.35	2.07	0.16	61.03	0.606
DRUG INTOX DRUG REACTION	0 6	0.00 2.18	1 6	0.35	0.00	0.00	19.66	0.508
DYSARTHRIA	Ö	0.00	1	2.11 0.35	1.03 0.00	0.32 0.00	3.39 19.66	0.954
DYSPHAGIA	1	0.36	ō	0.00	5.00	0.05	13.00	0.508 0.492
ECZEMA	199	72.30	260	91.32	0.79	0.66	0.95	0.013
ELECTIVE SURGERY	40	14.53	16	5.62	2.59	1.46	4.74	0.001
ENURESIS EPIDIDYMITIS/ORCHITIS	0	0.00	1	. 0.35	0.00	0.00	19.66	0.508
EPILEPSY	12	0.00 4.36	1 15	0.35 5.27	0.00 0.83	0.00 0.38	19.66	0.508
EPILEPSY - POST TRAUMATIC	1	0.36	0	0.00	-	0.05	1.78	0.632 0.492
EPIPHORA	19	6.90	11	3.86	1.79	0.85	3.89	0.125
ERYTHEMA MULTIFORME	0	0.00	1	0.35	0.00	0.00	19.66	0.508
ESOPHORIA EUSTACHIAN	0	0.00	1	0.35	0.00	0.00	19.66	0.508
EXOPHORIA	57 0	20.71 0.00	77 2	27.04 0.70	0.77	0.54	1.08	0.127
FAILURE TO THRIVE	ŏ	0.00	1	0.35	0.00	0.00 0.00	3.59 19.66	0.259 0.508
FEBRILE ILLNESS	179	65.04	172	60.41	1.08	0.87	1.33	0.490
FOLLICULITIS	1	0.36	0	0.00	•	0.05	-	0.492
FOOD ALLERGY	14	5.09	7	2.46	2.07	0.84	5.47	0.115
FOOT DISORDER FUNGAL INFECTION	4 1	1.45 0.36	3	1.05	1.38	0.28	7.39	0.694
GASTRITIS	7	2.54	5 4	1.76 1.40	0.21 1.81	0.01 0.52	1.49	0.135
		~-~	-	2.70	T. 0.T	J. J.	7.06	0.358

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

1+30 dayı		31-60 days	31-60 days	Relative			
	dave			VETGCTAG	95% CI	95% CI	
		before	before	Risk	Lower	Upper	P-Value
Diagnosis N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
GLAUCOMA	0.00	2	0.70	0.00	0.00	2.50	
HAMARTOMA (COLL/EPI/SEBACEOUS		ō	0.00	0.00	0.05	3.59	0.259
HAY FEVER 56		62	21.78	0.93	0.65	1.34	0.492 0.714
HEAD & NECK - ENT PROB. NOS 3	1.09	4	1.40	0.78	0.14	3.76	0.759
HEADACHE 3		1	0.35	3.10	0.33	81.71	0.358
HEALTECARE CLASS 10	·	2	0.70	5.17	1.26	34.70	
HEARING LOSS		î	2.46	0.89	0.28	2.74	0.837
HEART BLOCK 2 HEART MURMUR 12		0	0.00		0.30	-	0.242
HEART MURMUR 12 HEMANGIOMA 0		6	2.11	2.07	0.78	5.97	0.146
HEMATOMA, SUBDURAL - TRAUMA 1		1 0	0.35 0.00	0.00	0.00	19.66	0.508
HEMOGLOBINOPATHY 2		2	0.70	1.03	0.05 0.11	2 24	0.492
HEMOPHILIA 2		ī	0.35	2.07	0.11	9.94 61.03	0.975
HERPES - CORNEA 0		ī	0.35	0.00	0.00	19.66	0.606 0.508
HOARSENESS 0		ī	0.35	0.00	0.00	19.66	0.508
HYDROCEPHALUS 3	1.09	5	1.76	0.62	0.12	2.69	0.538
HYDRONEPHROSIS 3	1.09	3	1.05	1.03	0.18	6.02	0.968
HYPERTENSION 1	0.36	0	0.00	•	0.05	•	0.492
HYPOGLYCEMIA 0 HYPOSPADIAS 1	0.00	1	0.35	0.00	0.00	19.66	0.508
HYPOSPADIAS 1. IDDM 2	0.36	1	0.35	1.03	0.03	40.34	0.983
IMPETIGO 102	0.73 37.06	0 121	0.00	•••	0.30	:	0.242
INFESTATION 32	11.63	21	42.50 7.38	0.87 1.58	0.67	1.13	0.309
INSECT BITE(S) 54	19.62	44	15.45	1.27	0.91 0.85	2.77	0.105
INTERTRIGO 1	0.36	Ö	0.00		0.05	1.90	0.241 0.492
KAWASAKI'S DISEASE 1	0.36	ō	0.00		0.05		0.492
KERATITIS 0	0.00	1	0.35	0.00	0.00	19.66	0.508
KERATOSIS-PILARIS 2	0.73	2	0.70	1.03	0.11	9.94	0.975
KIDNEY - STONE 0	0.00	2	0.70	0.00	0.00	3.59	0.259
KNEE/THIGH DYSFUNCTION 1	0.36	1	0.35	1.03	0.03	40.34	0.983
LACRIMAL SYSTEM DISORDERS 22 LENTIGO 1	7.99	32	11.24	0.71	0.41	1.22	0.220
LICHEN SIMPLEX CHR. 1	0.36 0.36	0	0.00	•	0.05	•	0.492
LIPOMA 2	0.73	2	0.00 0.70	1.03	0.05	:	0.492
LOWER EXTREMITY, CONGENITAL DE 1	0.36	ō	0.00	1.03	0.11 0.05	9.94	0.975
MALABSORPTION SYNDROME 0	0.00	í	0.35	0.00	0.00	19.66	0.492 0.508
MENTAL RETARDATION 3	1.09	3	1.05	1.03	0.18	6.02	0.968
METATARSALGIA 0	0-00	1	0.35	0.00	0.00	19.66	0.508
METATARSUS ADDUCTUS 8	2.91	20	7.02	0.41	0.17	0.92	0.030
MICROPHALLUS 1 MOLLUSCUM CONTAGIOSUM 4	0.36	0	0.00	•	0.05	•	0.492
MOLLUSCUM CONTAGIOSUM 4 MONTITA 323	1.45 117.36	6 468	2.11	0.69	0.17	2.52	0.584
MUSC./SKELETAL PAIN 28	10.17	35	164.37	0.71	0.52	0.82	<6.001
NEPHRITIS / NEPHROSIS 7	2.54	10	3.51	0.83 0.72	0.50	1.36	0.459
NEUROFIBROMATOSIS 0	0.00	2	0.70	0.00	0.26 0.00	1.92 3.59	0.524
NEUROLOGICAL, GENERAL DISORDER 1	0.36	2	0.70	0.52	0.02	6.80	0.259 0.644
NEUROMUSC DISORDER 2	0.73	2	0.70	1.03	0.11	9.94	0.975
NEUROPHTHALMOLOGICAL DISORDER 3	1.09	2	0.70	1.55	0.23	13.05	0.661
NEUTROPENIA 1	0.36	0	0.00		0.05		0.492
NEVUS, PIGMENTED LESION 1 OB/GYN DISORDER 1	0.36	0	0.00	•	0.05	•	0.492
OB/GYN DISORDER 1 OBESITY 2	0.36	ō	0.00	•	0.05	•	0.492
OCULAR 6	0.73 2.18	5 5	1.76	0.41	0.06	2.10	0.309
ONYCHOCRYPTOSIS 0	0.00	1	1.76	1.24	0.36	4.42	0.733
OPTIC NERVE BISORDER 1	0.36	2	0.35 0.70	0.00 0.52	0.00	19.66	0.508
ORTHO. PROB. NOS 3	1.09	2	0.70	1.55	0.02	6.80	0.644
OTHER DIS RESP SYS. 2	0.73	ő	0.00	1.33	0.23 0.30	13.05	0.661
OTITIS EXTERNA 33	11.99	46	16.16	0.74	0.47	1.16	0.242 0.192
otitis media 4042	1468.58	4915	1726.24	0.85	0.82	0.89	<0.001
PAIN	0.00	2	0.70	0.00	0.00	3.59	0.259
PARAPLEGIA 0	0.00	1	0.35	0.00		19.66	0.508
PHARYNGITIS 571 PHIMOSIS 5	207.46	570	200.19	1.04	0.92	1.16	0.547
PHIMOSIS 5	1.82	5	1.76	1.03	0.28	3.84	0.958

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

•				•				
			31-60	31-60				
	1-30	1-30	days	days	Relative	95% CI	95% CI	
	days	days	before	before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
PLEURAL EFFUSION	1	0.36	0	0.00		0.05	_	0.492
PNEUMONIA	83	29.43	59	20.72	1.42	1.02	1.99	0.040
PNEUMONIA, OTHER ORGANISM	ĩ	0.36	0	0.00		0.05		0.492
POST-OP CARE	46	16.71	50	17.56	0.95	0.64	1.42	0.810
POST-OP COMPLICATION	ō	0.00	1	0.35	0.00	0.00	19.66	0.508
PRE-OP	59	21.44	79	27.75	0.77	0.55	1.08	0.134
PREMATURITY	13	4.72	15	5.27	0.90	0.42		0.778
PSORIASIS	ĩ		0	0.00		0.05	1.50	0.492
PSYCHOLOGICAL PROBLEM	29	10.54	31	0.00 10.89	0.97	0.58	1:61	0.901
PTOSIS	3	1.09	1	0.35	3.10	0.33	81.71	
OUADRIPLEGIA		0.00		0.35	0.00	0.00	19.66	0.358
R/O SEVSIS	77 998	9.36	ବର୍ଷ ଅ ଲି ଖ	2-66	3.00	1::50	19.00	0.508
RASH	555	201.65	570	200.19	1.01	0.90	5.33	
RECTAL BLEEDING	1	0.36	3,0				1.13	0.903
SCOLIOSIS	2			0.00		0.05	:	0.492
	3	0.73 1.09 18.89 19.62	2	0.70	1.03	0.11	9.94	0.975
SEIZURE, FEBRILE	50	1.09	40	0.00		0.60		0.119
SEIZURES	52 54 2	18.89	42	14.75 14.75	1.28	0.85	1.93	0.234
SEIZURES W OR W/O FEVER	54	19.62	42			0.89	2.00	0.166
SEXUAL PRECOCITY	2	0.73	0	0.00	•	0.30	•	0.242
SHOULDER DYSFUNCTION	2	0.73		0.70			9.94	0.975
SICKLE CELL DS	2	0.73	1	0.35		0.16	61.03	0.606
SINUSITIS SKIN/SUBCUT/TENDON/JOINT ABSCE SOFT TISSUE DIS	248	90.11	240	84.29	1.07	0.90	1.28	0.462
SKIN/SUBCUT/TENDON/JOINT ABSCE	0 7	0.00	2	0.70	0.00	0.00	3.59	0.259
		0.00 2.54	1	0.70 0.35	7.24	1.12	164.44	
STOMATITIS	129	46.87	124	43.55	1.08	0.84	1.38	0.560
STRIDOR	1	0.36	1	0.35	1.03	0.03	40.34	0.983
STROKE	1	0.36	1	0.35	1.03	0.03	40.34	0.983
SUBDURAL HEMATOMA	1	0.36	n	0.00		0.05		0.492
TEC	2	0.73	0	0.00	F#.	0.30		0.242
THROMBOCYTOPENIA	1	0.36	0	0.00	Ēŧ		-	0.492
THYROID DISORDER	1	0.73 0.36 0.36 11.99	1	0.35	1.03		40.34	0.983
TINEA INFECTION	33	11.99	54	18.97	0.63	0.41	0.97	0.037
TONSILLITIS	2	0.73	0	0.00	*	0.30	4000	0.242
TORTICOLLIS	0	0.00	2	0.70	0.00	0.00	3.59	0.259
TRAUMA	362	131.53	350	122.93	1.07	0.92	1.24	0.367
TRAUMATIC DISORDER, EYE/LIDS	1	0.00 131.53 0.36 0.36	n	0.00	1.0.	0.05		0.492
TRIGGER FINGER	ī	0.36	ñ	0.00	•	0.05	•	
TYMPANIC MEMBRANE PERFORATION	ī	0.36	ĭ	0.35	1.03	0.03	40.34	0.492
URETER REFLUX	2	0.36 0.73	6		0.34	0.05	40.34 1.63	0.983
URETEROCELE	ī	0.36	0	0.00	0.54		1.03	0.195
URI	3307	1201.53	3928		180 891	0.05		0.492
UTI	39	14.17	37	1379.59	0.87	0.83	0.91	<0.001
VAGINITIS/VAGINOSIS	39 7	2.54	2	. 0.70	1.09	0.69	1.72	0.708
VALVULAR HEART DISEASE	* ***		9	3,16	3.62 0.11	0.81	25.43	0.099
VARICELLA		0.36	9	3,45	0.11	0.01	0.70	0.013
PART NO PROPERTY AND ADDRESS OF THE PART O	22	7.99		2.41	3.79	1.59	10.24	0.002
VASCULITIS	1	0.36	0	0.00		0.05		0.492
VIRAL SYNDROME	1470	534.09	1386	486.79	1.10	1.02	1.18	0.013
VISION PROBLEM	75	27.25	68	23.88	1.14	0.82	1.59	0.432
VISUAL LOSS	4	1.45	5	1.76	0.83	0.20	3.27	0.792
VITILIGO	1	0.36	0	0.00		0.05		0.492
VOCAL CORD PARALYSIS	0	0.00	1	0.35	0.00	0.05	19.66	0.508
VOMITING	ı	0.36	O	0.00	•	0.05	•	0.492
WARTS	10	3.63	9	3.16	1.15	0.46		0.76B
WELL CARE	1914	695.41	3294	1156.91	0.60		0.54	60.001
Well Cars *Total	11116	4038.77	12902		0.89	0.87		€0.001
1 11 11 11 11 11 11 11 11 11 11			·	···	200000	. #5.86.9855	M. C. C. C.	7000

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30 days	1-30 days	91~120 days	91-120 days	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	Ñ	Rate	Ñ	Rate	Estimate	Bound	Bound	(Mid-Prob.)
ABDOMINAL PAIN	10	3.63	11	4.35	0.84	0.34	2.00	0.686
ABSCESS	78	28.34	58	22.94	1.24	0.88	1.74	0.223
ACNE	1	0.36	0	0.00	1.93	0.05		0.521
ADENITIS AGE	21 983	7.63 357.15	10 790	3.96 312.45	1.14	0.92	4.27 1.26	0.084 0.005
ALLERGIC REACT W OR W/O HIVES	180	65.40	130	51.42	1 27	1.02	1,60	0.036
ALLERGIC REACTION (INC. HIVES)	180	65.40	130	51.42	1.27	1.02	1.60	0.036
ALLERGIC RHINITIS	18	6.54	13	5.14	1.27	0.62	2.66	0.516
ALOPECIA	1	0.36	0	0.00		0.05	٠.	0.521
ANEMIA	1	0.36	2	0.79	0.46	0.02	6.04	0.578
APNEA	4 2	1.45	1	0.40	3.67	0.46	90.93	0.254
ARTHRALGIA / ARTHRITIS	482	0.73 175.12	0 586	0.00 231.76	0.76	0.26 3.67	0.85	0.272 ≪0∪001
ASTERA ATAXIA	0	0.00	1	0.40	0.00	0.00	17.45	0.479
BACK PAIN	7	2.54	9	3.56	0.71	0.25	1.96	0.516
BRONCHIOLITIS	402	146.06	437	188.65	0.77	0.68	0.88	
Bronchiolitis w Pneumonia	1.62	58.86	209	82_66	0.71	D.58	0.87	0.001
BRONCHOPULMONARY DYSPLASIA	4	1.45	1	0.40	3.67	0.46	90.93	0.254
CANCER	26	9.45	13	5.14	1.84	0.95	3.69	0.070
CARDIOMYOFATHY CATARACT	1	0.36	0 1	0.00 0.40	0.00	0.05 0.00	17.45	0.521
CELLULITIS	17	6.18	28	11.07	0.56	0.30	1.02	0.479 0.056
CEREBRAL PALSY	19	6.90	18	7.12	0.97	0.50	1.87	0.925
CHOROID DISORDERS	ō	0.00	1	0.40	0.00	0.00	17.45	0.479
CHRONIC LUNG DISEASE	2	0.73	2	0.79	0.92	0.10	8.82	0.936
CONGENITAL ANOMALY	143	51.96	101	39.95	1.30	1.01	1.68	0.042
CONGENITAL HEART DISEASE	36	13.08	41	16.22	0.81	0.51	1.26	0.349
CONJUNCTIVITIS	576	209-28	552	218.32	0.96	0.85	1.08	0.478
CONSTITUTION CORNEA DISORDERS	49	17.80	71 4	28.08 1.58	0.63 0.92	0.44	0.9 <u>1</u> 4.07	0.614
COUGH	ì	0.36	õ	0.00	0.32	0.05	4.07	0.907 0.521
CROUP	234	85.02	250	98.88	0.86	0.72	1.03	0.097
CYST	3	1.09	1	0.40	2.76	0.29	72.56	0.419
CYSTIC FIBROSIS	1	0.36	1	0.40	0.92	0.02	35.83	0.958
DEGENERATIVE DISEASE	٥	0.00	1	0.40	0.00	0.00	17.45	0.479
DERMATITIS, SEBORRHEIC	1	0.36	1	0.40	0.92	0.02	35.83	0.958
DEVELOPMENTAL DELAY DIABETES	64 2	23.25 0.73	57 1	22.54 0.40	1.03 1.84	0.72 0.14	1.48	0.866
DRUG REACTION	6	2.18	1	0.40	5.51	0.81	54.20 127.66	0.673 0.088
DYSPHAGIA	i	0.36	ō	0.00		0.05	12	0.521
ECZEMA	199	72.30	275	110.34	966	0.55	0.79	<0.001
ELECTIVE SURGERY	40	14.53	27	10.68	1.36	0.84	2.24	0.217
ENURESIS	0	0.00	1	0.40	0.00	0.00	17.45	0.479
EPILEPSY DOGE TOWNSELD	12	4.36	6	2.37	1.84	0.70	5.30	0.228
EPILEPSY - POST TRAUMATIC EPIPHORA	1 19	0.36 6.90	0 10	0.00 3.96	1.75	0.05 0.82	3.91	0.521
EUSTACHIAN	57	20.71	52	20.57	1.01	0.69	1.47	0.154 0.972
EXOPHORIA	Ö	0.00	ĭ	0.40	0.00	0.00	17.45	0.479
FERRILE ILINESS	179	65.04	94	37.18	1.75	1.37	2.25	<0.001
FOLLICULITIS	1	0.36	2	0.79	0.46	0.02	6.04	0.578
FOOD ALLERGY	14	5.09	6	2.37	2.14	0.84	6.06	0.115
FOOT DISORDER	4	1-45	1	0.40	3.67	0.46	90.93	0.254
FUNGAL INFECTION GASTRITIS	1 7	0.36 2.54	0 2	0.00	3.22	0.05		0.521
GI DISORDER NOS	ó	0.00	1	0.79 0.40	0.00	0.72 0.00	22.59	0.139
GLAUCOMA T	Ö	0.00	2	0.79	0.00	0.00	17.45 3.19	0.479 0.229
HAMARTOMA (COLL/EPI/SEBACEOUS	ĭ	0.36	ō	0.00	.0.00	0.05		0.521
HAY FEVER	56	20.35	63	24.92	0.82	0.57	1.17	0.271
HEAD & NECK - ENT PROB. NOS	3	1.09	6	2.37	0.46	0.09	1.84	0.285
HEADACHE	3	1.09	5	1.98	0.55	0.11	2.39	0.436
HEALTHCARE CLASS	10	3.63	14	5.54	0.66	0.28	1.49	0.315
HEARING LOSS HEART BLOCK	6 2	2.18	13 0	5.14	0.42	0.15	1.10	0.079
HEART MURMUR	12	0.73 4.36	5	0.00 1.98	2.20	0.26 0.79	6.96	0.272
			-	2.30	2.20	0.19	U. 30	0.135

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

IR#0149_000041

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

		1.1.0.00	pc2 2000 1					
	1-30 days	1-30 days	91-120 days	91-120 days	Relative Risk	95% CI	95% CI	
Diagnosis	N	Rate	N	Rate	Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
HEMANGIOMA	n	0.00	1	0.40	0.00	0.00	12 45	
HEMATOMA, SUBDURAL - TRAUMA	0 1	0.36	ō	0.00		0.05	17.45	0.479
HEMIPARESIS	ô	0.00	ĭ	0.40	0.00	0.00	13 45	0.521
HEMOGLOBINOPATHY	2	0.73	3	1.19	0.61	0.00	17.45	0.479
HEMOPHILIA	2	0.73	2	0.79		0.07	4.12	0.622
HERPES SIMPLEX	ō	0.00	2				8.82	0.936
UVDDOCEDURTIE		1 00		0.79	0.00	0.00	3.19	0.229
HYDRONEPHROSIS	3	1.09	1	0-40	2.76	0.29	72.56 72.56	0.419
HYPERTENSION	1	0.36	Ċ	0.40	2.76	0.29	72.56	0.419
HADUCUBULFO	†	0.36	1	0.00	• • • •	0.05	:	0.521
TODM	<u> </u>	0.30	1	0.40	0.92	0.02	35.83	0.958
TACRETTEC	1000000000	0.73		0.40 58.23	1.84	0.14	35.83 54.20 0.96	0.673
THEOGRAPION	102	26.00	12	39.23	U. 184	0.57	0.95	0.022
INCOME DIME (C)	52	11.63	24	. 9.49	1.22	0.72	2.10	0.457
INDOCT DITO(D)	54	19.02	04	25.31	0.78	0.54	1.11	0.169
TRIBUTCE MECHANIA	7	0.36	U	0.00	• • • •	0.05		0.521
PANAGRATIC DICEAGE	Ų	0.00	<u>.</u>	0.40	0.00	0.00	17.45	0.479
VELOTO/UVAERERADE		. 0.36	1	0.40	0.00 0.92 0.00 1.84	0.02	35.83	0.958
VEDAMOSTS DILABIS	ŭ	0.00	1	0.40	0.00	0.00	17.45	0.479
REARTOSIS-PILARIS	2	0.73	1	0.40	1.84	0.14	54.20	0.673
ANEL/THIGH DISTUNCTION	1	0.36	0	0.00	1.44	0.05		0.521
LACKIFAL SISTEM DISORDERS	22	7.99	14	5.54	1.44	0.05 0.74 0.05	2.89	0.287
LENTIGO	1	0.36	0	0.00	•	0.05	•	0.521
LICHEN SIMPLEX CHR.	1	0.36	0	0.00	•	0.05	•	0.521
PILONA	2	0.73	0	0.00	-	0.26		0.272
LOWER EXTREMITY, CONGENITAL DE	ī	0.36	0	0.00	•	0.05	•	0.521
MENTAL RETARDATION	3	1.09	1	0.40	2.76	0.29 0.26 0.05	72.56	0.419
METATARSUS ADDUCTUS	8	2.91	11	4.35	0.67	0.26	1.68	0.395
MICROPHALLUS	1	0.36	0	0.00	0.73	0.05		0.521
MOLLUSCUM CONTAGIOSUM	- 4	1.45	5	1.98	0.73	0.18	2.90	0.662
MONILIA	323	117.36	294	116.28	1.01		1.18	0.909
HYDRONEPHROSIS HYPERTENSION HYPOSPADIAS IDDM IMBETIGO INFESTATION INSECT BITE(S) INTERTRIGO JAUNDICE, NEONATAL KAWASAKI'S DISEASE KELOID/HYPERTROPHIC SCAR KERATOSIS-FILARIS KNEE/THIGH DYSFUNCTION LACRIMAL SYSTEM DISORDERS LENTIGO LICHEN SIMPLEX CHR. LIPOMA LOWER EXTREMITY, CONGENITAL DE MENTAL RETARDATION METATARSUS ADDUCTUS MICROPHALLUS MOLLUSCUM CONTAGIOSUM MONILIA MUSC./SKELETAL PAIN NEPHRITIS / NEPHROSIS NEUROLOGICAL, GENERAL DISORDER NEUROPHISAN NEVUS, PIGMENTED LESION OB/GYN DISORDER OBESITY OCULAR OPTIC NERVE DISORDER OPTIC NERVE DISORDER OCTHER DIS RESP SYS. OTHER DIS RESP SYS. OTHER NEUROPATHIES OTITIS EXTERNA OTITIS EXTERNA OTITIS EXTERNA OTITIS MEDIA PHARYNGITIS PHEMOSIS PLEURAL EFFUSION PNEUMONIA	28	10.17	33	13.05	0.78	0.47	1.29	0.335
NEPHRITIS / NEPHROSIS	7	2.54	2	0.79	3.22	0.72	22.59	0.139
NEUROLOGICAL, GENERAL DISORDER	1	0.36	0	0.00	1.84	0.05 0.14 0.11	•	0.521
NEUROMUSC DISORDER	2	0.73	1	0.40	1.84	0.14	54.20	0.673
NEUROPHTHALMOLOGICAL DISORDER	3	1.09	5	1.98	0.55	0.11	2.39	0.436
NEUTROPENIA	1	0.36	0	0.00		0.05	•	0.521
NEVUS, PIGMENTED LESION	1	0.36	0	.0.00	•	0.05		0.521
OB/GYN DISORDER	1	0.36	0	0.00	•	0.05		0.521
OBESITY	2	0.73	16	6.33	0.11	0.02	0.43	<0.001
OCULAR	6	2.18	5	1.98	1.10	0.32	3.92	0.881
OPTIC NERVE DISORDER	1	0.36	1	0.40	0.92	0.02	35.83	0.958
ORTHO. PROB. NOS	3	1.09	2	0.79	1.38	0.20	11.59	0.755
OTHER DIS RESP SYS.	2	0.73	2	0.79	0.92	0.10	0.82	0.936
OTHER NEUROPATHIES	0	0.00	1	0.40	0.00	0.00	17.45	0.479
OTITIS EXTERNA	33	11.99	39	15.42	0.78	0.49	1.24	0.289
OTITIS MEDIA	4042	1468.58	3956	156460	0.94	0.90	0.98	0.005
PHARYNGITIS	571	207.46	468	185.09	1.12			0.067
PHIMOSIS	5	1.82	5	1.98	0.92	0.99 0.25	3.41	0.896
PLEURAL EFFUSION	ĭ	1.82 0.36	0	0.00		0.05		0.521
	81	29.43 0.36	84	33.22	0.89	0.65	1.20	0.437
PNEUMONIA, OTHER ORGANISM	1	0.36	0	0.00		0.05		0.521
POST-OF CARE	46	16.71	67	26.50	0.63	0.43	0.92	0.016
POST-OP COMPLICATION	0	0.00	1	0.40	0.00	0.00	17.45	0.479
PRE-OP	59	21.44	52	20.57	1.04	0.72	1.52	0.829
PREMATURITY	13	4.72	10	3.96	1.19	0.52	2.81	0.682
PSORIASIS	1 .	0.36	1	0.40	0.92	0.02	35.83	0.958
PSYCHOLOGICAL PROBLEM	29	10.54	37	14.63	0.72	0.44	1.17	0.187
PTOSIS	3	1.09	0	0.00		0.54	2.2.	0.142
R/O SEPSIS	23	8.36	6	2.37	3.52	1.49	9.47	0.142
RASH	555	201.65	432	170.86	1.48	1.04	1.34	0.010
RECTAL BLEEDING	1	0.36	0	0.00		0.05		. company of the comp
SCOLIOSIS	2	0.73	3	1.19	0.61	0.05	4 12	0.521
SEIZURE, FEBRILE	3	1.09	3	1.19	0.92	0.16	4.12	0.622
SEIZURES	52	18.89	30	11.87	1.59		5.35	0.921
arms 9000 900.		. 7000000			**************************************	1.02	2.52	0.041

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days N	1-30 days Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
SEIZURES W OR W/O FEVER	54	19.62	33	13.05	1.50	0.98	2.34	
SEXUAL PRECOCITY	2	0.73	0	0.00	•	0.26	2.34	0.064
SHOULDER DYSFUNCTION	2	0.73	ĭ	0.40	1.84	0.14	54.20	0.272
SICKLE CELL DS	2	0.73	2	0.79	0.92	0.10	8.82	0.673
Sinustris	248	90.11	278	109.95	0.82	0.69		0.936
SKIN/SUBCUT/TENDON/JOINT ABSCE	0	0.00	1	0.40	0.00	0.00	0.97	0.023
SOFT TISSUE DIS	7	2.54	4	1.58	1.61	0.47	17.45	0.479
STOMATITIS	129	46.87	126	49.83	0.94	0.74	6.27	0.467
STRIDOR	1	0.36	0	0.00		0.05	1.20	0.625
STROKE	ī	0.36	ž	0.79	0.46	0.03		0.521
SUBDURAL HEMATOMA	1	0.36	õ	0.00			6.04	0.578
TEC	2	0.73	ŏ	0.00	•	0.05	•	0.521
THROMBOCYTOPENIA	1	0.36	ĭ	0.40	0.92	0.26	:	0.272
THYROID DISORDER	ī	0.36	ī	0.40	0.92	0.02	35.83	. 0.958
TINEA INFECTION	33	11.99	46	18.19	0.52	0.02	35.83	0.958
TONSILLITIS	2	0.73	1	0.40		0.42	1.03	0.067
TRAUMA	362	131.53	335	132.49	1.84	0.14	54.20	0.673
TRAUMATIC DISORDER, EYE/LIDS	1	0.36	333		0.99	0.86	1.15	0.923
TRIGGER FINGER	ī	0.36	ů	0.00.	10	0.05	3.0	0.521
TYMPANIC MEMBRANE PERFORATION	÷	0.36	-	0.00	• • • •	0.05		0.521
URETER REFLUX	ž	0.73	1	0.40	0.92	0.02	35.83	0.958
URETEROCELE	1	0.75	6	2.37	0.31	0.04	1.45	0.145
ENEXT	3307		0	0.00		0.05		0.521
UTI	39	1201.53	3606	1426.18	0.84	0.80	0.88	≪0.001
VAGINITIS/VAGINOSIS	39 7	14.17	37	14.63	0.97	0.62	1.52	0.888
VALVULAR HEART DISEASE		2.54	10	3.96	0.64	0.23	1.71	0.380
VARICELIA		0.36	3	1.19	0.31	0.01	2.87	0.334
VASCULITIS	22	7.99	2	0.79	10.11	2.77	63.71	<0.001
VIRAL SINDROME	1	0.36	0	0.00		0.05	a secondary.	0.521
	1470	534.09	1030	407.37	1.31	121	1.42	<0.GG1
VISION PROBLEM	75	27.25	78	30.85	0.88	0.64	1.21	0.444
VISUAL LOSS	4	1-45	0	0.00	•	0.82		0.074
/ITILIGO	1	0.36	0	0.00		0.05	-	0.521
VOMITING	1	0.36	0	0.00	-	0.05		0.521
VARTS	10	3.63	19	7.51	0.48	0.22	1.03	0.061
FELL CARE	1914	695.41	4771	1886.93	G. 37	6.35	0.39	<0.001
*Total	11116	4038.77	12406	4906.58	0.82	0.80	0.84	<0.001

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Appendix II-2 Line Summaries - 2-12 Years

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Varicella Vaccine Safety Analysis: Hospitalizations 2-12 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 31-90 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-60	0-60	31-90 days	31-90 days	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	before N	before Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
•								(MIG-FIOD.)
ADD	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Acute Gastroenteritis	22	2.61	21	2.48	1.05	0.57	1.93	0.875
Adenitis	2	0.24	1	0.12	2.00	0.15	59.13	0.624
Allergic incl Angioedema	1	0.12	0	0.00	•	0.05		0.499
Anemia	1	0.12	0	0.00		0.05		0.499
Appendicitis	3	0.36	2	0.24	1.50	0.22	12.64	0.686
Asthma	18	2.13	39	4.61	0.46	0.26	0.80	0.005
Bronchiolitis	2	0.24	3	0.35	0.67	0.08	4.49	0.689
Cancer, R/O Cancer	3	0.36	0	0.00		0.58	•	0.125
Cellulitis	5	0.59	6	0.71	0.84	0.23	2.86	0.777
Cerebral Palsy	2	0.24	1	0.12	2.00	0.15	59.13	0.624
Congenital Anomaly	21	2.49	19	- 2.25	1.11	0.59	2.08	0.750
Congenital heart disease	2	0.24	5	0.59	0.40	0.05	2.03	0.290
Constipation	2	0.24	0	0.00		0.29	•	0.249
Group	2	0.24	4	0.47	0.50	0.06	2.82	0.455
Developmental Delay	4	0.47	0	0.00	• • • •	0.90	:	0.062
Diabetes	2	0.24	1	0.12	2.00	0.15	59.13	0.624
Elective Procedure	129	15.29	90	10.65	1.44	1,10	1.88	0.008
Epilepsy	7	0.83	4	0.47	1.75	0.51	6.84	0.386
Epistaxis Failure to thrive	0	0.00	1	0.12	0.00	0.00	19.04	0.501
	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Febrile illness		0.00	3	0.35	0.00	0.00	1.72	0.125
GE Reflux	1	0.12	0	0.00	-	0.05	•	0.499
GI Bleed	1	0.12	0	0.00		0.05	:	0.499
Hemolytic anemia	1	0.12	0	0.12	1.00	0.03	39.09	0.999
Histiocytosis	2	0.12	Ö	0.00	-	0.05	-	0.499
Hydrocephalus Hypoglycemia	1	0.24	o o	0.00		0.29	•	0.249
	2	0.12	Ö	0.00	•	0.05	•	0.499
Hypoglycemic seizure Hypovolemia	1	0.24 0.12	9	0.00		0.29	1500 160000	0.249
ITP	*	0.12	ő.	1.06 0.00	0.11	0.01	0.68	0.012
Idiopathic pulmonary hemosider	ô	0.00	i	0.12	0.00	0.05 0.00	10.04	0.499
Infection	ĭ	0.12	ò	0.00	0.00	0.05	19.04	0.501
Kawasaki's Disease	ī	0.12	ĭ	0.12	1.00	0.03	39.09	0.499
Meningococcal Meningitis	ō	0.00	1	0.12	0.00	0.00	19.04	0.999
Near Drowning	ŏ	0.00	ī	0.12	0.00	0.00	19.04	0.501
Neuromuscular disease	ī	0.12	ō	0.00		0.05		0.501 0.499
Osteomyelitis	ī	0.12	ŏ	0.00	•	0.05	•	0.499
Otitis Media	55	6.52	54	6.39	1.02	0.70	1.49	0.915
Partial Bowel Obstruction	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Pharyngitis	1	0.12	0	0.00		0.05		0.499
Pituitary insufficiency	1	0.12	Ō	0.00	-	0.05	•	0.499
Pneumonia	16	1.90	21	2.48	0.76	0.39	1.47	0.422
Poisoning/Ingestion	6	0.71	4	0.47	1.50	0.41	6.04	0.547
Post-surgical complication	6	0.00	. 5	0.59	0.00	0.00	0.62	0.031
Psychiatric	1	0.12	2	0.24	0.50	0.02	6.59	0.626
Rash	1	0.12	0	0.00	•	0.05		0.499
Respiratory failure	1	0.12	0	0.00		0.05		0.499
Rhabdomyolysis	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Seizure, Afebrile	1	0.12	0	0.00		0.05		0.499
Seizure, Febrile	5	0.59	3	0.35	1.67	0.39	8.49	0.506
Seizure, Type Unk.	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Sepsis	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Sickle Cell Disease	2	0.24	2	0.24	1.00	0.10	9.63	0.998
Sleep apnea 🛫 💮	1	0.12	3	0.35	0.33	0.01	3.13	0.376
Small bowel obstruction	1	0.12	1	0.12	1.00	0.03	39.09	0.999
Syncope/LOC	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Synovitis	0	0.00	4	0.47	0.00	0.00	1.12	0.063
TEA	1	0.12	0	0.00	•	0.05		0.499
Thalassemia	1	0.12	0	0.00		0.05		0.499
Tonsillitis	3	0.36	6	0.71	0.50	0.10	2.01	0.345
Transverse Myelitis	0	0.00	1	0.12	0.00	0.00	19.04	0.501
Trauma	42	4.98	30	3.55	1.40	0.88	2.26	0.157

Varicella Vaccine Safety Analysis: Hospitalizations 2-12 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 31-90 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0-60 days Rate	31-90 days before N	31-90 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Tuberosclerosis	1	0.12	0	0.00	•	0.05	_	0.499
URI	5	0.59	2	0.24	2.51	0.49	18.65	0.288
UTI	3	0.36	0	0.00	•	0.58		0.125
Viral Syndrome	4	0.47	4	0.47	1.00	0.23	4.44	0.998
Well Child/Reassuran	nce/FU 1	0.12	0	0.00		0.05		0.499
Wheezing/SOB	0	0.00	1	0.12	0.00	0.00	19.04	0.501
r/o Sepsis	2	0.24	٥	0.00		0.29		0.249
*Total	376	44.58	340	40.22	1.11	0.96	1.28	0.169

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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.Varicella Vaccine Safety Analysis: Hospitalizations 2-12 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis Abscess	days N	days	days					P-Value
		Rate	N	days Rate	Risk Estimate	Lower Bound	Upper Bound	(Mid-Prob.)
5	0	0.00	1	0.13	0.00	0.00	17.60	0.461
Acute Gastroenteritis	22	2.61	11	1.41	1.85	0.91	3.96	0.092
Adenitis	2	0.24	4	0.51	0.46	0.06	2.61	0.401
Allergic incl Angioedema	ĩ	0.12	ō	0.00	-	0.05	2.02	0.519
Anal fissure	Ō	0.00	1	0.13	0.00	0.00	17.60	0.481
Anemia	1	0.12	ō	0.00		0.05	2.100	0.519
Apnea	0	0.00	3	0.38	0.00	6.00	1.59	0.111
Appendicitis	3	0.36	2	0.26	1.39	0.21	11.68	0.748
Aspiration	Õ	0.00	ī	0.13	0.00	0.00	17.60	0.481
Asthma	18	2.13	24	3.07	0.69	0.37	1.28	0.246
Ataxia	ō	0.00	1	0.13	0.00	0.00	17.60	0.481
Bronchiolitis	2	0.24	ō	0.00		0.27	17.00	0.269
Cancer, R/O Cancer	3	0.36	ĭ	0.13	2.78	0.30	73.17	0.414
Cellulitis	5	0.59	6	0.77	0.77	0.22	2.65	0.681
Cerebral Palsy	2	0.24	1	0.13	1.85	0.14	54.65	0.669
Congenital Anomaly	21	2.49	27	3.46	0.72	0.40	1.28	0.263
Congenital heart disease	2	0.24	2	0.26	0.93	0.10	8.90	0.943
Conjunctivitis	ō	0.00	ī	0.13	0.00	0.00	17.60	0.481
Constipation	2	0.24	4	0.51	0.46	0.06	2.61	0.401
Croup	2	0.24	2	0.26	0.93	0.10	8.90	
Developmental Delay	4	0.47	Č	0.00	0.93	0.83	6.90	0.943
Diabetes	2	0.24	1	0.13	1.85	0.14	54 65	0.073
Elective Procedure	129	15.29	116	14.85	1.03	0.80	54.65	0.669
Epilepsy	7	0.83	5	0.64	1.30	0.40	1.33	0.817
GE Reflux	í	0.12	1	0.13			4.47	0.673
GI Bleed	i	0.12	ō	0.00	0.93	0.02	36.13	0.962
Glaucoma	ō	0.00	1	0.13	0.00	0.05		0.519
Hemolytic anemia	1	0.12	1			0.00	17.60	0.481
Histiocytosis	i	0.12	i	0.13 0.13	0.93	0.02	36.13	0.962
Hydrocephalus	2	0.24	Ö	0.00	0.93	0.02	36.13	0.962
	1	0.12	Ö		-	0.27	•	0.269
Hypoglycemia	2.		Ö	0.00	•	0.05	•	0.519
Hypoglycemic seizure Hypovolemia		0.24 0.12	3	0.00		0.27	:	0.269
ITP	1		0	0.38	0.31	0.01	2.90	0.338
	1	0.12	1	0.00		0.05	•	0.519
Infection		0.12		0.13	0.93	0.02	36.13	0.962
Kawasaki's Disease	1	0.12	2	0.26	0.46	0.02	6.09	0.583
Lupus	0	0.00	1	0.13	0.00	0.00	17.60	0.481
Microtia	_	0.00	1	0.13	0.00	0.00	17.60	0.481
Neuromuscular disease	1	0.12	0	0.00		0.05		0.519
Osteomyelitis	1	0.12	2	0.26	0.46	0.02	6.09	0.583
Otitis Media	55	6.52	63	8.06	0.81	0.56	1.16	0.251
Pharyngitis	1	0.12	2	0.26	0.46	0.02	6.09	0.583
Pituitary insufficiency	1	0.12	0	0.00	. •	0.05		0.519
Pneumonia	16	1.90	10	1.28	1.48	0.67	3.39	0.335
Poisoning/Ingestion	6	0.71	8	1.02	0.69	0.23	2.05	0.513
Post-surgical complication	0	0.00	1	0.13	0.00	0.00	17.60	0.481
Psychiatric	1	0.12	0	0.00	•	0.05		0.519
Rash	1	0.12	0	0.00	-	0.05		0.519
Respiratory failure	1	0.12	1	0.13	0.93	0.02	36.13	0.962
Seizure, Afebrile	1	0.12	1	0.13	0.93	0.02	36.13	0.962
Seizure, Febrile	5	0.59	4	0.51	1.16	0.29	4.85	0.840
Sickle Cell Disease	2	0.24	4	0.51	0.46	0.06	2.61	0.401
Sleep apnea	1	0.12	0	0.00	•	0.05	•	0.519
Small bowel obstruction	1	0.12	1	0.13	0.93	0.02	36.13	0.962
Stomatitis	0	0.00	1	0.13	0.00	0.00	17.60	0.481
Syncope/LOC	0	0.00	1	0.13	0:00	0.00	17.60	0.481
TEA	1	0.12	0	0.00		0.05		0.519
Thalassemia	1	0.12	0	0.00		0.05	•.	0.519
Tonsillitis	3	0.36	5	0.64	0.56	0.11	2.41	0.443
Trauma	42	4.98	40	5.12	0.97	0.63	1.51	0.900
Tuberosclerosis	1	0.12	0	0.00		0.05		0.519
URI	5	0.59	O	0.00		1.13		0.038
UTI	3	0.36	ì	0.13	2.78	0.30	73.17	0.414
Viral Syndrome	4	0.47	4	0.51	0.93	0.21	4.11	0.916

Varicella Vaccine Safety Analysis: Hospitalizations 2-12 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0–60 days Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Well Child/Reassurance/FU r/o Sepsis *Total	1 2 376	0.12 0.24 44.58	0 0 347	0.00 0.00 44.41	1.00	0.05 0.27 0.87	1.16	0.519 0.269 0.960

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

IR#0149 000048

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-30 days N	0-30 days Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Abscess	0	0.00	1	0.24	0.00	0.00	19.00	0.500
Acute Gastroenteritis	59	13.96	66	15.61	0.89	0.63	1.27	0.533
Allergic incl Angioedema	2	0.47	7	1.66	0.29	0.04	1.28	0.109
Allergic not incl Angioedema	1	5.24	7	1, 66	0.14	0.01	0.92	0.039
Appendicitis Arhythmia	0	0.24 0.00	Ö	0.00		0.05	:	0.500
Asthma	58	13.72	75	0.24 17.74	0.00 0.77	0.00	19.00	0.500
Bronchiolitis	15	3.55	6	1.42	2-50	0.55 0.99	1.09 7.01	0.142
Cellulitis	-4	0.95	4	0.95	1.00	0.23	4.43	0.052 0.999
Cerebral Palsy	ō	0.00	i	0.24	0.00	0.00	19.00	0.500
Chest Pain	Ō	0.00	ī	0.24	0.00	0.00	19.00	0.500
Congenital Anomaly	0	0.00	1	0.24	0.00	0.00	19.00	0.500
Congenital heart disease	0	0.00	1	0.24	0.00	0.00	19.00	0.500
Conjunctivitis	10	2.37	9	2.13	1.11	0.44	2.83	0.824
Constipation	3	0.71	2	0.47	1.50	0.22	12.61	0.688
Croup	26	6.15	18	4.26	1.44	0.79	2.68	0.233
Drug Reaction	1 16	0.24	1	0.24	1.00	0.03	39.00	0.999
Elective Procedure Encopresis	1	3.79 0.24	20 0	4.73	0.80	0.41	1.55	0.511
Epilepsy	7	1.66	6	0.00 1.42	, ,,	0.05	2 20	0.500
Epistaxis	- <u>3</u>	0.71	2	0.47	1.17 1.50	0.38 0.22	3.70	0.791
Febrile illness	ğ	2.13	13	3.08	0.69	0.28	12.61 1.63	0.688 0.405
GI Bleed	i	0.24	-0	0.00		0.05	1.03	0.500
Gingivitis	0	0.00	1	0.24	0.00	0.00	19.00	0.500
HS Purpura	1	0.24	0	0.00		0.05		0.500
Headache	2	0.47	2	0.47	1.00	0.10	9.60	0.999
Hemophilia	1	0.24	1	0.24	1.00	0.03	39.00	0.999
Hives	11	2.60	6	1.42	1.83	0.68	5.36	0.238
Hydrocephalus	1	0.24	0	0.00	•	0.05	•	0.500
Hypertension	0	0.00	1	0.24	0.00	0.00	19.00	0.500
Hypoglycemia Hypoglycemic seizure	0 1	0.00	1 0	0.24	0.00	0.00	19.00	0.500
Infection	1	0.24 0.24	1	0.00 0.24	1.00	0.05		0.500
Irritable child	ī	0.24	ō	0.00	1.00	0.03 0.05	39.00	0.999
Kawasaki's Disease	î	0.24	ő	0.00	•	0.05	•	0.500
Migraine	ī	0.24	ŏ	0.00	•	0.05	•	0.500 0.500
Muscle pain	1	0.24	ŏ	0.00		0.05	•	0.500
Musculoskeletal pain	1	0.24	0	0.00		0.05		0.500
Otitis Media	127	30.05	121	28.63	1.05	0.82	1.35	0.704
Parasitic Infection	1	0.24	0	0.00		0.05		0.500
Pharyngitis	12	2.84	16	3.79	0.75	0.35	1.59	0.458
Pneumonia	9	2.13	20	4.73	0.45	0.2G	0.98	0.043
Poisoning/Ingestion Post-surgical complication	19 0	4.49 0.00	13	3.08	1.46	0.72	3.04	0.296
Rash	7	1.66	1 8	0.24 1.89	0.00 0.88	0.00	19.00	0.500
Scabies	ź	0.47	ő	0.00	0.88	0.30 0.29	2.49	0.804
Seizure, Afebrile	ĩ	0.24	ĭ	0.24	1.00	0.03	39.00	0.250
Seizure, Febrile	12	2.84	20	4.73	0.60	0.28	1.22	0.999 0.163
Sickle Cell Disease	3	0.71	0	0.00		0.58	1.22	0.125
Sinusitis	2	0.47	3	0.71	0.67	0.08	4.48	0.687
Skin infection	0	0.00	2	0.47	0.00	0.00	3.47	0.250
Stomatitis	0	0.00	2	0.47	0.00	0.00	3.47	0.250
Syncope/LOC	1	0.24	2	0.47	0.50	0.02	6.57	0.625
Synovitis Thrush	3	0.71	0	0.00	65	0.58		0.125
Tonsillitis	1 3	0.24	0	0.00		0.05		0.500
Trauma	427	0.71	1	0.24	3.00	0.32	78.99	0.375
URI	35	101.02 8.28	395 41	93.45 9.70	1.08	0.94	1.24	0.265
UTI	9	2.13	12	2.84	0.85 0.75	0.54	1.34	0.494
Varicella	i i i i i i i i i i i i i i i i i i i	1.42	0	0.00	0.75	0.30	1.80	0.523
Varicella w & w/o Cellulitis	6	1.42	0	0.00		1.54		0.016
Viral Syndrome	54	12.78	71	16.80	0.76	0.53	1.08	0.016
Well Child/Reassurance/FU	25	5.91	12	2.84	2.08	1.06	4.29	0.130

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-30 days N	0-30 days Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P~Value (Mid-Prob.)
Wheezing/SOB *Total	2 95 5	0.47 225.93	0 938	0.00 221.91	1.02	0.29 0.93	1.11	0.250 0.696

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-30	0-30	91-120	91-120	Relative	95% CI	95% CI	
	days	days	days	days	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
21	D	0.00	1	0.25	0.00	0.00	17.91	0.485
Abscess Acute Gastroenteritis	59	13.96	55	13.81	1.01	0.70	17.91	0.485
Allergic incl Angioedema	2	0.47	6	1.51	0.31	0.70	1.48	0.954
Allergic not incl Angioedema	1	0.24	4	1.00	0.24	0.01	1.88	0.196
Anal fissure	Ó	0.00	2	0.50	0.00	0.00	3.27	0.235
Appendicitis	1	0.24	0	0.00	0.00	0.05	3.21	0.515
Appendicitis Asthma	58	13.72	56	14.06	0.98	0.68	1.41	0.897
Bronchiolitis	15	3.55	11	2.76	1.29	0.59	2.88	0.536
Cellulitis	4	0.95	3	0.75	1.26	0.26	6.74	0.784
Cerebral Palsy	ō	0.00	ĭ	0.25	0.00	0.00	17.91	0.485
Child Abuse	Ö	0.00	2	0.50	0.00	0.00	3.27	0.235
Conjunctivitis	10	2.37	9	2.26	1.05	0.42	2.66	0.924
Constipation	3	0.71	4	-1.00	0.71	0.13	3.42	0.671
Croup	26	6.15	24	6.02	1.02	0.58	1.79	0.943
Drug Reaction	1	0.24	1	0.25	0.94	0.02	36.76	0.970
Elective Procedure	16	3.79	26	6.53	0.58	0.30	1.08	0.086
Encopresis	1	0.24	0	0.00	0.50	0.05	1.00	0.515
Epilepsy	7	1.66	4	1.00	1.65	0.48	6.43	0.442
Epistaxis	á	0.71	4	1.00	0.71	0.13	3.42	0.671
Febrile illness	9	2.13	11	2.76	0.77	0.31	1.89	0.572
GI Bleed	ĩ	0.24	-0	0.00		0.05	1.05	0.515
HS Purpura	ī	0.24	ŏ	0.00		0.05	•	0.515
Headache	2	0.47	ĭ	0.25	1.88	0.14	55. 6 0	0.659
Hematemesis	ō	0.00	ī	0.25	0.00	0.00	17.91	0.485
Hemophilia	i	0.24	ī	0.25	0.94	0.02	36.76	0.970
Hives	11	2.60		第一等等	3.46	1.02	15.42	0.045
Hydrocephalus		0.24	0	0.00		0.05		0.515
Hypoglycemic seizure	ī	0.24	ŏ	0.00		0.05	102	0.515
Infection	ī	0.24	2		0.47	0.02	6.20	0.592
Irritable child	ī	0.24	0	0,00	•	0.05	12	0.515
Kawasaki's Disease	ī	0.24	0	0.00	•	0.05	- 0	0.515
Mastoiditis	ō	0.00	1	0.25	0.00	0.00	17.91	0.485
Migraine	1	0.24	1	0.25	0.94	0.02	36.76	0.970
Muscle pain	ī	0.24	0	0.00	•	0.05		0.515
Musculoskeletal pain	1	0.24	Ö	0.00		0.05	-	0.515
Otitis Media	127	30.05	102	25.60	1.17	0.90	1.53	0.229
Parasitic Infection	1	0.24	0	0.00		0.05		0.515
Pharyngitis	12	2.84	10	2.51	1.13	0.48	2.70	0.781
Pleuritis	0	0.00	1	0.25	0.00	0.00	17.91	0.485
Pneumonia	9	2.13	14	3.51	0.61	0.25	1.40	0.246
Poisoning/Ingestion	19	4.49	20	5.02	0.90	0.47	1.69	0.733
Post-surgical complication	0	0.00	1	0.25	0.00	0.00	17.91	0.485
Rash	7	1.66	4	1.00	1.65	0.48	6.43	0.442
Scabies	2	0.47	0	0.00		0.27		0.265
Seizure, Afebrile	1	0.24	1	0.25	0.94	0.02	36.76	0.970
Seizure, Febrile	12	2.84	13	3.26	0.87	0.39	1.94	0.732
Seizure, Type Unk.	0	0.00	2	0.50	0.00	0.00	3.27	0.235
Sickle Cell Disease	3	0.71	0	0.00	•	0.55		0.136
Sinusitis	2	0.47	2	0.50	0.94	0.10	9.05	0.956
Stomatitis	0	0.00	1	0.25	0.00	0.00	17.91	0.485
Syncope/LOC	1	0.24	1	0.25	0.94	0.02	36.76	0.970
Synovitis	3	0.71	1	0.25	2.83	0.30	74.44	0.405
Thrush	1	0.24	0	0.00	-	0.05		0.515
Tonsillitis	3	0.71	4	1.00	0.71	0.13	3.42	0.671
Trauma	427	101.02	341	85.60	1.18	1.02	1.36	0.022
URI	35	8.28	34	8.53	0.97	0.60	1.56	0.900
UTI	9	2.13	4	1.00	2.12	0.66	7.92	0.216
Varicella	6	1.42	1	0.25	5.65	0.84	130.97	0.082
Varicella w & w/o Cellulitis	6	1.42	1	0.25	5.65	0.84	130.97	0.082
Viral Syndrome	54	12.78	45	11.30	1.13	0.76	1.69	0.544
Well Child/Reassurance/FU	25 2	5 91	9	2.26	262	1.25	5,91	0.010
Wheezing/SOB	2	0.47	2	0.50	0.94	0.10	9.05	0.956
*Total	955	225.93	792	198.81	1.14	1.03	1.25	0008

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

31-60 31-60 1-30 1-30 days days Rela			
1-30 1-30 davs davs Rela	tive 95%	CI 95% CI	
	sk Lowe		P-Value
	mate Bour		(Mid-Prob.)
ABDOMINAL PAIN 78 19.09 72 17.03	1.12 0.8	31 1.55	0.487
	1.09 0.7		0.593
ABSCESS - HEAD 1 0.24 0 0.00	. 0.0		0.492
	0.52 0.0		0.644
ACNE 11 2.69 10 2.37	1.14 0.4	17 2.76	0.772
ADENITIS 33 8.08 36 8.52	0.95 0.5	59 1.52	0.827
AGE 491 120.17 523 123.73	0.97 0.8	1.10	0.642
ALLERGIC ENTEROPATHY 0 0.00 1 0.24	0.00 0.0	0 19.66	0.508
	0.95 0.7		0.686
	0.00 0.0		0.259
	0.97 0.7		0.770
	1.24 0.9		0.184
ALLERGY CLASS/GROUP 1 0.24 0 0.00	0.0		0.492
	4.14 0.9		0.058
	0.00 0.0		0.259
	2.65 1.5		0.001
	0.00 0.0		0.508
	2.07 0.3		0.430
	0.52 0.0		0.644
	0.8		0.051
ATAXIA 2 0.49 0 0.00	. 0.3		0.242
	1.0		0.037
	2.76 0.7		0.132
101011111111111111111111111111111111111	0.00		0.508
001110 01101	2.35 1.1		0.015
BELL'S PALSY 2 0.49 0 0.00 BRACHIAL CLEFT CYST 1 0.24 0 0.00	. 0.30		0.242
	0.96 0.82		0.492 0.549
). 75 D. 64		KG. 001
DRANGWANITWANDOW DWGDY BOTTS 1 0 04 0 0 00			0.492
	41 0.88		0.150
	0.52 0.02		0.644
	.17 0.72		0.528
	91 0.51		0.751
CHOLESTEROL CLASS/GROUP 1 0.24 0 0.00	0.05		0.492
	.55 0.23		0.661
	. 0.05		0.492
CONDUIT OBSTRUCTION 1 0.24 0 0.00	. 0.05		0.492
CONGENITAL ANOMALY 135 33.04 79 18.69 1	.77 1.34		<0.001
CONGENITAL HEART DISEASE 46 11.26 27 6.39 1	.76 1.10		0.018
CONCENTED TO CHILD DUCKS BUT ON I CON CONCENTRATION	. 0.05		0.492
CONJUNCTIVITIS 433 105.97 475 112.37 0	.94 0.83	1.07	0.377
CONSTIPATION 72 17.62 79 18.69 0	.94 0.68	1.30	0.719
	.00 0.00	067	0.017
	.16 0.44	3.14	0.762
	.62 0.12	2.69	0.538
	.13 0.89		0.318
	.72 0.40		0.479
	.14 0.52		0.206
	.03 0.11		0.975
	.03 0.11		0.975
	.05 0.72		0.787
	.76 0.34		0.494
	.72 0.41		0.259
	. 0.05		0.492
DYSLALIA 1 0.24 0 0.00 .	0.05		0.492
	.03 0.03		0.983
	.00 0.00		0.508
DYSTHYMIA 1 0.24 0 0.00	0.05		0.492
ECZEMA 140 34.26 198 46.84 0.	73 0.59		0.004
	83 1.69	. morror	<0.001
	.21 0.92		0.064
ENOPHTHALMOS 1 0.24 0 0.00	0.05	55	0.492

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

1-30 1-30		55	_	21 60	21 62				
Display Disp		1-30	1-30	31-60 days	31-60 days	Relative	958 CT	959 CT	
Diagnosis N Rate N Rate Belinate Bound Mid-Pech.)									9-1/21110
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HAD 6 NECK - ENT PROB. NOS 3 0.73 5 1.18 0.62 0.12 2.69 0.538 HADACKE 30 NECK - ENT PROB. NOS 3 0.73 5 1.18 0.62 0.12 2.69 0.538 HADACKE 30 7.34 36 8.52 0.86 0.53 1.40 0.552 HADACKE 128 12 2.84 2 0.87 5.21 1.57 40.88 0.005 HADACKE 10SS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 7.59 29 6.86 1.11 0.66 1.85 0.695 HADATHECANY CLASS 31 0.00 1.00 1.00 0.00 0.00 1.00 0.00 HADATHECANY CLASS 31 0.00 0.00 1.00 0.00 0.00 1.00 0.00 HADATHECANY CLASS 31 0.00 0.00 1.00 0.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 0.00 1.00 0.00	GOITER	1	0.24	٥	0.00				
HEAD & NECK - ENT PROB. NOS 3	hay fever	167	40.87	245	57.96	9.71	0.58	9.86	
HADDCHE 30	HEAD & NECK - ENT PROB. NOS	3	0.73						
HEARING LOSS 31 7.59 29 6.86 1.11 0.66 1.85 0.699 HEARR BLOCK 2 0.49 1 0.24 2.07 0.16 61.03 0.606 HEARR MURNUR 20 4.89 11 2.60 1.88 0.91 4.07 0.091 HEMARURITA 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HEMARTHELY ZOZTER) 6 1.47 3 0.71 2.07 0.52 10.13 0.319 HERPES (SIMPLEX / ZOZTER) - COR 2 0.49 0 0.00 .00 .00 .00 19.66 0.508 HISTICCYTOSIS 1 0.24 0 0.00 .00 .05 . 0.492 HOARSENESS 4 0.98 0 0.00 . 0.93 . 0.058 HSP 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HSP 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HSP 1 0.24 0 0.00 . 0.55 . 0.492 HYDROCEPHALUS 4 0.98 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHASION 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHASION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPERTENSION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPERTENSION ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 IDENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 IDENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 INFESTATION 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 1 0.24 0 0.00 . 0.00 1.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 0 0.00 . 0.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 0 0.00 . 0.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 5 1.18 0.41 0.66 0.19 0.064 KERATOSTS-PILARIS 2 0.49 5 1.18 0.41 0.66 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.24 0.99 1 0.04 1.04 0.05 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.24 0.09 0.00 . 0.05 0.05 0.0492 LEARNING DISABILITIES 3 0.049 5 0.49 1 0.04 0.00 0.00 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.049 5 0.49 1 0.04 0.00 0.00 0.00 0.00 0.00 0.00 0.	HEADACHE		7.34		8.52	0.86	0.53		
HEARING LOSS 31 7.59 29 6.86 1.11 0.66 1.85 0.699 HEARR BLOCK 2 0.49 1 0.24 2.07 0.16 61.03 0.606 HEARR MURNUR 20 4.89 11 2.60 1.88 0.91 4.07 0.091 HEMARURITA 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HEMARTHELY ZOZTER) 6 1.47 3 0.71 2.07 0.52 10.13 0.319 HERPES (SIMPLEX / ZOZTER) - COR 2 0.49 0 0.00 .00 .00 .00 19.66 0.508 HISTICCYTOSIS 1 0.24 0 0.00 .00 .05 . 0.492 HOARSENESS 4 0.98 0 0.00 . 0.93 . 0.058 HSP 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HSP 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HSP 1 0.24 0 0.00 . 0.55 . 0.492 HYDROCEPHALUS 4 0.98 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHASION 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHASION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPERTENSION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPERTENSION ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.55 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - ACQUIRED OT 1 0.24 0 0.00 . 0.05 . 0.492 IDENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 IDENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 INFESTATION 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 37 9.06 37 8.75 1.03 0.55 1.64 0.884 INFESTATION 1 0.24 0 0.00 . 0.00 1.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 0 0.00 . 0.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 0 0.00 . 0.00 19.66 0.508 KELOID/HYPERTENPIC SCAR 2 0.49 5 1.18 0.41 0.66 0.19 0.064 KERATOSTS-PILARIS 2 0.49 5 1.18 0.41 0.66 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.24 0.99 1 0.04 1.04 0.05 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.24 0.09 0.00 . 0.05 0.05 0.0492 LEARNING DISABILITIES 3 0.049 5 0.49 1 0.04 0.00 0.00 0.00 19.66 0.508 LEARNING DISABILITIES 3 0.049 5 0.49 1 0.04 0.00 0.00 0.00 0.00 0.00 0.00 0.		12		2	0.47	6.21	1.57	40.88	0.006
HEART MURMUR	HEARING LOSS		7.59		6.86	1.11	0.66	1.85	0.699
HEMATURIA						2.07	0.16	61.03	0.606
HEMOGLOBINOPATHY 6 1.47 3 0.71 2.07 0.52 10.13 0.319 HERPES (SIMPLEX / ZOZTER) - COR 2 0.49 0 0 0.00 . 0.30 . 0.242 HISTICOTTOSIS 1 0.24 0 0.00 . 0.05 . 0.492 HOARSENESS 4 0.98 0 0.00 . 0.05 . 0.492 HOARSENESS 4 0.98 0 0.00 . 0.00 19.66 0.508 HSY 1 0.24 0 0.00 . 0.05 . 0.492 HYDROCEPHALUS 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHALUS 2 0.49 0 0.00 . 0.05 . 0.492 HYDRONEPHROSIS 2 0.49 0 0.00 . 0.05 . 0.242 HYPERTENSION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 129 31.57 157 37.14 0.85 0.67 1.07 0.171 INCONTINENCE URGE 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 1 0.24 0 0.00 . 0.5 0.5 0.492 INFECTION/HAND 1 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 INRITABLE BOWEL SYNDROME 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHEUM. ARTHRITIS 1 0.24 1 0.24 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 3 0.49 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 1.13 0.00 0.00 0.00 0.00 0.00 0.00 0.00						1.88	0.91	4.07	0.091
HERPES (SIMPLEX / ZOZTER) - COR 2 0.49 0 0.00 . 0.30 . 0.242 HISTIOCYTOSIS 1 0.24 0 0.00 . 0.05 . 0.492 HOARSENESS 4 0.98 0 0.00 . 0.93 . 0.058 HSF 0 0 0.00 1 0.24 0 0.00 0.00 19.66 0.508 HSF 0 0 0.00 1 0.24 0 0.00 0.05 . 0.492 HYDROCEPHALUS 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDROCEPHALUS 2 0.49 0 0.00 . 0.30 . 0.242 HYDROREPHROSIS 2 0.49 0 0.00 . 0.30 . 0.242 HYPERTENSION 0 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM 1 0.24 0 0.00 . 0.05 . 0.492 HYPETTY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 INFESTANTION 129 31.57 157 37.14 0.85 0.67 1.07 0.171 INCONTINENCE URGE 1 0.24 0 0.00 . 0.05 . 0.492 INFESTATION 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFLUENZA 1 0.24 1 0.24 1 0.00 . 0.05 . 0.492 INFESTANTION 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFLUENZA 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 IRRITABLE BOWLL SYNDROME 2 0.49 0 0.00 . 0.00 . 0.30 . 0.242 JUVENILE RHEUM. ARTHRITIS 1 0.24 2 0.47 0.52 0.02 6.80 0.644 KANASAKI'S DISERSE 0 0 0.00 1 0.24 1 0.24 1.03 0.03 40.34 0.983 IRRITABLE BOWLL SYNDROME 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KRERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSTRUCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIWAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.266 LEARNING DISABLITIES 3 0.073 2 0.47 1.55 0.23 13.05 0.661 LEARNING DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.266 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.05 . 0.492 LEARNING DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.05 . 0.492 LEARNING DISORDERS								19.66	0.508
HISTICCTTOSIS 1				_		2.07		10.13	0.319
HORRENESS				-		•			0.242
HSP HSP 1 0.00 1 0.00 1 0.24 0.00 0.00 19.66 0.508 HSV 1 0.24 0 0.00 0.05 0.492 HYDROMEPHROSIS 2 0.49 0 0.00 0.30 0.242 HYDROMEPHROSIS 2 0.49 0 0.00 0.30 0.242 HYPERTENSION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 0.05 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 0.05 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 0.05 0.492 IDDM 6 1.47 1 0.24 6.21 0.92 143.76 0.064 IDENTITY DISORDER 1 0.24 0 0.00 0.05 0.492 IMPETIGO 129 31.57 157 37.14 0.85 0.67 1.07 0.171 INCONTINENCE URGE 1 0.24 0 0.00 0.05 0.492 INFECTION/HAND 1 0.24 0 0.00 0.05 0.492 INFESTATION 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFLUENZA 1 0.24 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 6 15.66 50 11.63 1.32 0.91 1.92 0.137 IRRITABLE BOWEL SYNDROME 2 0.49 0 0.00 0.30 0.242 JUVENILE REEUM. ARTHRITIS 1 0.24 2 0.47 0.52 0.02 6.80 0.644 KAWASAKI'S DISEASE 0 0.00 1 0.24 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KAWASAKI'S DISEASE 0 0.00 1 0.24 1.03 0.03 40.34 0.983 INSECT BITEGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABELITIES 3 0.24 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABELITIES 3 0.049 5 1.18 0.41 0.52 102.39 0.206 LEARNING DISABELITIES 3 0.049 5 1.18 0.41 0.52 102.39 0.206 LEARNING DISABELITIES 3 0.049 0.00 0.00 0.55 0.023 13.05 0.661 LEND, DISORDERS OF 1 0.024 0.07 0.00 0.00 5 0.05 0.061						•		•	
HSV				_		• • • •			
HYDROCEPHALUS 4 0.98 4 0.95 1.03 0.23 4.59 0.963 HYDRONEPHROSIS 2 0.49 0 0.00 . 0.30 . 0.242 HYDRONEPHROSIS 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPERTENSION 0 0.00 1 0.24 0.00 0.00 19.66 0.508 HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 IDDM 6 1.47 1 0.24 6.21 0.92 143.76 0.064 IDENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 129 31.57 157 37.14 0.85 0.67 1.07 0.171 INCONTINENCE URGE 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 1 0.24 1.03 0.65 1.64 0.884 INFECTION/HAND 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 IRRITABLE BOWEL SYNDROME 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHEUM. ARTHRITIS 1 0.24 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHEUM. ARTHRITIS 1 0.24 2 0.49 0 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KAWASAKI'S DISEASE 0 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.24 0.00 0.00 . 0.55 . 0.492 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.24 0.00 0.00 . 0.55 . 0.492 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.24 0.00 0.00 . 0.55 . 0.492 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.24 0.00 0.00 . 0.55 . 0.492 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.24 0.00 0.00 . 0.05 . 0.492 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS 6 1 0.00 0.00 0.00 0.00 0.00 0.00 0.00						0.00		19.66	
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HYPOTHYROIDISM - ACQUIRED / OT 1 0.24 0 0.00 . 0.05 . 0.492 HYPOTHYROIDISM - AUTOIMMUNE 1 0.24 0 0.00 . 0.05 . 0.492 IDM 6 1.47 1 0.24 0 0.00 . 0.05 . 0.492 IDM 6 1.47 1 0.24 0 0.00 . 0.05 . 0.492 IDM 1DENTITY DISORDER 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 129 31.57 157 37.14 0.85 0.67 1.07 0.171 INCONTINENCE URGE 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 1 0.24 0 0.00 . 0.05 . 0.492 IMPETIGO 1 1 0.24 1 0.24 1.03 0.65 1.64 0.884 IMPLUENZA 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 IRRITABLE BOWEL SYNDROME 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHEUM. ARTHRITIS 1 0.24 2 0.47 0.52 0.02 6.80 0.644 KAWASAKI'S DISEASE 0 0.00 1 0.00 1 0.24 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LERNS, DISORDERS OF 1 0.24 0.00 0.00 . 0.05 1.0492						0.00		10 66	
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IDDM						•		•	
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IMPETIGO						0.21	_	143.70	-
INCONTINENCE URGE 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 1 0.24 0 0.00 . 0.05 . 0.492 INFECTION/HAND 37 9.06 37 8.75 1.03 0.65 1.64 0.884 INFLUENZA 1 0.24 1 0.24 1.03 0.03 40.34 0.983 INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 IRRITABLE BOWEL SYNDROME 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHELM. ARTHRITIS 1 0.24 2 0.47 0.52 0.02 6.80 0.644 KAWASAKI'S DIŠEASE 0 0.000 1 0.24 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISORDERS 0F 1 0.24 0.00 0.00 5 0.492				-		0.85		ים ו	
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INSECT BITE(S) 64 15.66 50 11.83 1.32 0.91 1.92 0.137 IRRITABLE BOWEL SYNDROME 2 0.49 0 0.00 . 0.30 . 0.242 JUVENILE RHELM. ARTHRITIS 1 0.24 2 0.47 0.52 0.02 6.80 0.644 KAWASAKI'S DIŠEASE 0 0.00 1 0.24 0.00 0.00 19.66 0.508 KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIARIS 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 . 0.05 . 0.492	INFLUENZA	1				_			
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KELOID/HYPERTROPHIC SCAR 2 0.49 3 0.71 0.69 0.08 4.64 0.714 KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 . 0.05 . 0.492	KAWASAKI'S DISEASE	0	0.00	1	0.24	0.00			
KERATOSIS-PILARIS 2 0.49 5 1.18 0.41 0.06 2.10 0.309 KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 0.05 0.492	KELOID/HYPERTROPHIC SCAR	2	0.49	3	0.71	0.69			
KNEE/THIGH DYSFUNCTION 1 0.24 1 0.24 1.03 0.03 40.34 0.983 LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 . 0.05 . 0.492		2	0.49	5					
LACRIMAL SYSTEM DISORDERS 4 0.98 1 0.24 4.14 0.52 102.39 0.206 LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 .005 .0.492		1	0.24	1	0.24	1.03			
LEARNING DISABILITIES 3 0.73 2 0.47 1.55 0.23 13.05 0.661 LENS, DISORDERS OF 1 0.24 0 0.00 . 0.05 . 0.492		-		1	0.24	4.14			
LENS, DISORDERS OF 1 0.24 0 0.00 . 0.05 0.492				2	0.47				
						-	0.05		_
	LICHEN SIMPLEX CHR./PRURIGO NO	1	0.24	1	0.24	1.03	0.03	40.34	0.983

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

2	1-30	1-30	31-60 days	31-60 days	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	before N	before Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.
Diagnosis	.,	Nace	.,		Do CAMA CE	Boulla	Bound	(MITH-PEOD.
LIPOMA	1	0.24	0	0.00	•	0.05		0.492
MALABSORPTION SYNDROME	٥	0.00	1	0.24	0.00	0.00	19.66	0.508
MENTAL RETARDATION	3	0.73	2	0-47	1.55	0.23	13.05	0.661
METAB. MYOPATHIES	1	0.24	0	0.00		0.05	•	0.492
METABOLIC LIVER DISEASE - OTHE	1	0.24	0	0.00		0.05	•	0.492
METATARSUS ADDUCTUS	9	2.20	5	1.18	1.86	0.62	6.13	0.274
MILIA	1	0.24	0	0.00		0.05		0.492
MOLLUSCUM CONTAGIOSUM	24 41	5.87	15 56	3.55 13.25	1.66	0.87 0.50	3.23	0.126
MONILIA MORPHEA/LSETA	1	10.03 0.24	0	0.00	0.76	0.05	1.13	0.177
MUSC./SKELETAL PAIN	90	22.03	101	23.89	0.92	0.69	1.23	0.492 0.576
MUSCULAR DYSTROPHY	1	0.24	101	0.00		0.05	1.23	0.492
NECK/PHARYNX/LARYNX, TRAUMATIC	î	0.24	ŏ	0.00	•	0.05	•	0.492
NEPHRITIS / NEPHROSIS	6	1.47	5	1.18	1.24	0.36	4.42	0.733
NEUROFIBROMATOSIS	ĭ	0.24	ō	0.00		0.05	****	0.492
NEURGIOGICAL, GENERAL DISORDER	5	1.22	O O	0.00		1.26		0.029
NEUROMUSC DISORDER	ê	1.96	13	3.08	0.64	0.25	1.54	0.322
NEUROPHTHALMOLOGICAL DISORDER	3	0.73	4	0.95	0.78	0.14	3.76	0.759
OBESITY	8	1.96	26	6.15	032	3.14	0.68	0003
OCULAR	9	2.20	7	1.66	1.33	0.49	3.77	0.582
ONYCHOCRYPTOSIS	3	0.73	0	0.00		0.60	-	0.119
ONYCHOLYSIS	2	0.49	1	0.24	2.07	0.16	61.03	0.606
OPTIC NERVE DISORDER	4	0.98	3	0.71	1.38	0.28	7.39	0.694
ORTHO. PROB. NOS	0	0.00	2	0.47	0.00	0.00	3.59	0.259
OTHER ILL DEFINED COND.	1	0.24	0	0.00	•	0.05	•	0.492
OTHER NEUROPATHIES	1 129	0.24	0	0.00	1.00	0.05		0.492
OTITIS EXTERNA	2373	31.57 580.76	124 2674	29.34 632.61	1.08	0.84	1.38	0.560
OTITIS MEDIA PACEMAKER	2	0.49	1	0.24	2.07	0.87	61.03	0.606
PAIN	2	0.49	3	0.71	0.69	0.08	4.64	0.714
PAIN-UPPER EXTREMITY	ī	0.24	ő	0.00		0.05	4.04	0.492
PANHYPOPITUITARISM	ī	0.24	ŏ	0.00	•	0.05	•	0.492
PAT-FEM SYND	ī.	0.24	ŏ	0.00		0.05	:	0.492
PENIS - MEATAL STENOSIS	2	0.49	ò	0.00		0.30		0.242
PERIOSTITIS	0	0.00	1	0.24	0.00	0.00	19.66	0.508
PHARYNGITIS	775	189.67	858	202.98	0.93	0.85	1.03	0.171
PEIMOSIS	11	2.59	3	0.71	3.79	1.12	16.93	0.030
PINGUÉCULA	1	0.24	0	0.00		0.05		0.492
PITYRIASIS ROSEA	4	0.98	3	0.71	1.38	0.28	7.39	0.694
PNEUMONIA	79	19.33	78	18.45	1.05	0.77	1.43	0.771
POST-OP CARE	76.	18.60	73	17.27	1.08	0.78	1.49	0.652
POST-OP COMPLICATION	2	0.49	0	0.00	1.01	0.30	:	0.242
PRE-OP	47 2	11.50	48	11.36	1.01	0.68	1.52	0.950
PREMATURITY PSORIASIS	3	0.49 0.73	3 2	0.71 0.47	0.69 1.55	0.08 0.23	4.64 13.05	0.714 0.661
PSYCHOLOGICAL PROBLEM	295	72.20	266	62.93	1.15	0.23	1.35	0.104
PTOSIS	1	0.24	1	0.24	1.03	0.03	40.34	0.983
R/O SEPSIS	12	2.94	ŝ	0.47	6.21	1.57	40.88	0.006
RADICULOPATHY	1	0.24	2	0.00	- 300000	0.05	2000 2000 a.	0.492
RASH	351	85.90	379	89.66	0.96	0.83	1.11	0.563
SCAR	2	0.49	1	0.24	2.07	0.16	61.03	0.606
SCOLIOSIS	4	0.98	2	0.47	2.07	0.37	16.15	0.430
SEIZURE, FEBRILE	3	0.73	2	0.47	1.55	0.23	13.05	0.661
SEIZURES	27	6.61	31	7.33	0.90	0.53	1-51	0.695
SEIZURES W. OR W/O FEVER	30 ·	7.34	33	7.81	0.94	0.57	1.55	0.810
SHONE COMPLEX	1	0.24	0	0.00	•	0.05		0.492
SHOULDER DYSFUNCTION	2	0.49	1	0.24	2.07	0.16	61.03	0.606
SICKLE CELL DS	1	0.24	0	0.00	•	0.05	•	0.492
SINGLE VENTRICLE	1	0.24	0	0.00	• • • •	0.05	:	0.492
SINUSITIS	351	85.90	396	93.68	0.92	0.79	1.06	0.237
SKELETAL MALOCCLUSION	1	0.24	0	0.00	•	0.05	•	0.492
SKULL/SCALP/FOREHEAD INFECTION	1 3	0.24	0 1	0.00	9 10	0.05	01 71	0.492
SOFT TISSUE DIS	3	0.73	1	0.24	3.10	0.33	81.71	0.358

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30	1-30	31-60 days	31-60 days	Relative	95% CI	95% CI	
Di	days	days	before	before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
SOLITARY THYROID NODULE	1	0.24	0	0.00	•	0.05	_	0.492
STOMATITIS	45	11.01	60	14.19	0.78	0.52	1.14	0.199
SYNCOPE	1	0.24	0	0.00		0.05		0.492
SYNOVITIS	0	0.00	1	0.24	0.00	0.00	19.66	0.508
THROMBOCYTOPENIA	3	0.73	1	0.24	3.10	0.33	81.71	0.358
THYROID DISORDER	0	0.00	2	0.47	0.00	0.00	3.59	0.259
TINEA INFECTION	84	20.56	97	22.95	0.90	0.67	1.20	0.462
TMJ SYNDROME	1	0.24	0	0.00	•	0.05		0.492
TONSILLITIS	35	8.57	23	5.44	1.57	0.93	2.70	0.090
TOURETTE'S DISORDER	1	0.24	0	0.00		0.05		0.492
TRAUMA	496	121.39	482	114.03	1.06	0.94	1.21	0.328
TRIGGER FINGER	3	0.73	2	0.47	1.55	0.23	13.05	0.661
TRUNK, ACQUIRED DEFORMITY	1	0.24	0	0.00		0.05		0.492
TYMPANIC MEMBRANE PERFORATION	9	2.20	6	1.42	1.55	0.55	4.68	0.417
ULCER	0	0.00	1	0.24	0.00	0.00	19.66	0.508
ULCERS / SKIN	1.	0.24	0	0.00	•	0.05		0.492
UPPER EXTREMITY, FLEXOR TENDON	1	0.24	0	0.00	-	0.05	-	0.492
URETER REFLUX	9	2.20	-6	1.42	1.55	0.55	4.68	0.417
URETHRA - HYPOSPADIAS	2	0.49	0	0.00		0.30		0.242
URY	2167	530.34	2395	566.60	0.94	0.88	0.99	0.026
UTI	86	21.05	102	24,13	0.87	0.65	1.16	0.351
VAGINITIS/VAGINOSIS	50	12.24	51	12.07	1.01	0.68	1.50	0.943
VALVULAR HEART DISEASE	1.6	3.92	5	1.18	3.31	1.26	10.10	0.014
VARICELLA	35	8.57	3	0.71	12.07	4.44	49.49	<0.001
VENOM ALLERGY	1	0.24	ĩ	0.24	1.03	0.03	40.34	0.983
VENOUS STASIS ULCERATION	1	0.24	ō	0.00		0.05	10.51	0.492
VIRAL SYNDROME	707	173.03	789	186.66	0.93	0.84	1.03	0.143
VISION PROBLEM	549	134.36	297	67.90	1.98	1.72	2.28	<0.001
VISUAL LOSS	*** 3	0.73	4	0.95	0.78	0.14	3.76	0.759
VITILIGO	3	0.73	i	0.24	3.10	0.33	81.71	0.759
VITREOUS DISORDER	ī	0.24	ō	0.00	3.10	0.05	01.11	0.492
VOCAL	Ŧ	0.24	ž	0.47	0.52	0.02	6.80	0.644
VSD	ī	0.24	Õ	0.00		0.02	0.00	0.644
WARTS	73	17.87	80	18.93	0.94	0.69	1.30	0.492
WELL CARE	1746	427.31	2440	577.25	0.74	0.70	6079	<0.001
*Total	10524	2575.60	11285	2669.78	0.96			
: : **********************************	474	~~.	11200	2003-70	V. 20	0.94	0.99	G008

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^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30	1-30	91-120	91-120	Relative	95% CI	95% CI	D 11-1
Diagnosis	days N	days Rate	days N	days Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
_	78	19.09	94	23.60	0.81	0.60	1.09	0.167
Abdominal Païn Abscess	74	18.11	79	19.83	0.91	0.66	1.25	0.576
ABSCESS - HEAD	i	0.24	ō	0.00		0.05		0.506
ACCOMMODATIVE DISORDER	ī	0.24	1	0.25	0.97	0.02	38.02	0.987
ACNE	11	2.69	6	1.51	1.79	0.66	5.22	0.259
ADENITIS	33	8.09	25	6,28	1.29	0.76	2.19	0.344
AGE	491	120.17	429	107.69	1.12	0.98	1.27	0.097
ALLERGIC REACT W OR W/O HIVES	142	34.75	115	28.87	1.20	0.94	1.54	0.139
ALLERGIC REACTION (INC. HIVES)	142	34.75	115	28.87	1.20	0.94	1.54	0.139
ALLERGIC RHINITIS	85 1	20.80 0.24	85 C	21.34 0.00	0.97	0.72 0.05	1.32	0.869 0.506
ALLERGY CLASS/GROUP	8	1.96	· • • • • • • • • • • • • • • • • • • •	0.25	7.80	1.25	174.47	
APNEA	41.	10.03	22	5.52	1.82	1.09	3.10	0.022
APPENDICITIS, ACUTE	0	0.00	1	0.25	0.00	0.00	18.52	0.494
ARRHYTHMIA	4	0.98	ī	0.25	3.90	0.49	96.50	0.229
ARTHRALGIA / ARTHRITIS	1	0.24	3	0.75	0.32	0.01	3.05	0.362
ASTRIA	802	196.28	930	233.45	0.84	0.76	0.92	<0.001
ATAXIA	2	0.49	0	0.00	•	0.28	•	0.256
ATTENTION DEF. DIS.	71	17.38	67	16.82	1.03	0.74	1.45	0.849
AUTISM	8	1.96	. 6	1.51	1.30	0.44	4.01	0.640
BACK PAIN	25	6.12	. 18	2.01	3.05	1.41		0.004
BELL'S PALSY	2	0.49	0	0.00 0.00	•	0.28	•	0.256 0.506
BRACHIAL CLEFT CYST BRONCHIOLITIS	340	B3.21	443	111.20	0.75	0.65	0.86	<0.001
BRONCHIOLITIS W PNEUMONIA	263	64.37	327	84.59	0.76	0.65	0.89	0.001
BRONCHOPULMONARY DYSPLASIA	733	0.24	2	0.50	0.49	0.02	6.41	0.611
CANCER	41	10.03	29	7.28	1.38	0.86	2.24	0.187
CATARACT	1	0.24	2	0.50	0.49	0.02	6.41	0.611
CELLULITIS	34	8.32	31	7.78	1.07	0.66	1.75	0.789
CEREBRAL PALSY	22	5.38	19	4.77	1.13	0.61	2.11	0.703
CHEST PAIN	0	0.00	1	0.25	0.00	0.00	18.52	0.494
CHOLESTEROL CLASS/GROUP	1	0.24	0	0.00	_'	0.05	:	0.506
CHRONIC LUNG DISEASE	3	0.73	3	0.75	0.97	0.17	5.67	0.976
COAGULOPATHY, UNSPECIFIC	1	0.24	0	0.00	-	0.05	•	0.506
CONDUIT OBSTRUCTION	135	0.24 33.04	88	0.00 22.09	1.50	0.05	1.96	0.506 0.003
Congenital anomaly Congenital heart disease	46	11.26	26	6.53	1.72	1.07	2.82	0.025
CONGENITAL, OTHER DYSRAPHISM	1	0.24	õ	0.00		0.05		0.506
CONJUNCTIVITIS	433	105.97	437	109.70	0.97	0.85	1.10	0.610
CONSTIPATION	72	17.62	86	21.59	0.82	0.60	1.12	0.204
CORNEA DISORDERS	9	2.20	7	1.76	1.25	0.46	3.∙55	0.665
COUGH	3	0.73	2	0.50	1.46	0.22	12.30	0.707
CROUP	146	35.73	160	40.16	0.89	0.71	1.11	0.307
CYST	5	1.22	4	1.00	1.22	0.31	5.10	0.782
CYSTIC FIBROSIS	4	0.98	0	0.00 0.00	•	0.87 0.28	•	0.066
DENTAL CARIES	2 2	0.49 0.49	ŏ	0.00	•	0.28		0.256
DERMATITIS, SEBORRHEIC DEVELOPMENTAL DELAY	52	12.73	62	15.56	0.82	0.56	1.18	0.286
DIABETES	11	2.69	17	4.27	0.63	0.29	1.35	0.238
DRUG REACTION	21	5.14	27	6.78	0.76	0.42	1.34	0.345
DYSARTHRIA	0	0.00	1	0.25	0.00	0.00	18.52	0.494
DYSFUNCTION OF THE ANKLE	1	0.24	0	0.00	•	0.05		0.506
DYSLALIA	1	0.24	0	0.00	-	0.05	•	0.506
DYSPEPSIA	1	0.24	1	0.25	0.97	0.02	38.02	0.987
DYSTHYMIA	_ 1	0.24	0	0.00		0.05		0.506
ECZEMA	140	34.26	156	39.16	0.87	0.70	1.10	0.252
ELECTIVE SURGERY	52	12.73	25	6,28	2.03	1.27	3.31	0.003
ENCOPRESIS ENCOPURATIONS	6 1	1.47	0	0.25 0.00	5.85	0.86	135.48	0.075
Enophthalmos Enurésis	17	0.24 4.16	25	6.28	0.66	0.05 0.35	1.23	0.506 0.193
ENURESIS EPIDIDYMITIS/ORCHITIS	1	0.24	0	0.00		0.35	1.23	0.506
EPILEPSY	19	4.65	22	5.52	0.84	0.45	1.56	0.587
EPILEPSY - GENERALIZED ABSCENC	í	0.24	0	0.00		0.05		0.506
EPIPHORA	3	0.73	4	1.00	0.73	0.14	3.54	0.702

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30	1-30 days	91-120 days	91-120 days	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	days N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
EPISCLERITIS	0	0.00	1	0.25	0.00	0.00	18.52	0.494
EPISTAXIS	4	0.98	5	1.26	0.78	0.19	3.08	0.726
ERYTHEMA MULTIFORME	0	0.00	1	0.25	0.00	0.00	18.52	0.494
ESOPHAG.	1	0.24	0	0.00	•	0.05		0.506
ESOPHORIA	2	0.49	2	0.50	0.97	0.10	9.36	0.981
EUSTACHIAN	79	19.33	81	20.33	0.95	0.70	1.30	0.751
EXOPHORIA	0	0.00 0.24	3 0	0.75	0.00	0.00 0. 0 5	1.67	0.120
EXOSTOSIS FEBRILE ILINESS	72	17.62	75	996 990	1.56	1.08	2.28	0.506 0.018
FOLLICULITIS	1	0.24		0.25	0.97	0.02	38.02	0.987
FOOD ALLERGY	12	2.94	6	1.51	1.95	0.74	5.63	0.184
FOOT DISORDER	5	1.22	3	0.75	1.62	0.38	8.26	0.530
FOREIGN BODY, EYE	ī	0.24	0	- 0.00		0.05	8	0.506
FRACTURE-LOWER EXTREMITY	1	0.24	0	0.00	•	0.05	-	0.506
FUNGAL INFECTION	0	0.00	2	0.50	0.00	0.00	3.39	0.244
GAIT ABNORMALITIES - SPASTIC	1	0.24	2	0.50	0.49	0.02	6.41	0.611
GAIT ABNORMALITIES - WEAKNESS	1	0.24	1	0.25	0.97	0-,02	38.02	0.987
GANGLION - WRIST/HAND	ī	0.24	0	0.00	4 00	0.05		0.506
GASTRITIS	5 0	1.22 0.00	1	0.25 0.25	4.87 0.00	0.67 0.00	115.99	0.132
GI BLEEDING GLAUCOMA	1	0.24	i	0.25	0.97	0.00	18.52 38.02	0.494 0.987
GOITER	i	0.24	ō	0.00	0.5	0.05	36.02	0.506
HAY FEVER	167	40.87	171	42.92	0.95	0.77	1.18	0.653
HEAD & NECK - ENT PROB. NOS	3	0.73	4	1.00	0.73	0.14	3.54	0.702
HEADACHE	30	7.34	38	9.54	0.77	0.47	1.24	0.286
HEALTHCARE CLASS	12	2.94	18	4.52	0.65	0.30	1.35	0.252
HEARING LOSS	31	7.59	44	11.04	0.69	0.43	1.09	0.109
HEART BLOCK	2	0.49	. 1	0.25	1.95	0.15	57.52	0.639
HEART MINING	20	4.89		1.76		1.21	7.08	0.015
HEMATURIA	0	0.00	3 3	0.75	0.00	0.00	1.67	0.120
HEMOGLOBINOPATHY HERPES (SIMPLEX / ZOZTER) - COR	6 2	1.47 0.49	1	0.75 0.25	1.95 1.95	0.49 0.15	9.54 57.52	0.363
HISTIOCYTOSIS	ı	0.24	î	0.25	0.97	0.02	38.02	0.639 0.987
HOARSENESS	4	0.98	5 ·	1.26	0.78	0.19	3.08	0.726
HSV	i	0.24	ō	0.00	•	0.05	2.00	0.506
HYDROCEPHALUS	4	0.98	4	1.00	0.97	0.22	4.32	0.972
HYDRONEPHROSIS	2	0.49	2	0.50	0.97	0.10	9.36	0.981
Hypertension	0	0.00	1	0.25	0.00	0.00	18.52	0.494
HYPOTHYROIDISM - ACQUIRED / OT	1	0.24	0	0.00	•	0.05	•	0.506
HYPOTHYROIDISM - AUTOIMMUNE	1_	0.24	0	0.00		0.05	•	0.506
IDDM	6	1.47	9	2.26	0.65	0.22	1.85	0.426
IDENTITY DISORDER	1 129	0.24 31.57	0 143	0.00	0.88	0.05	′	0.506
IMPETIGO INCONTINENCE URGE	129	0.24	143	35.90 0.25	0.97	0.69 0.02	1.12 38.02	0.291 0.987
INFECTION/HAND	i	0.24	ō	0.00	0.51	0.05	30.02	0.506
INFECTIOUS DIS. NOS	ō	0.00	ĭ	0.25	0.00	0.00	18.52	0.494
INFESTATION	37	9.06	33	8.28	1.09	0.68	1.76	0.712
INFLUENZA	1	0.24	0	0.00	•	0.05		0.506
INSECT BITE(S)	64	15.66	60	15.06	1.04	0.73	1.48	0.828
IRRITABLE BOWEL SYNDROME	2	0.49	2	0.50	0.97	0.10	9.36	0.981
JUVENILE RHEUM. ARTHRITIS	1	0.24	2	0.50	0.49	0.02	6.41	0.611
KAWASAKI'S DISEASE	0	0.00	2	0.50	0.00	0.00	3.39	0.244
KELOID/HYPERTROPHIC SCAR	2	0.49	3 🗿	0.75	0.65	0.08	4.37	0.668
KERATITIS	0	0.00	1 5	0.25	0.00	0.00	18.52	0-494
KERATOSIS-PILARIS KNEE/THIGH_DYSFUNCTION	2 1	0.49 0.24	1	1.26 0.25	0.39 0.97	0.05	1.98	0.275
LACRIMAL SYSTEM DISORDERS	4	0.98	4 .	1.00	0.97	0.02 0.22	38.02 4.32	0.987 0.972
LEARNING DISABILITIES	3	0.73	ō	0.00	0.97	0.22	4.32	0.972
LENS, DISORDERS OF	ĭ	0.24	ŏ	0.00	:	0.05	:	0.506
LICHEN SIMPLEX CHR./PRURIGO NO	ī	0.24	õ	0.00	•	0.05	:	0.506
LIPOMA	ï	0.24	1	0.25	0.97	0.02	38.02	0.987
MASTOIDITIS/CHRONIC	0	0.00	1	0.25	0.00	0.00	18.52	0.494
MENTAL RETARDATION	3	0.73	5	1.26	0.58	0.12	2.53	0.486
METAB. MYOPATHIES	1	0.24	0	0.00	•	0.05	=	0.506

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30 days	1-30 days	91-120 days	91-120 days	Relative Risk	95% CI Lower	95% CI	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Upper Bound	(Mid-Prob.)
METABOLIC LIVER DISEASE - OTHE	1	0.24	0	0.00		0.05		0.506
METATAREUS ADDUCTUS	9	2,20	1	0.25	8.77	1.44	193.96	0.013
MILIA	ï	0.24	4	1.00	0.24	0.01	1.94	0.209
MOLLUSCUM CONTAGIOSUM	24	5.87	13	3.26	1.80	0.92	3.64	0.086
MONILIA	41	10.03	38	9.54	1.05	0.68	1.64	0.824
	7î	0.24	20	0.00		0.05	1.04	
MORPHEA/LSETA					• • • • • • • • • • • • • • • • • • • •		:	0.506
MUSC./SKELETAL PAIN	90	22.03	113	28.37	0.78	0.59	1.02	0.073
MUSCULAR DYSTROPHY	1	0.24	0	0.00	•	0.05	•	0.506
NASAL	Q	0.00	1	0.25	0.00	0.00	18.52	0.494
NECK/PHARYNX/LARYNX, TRAUMATIC	1	0.24	0	0.00		0.05		0.506
NEPHRITIS / NEPHROSIS	6	1.47	4	1.00	1.46	0.40	5.88	0.575
NEUROFIBROMATOSIS	i	0.24	1	0.25	0.97	0.02	38.02	0.987
NEUROLOGICAL, GENERAL DISORDER	5	1.22	4	1.00	1.22	0.31	5.10	0.782
	8		8					
NEUROMUSC DISORDER		1.96		2.01	0.97	0.35	2.69	0.960
NEUROPHTHALMOLOGICAL DISORDER	3	0.73	5	1.26	0.58	0.12	2.53	0.486
OBESITY	8	1.96	12	3.01	0.65	0.25	1.60	0.354
OCULAR	9	2.20	6	1.51	1.46	0.51	4.41	0.484
ONYCHOCRYPTOSIS	3	0.73	1	0.25	2.92	0.31	77.01	0.388
ONYCHOLYSIS	2	0.49	0	0.00		0.28	_	0.256
OPTIC NERVE DISORDER	4	0.98	4	1.00	0.97	0.22	4.32	0.972
ORTHO, PROB. NOS	õ	0.00	1	0.25	0.00	0.00	18.52	0.494
			Ō		0.00		10.32	
OTHER ILL DEFINED COND.	1	0.24		0.00	•	0.05	-	0.506
OTHER NEUROPATHIES	1	0.24	0	0.00	***************************************	0.05		0.506
OTITIS EXTERNA	129	31.57	90	22.59	1.40	1.07	1.83	0.014
OTITIS MEDIA	2373	580.76	2799	702.61	0.63	0.78	987	<0.001
PACEMAKER -	2	0.49	1	0.25	1.95	0.15	57.52	0.639
PAIN	2	0.49	0	0.00		0.28		0.256
PAIN-UPPER EXTREMITY	ī	0.24	Ö	0.00		0.05	•	0.506
	î		ő		•		•	
PANHYPOPITUITARISM		0.24		0.00 _		0.05	:	0.506
Pat-Fem Synd	1	0.24	1	0.25	0.97	0.02	30.02	0.987
PENIS - MEATAL STENOSIS	2	0.49	0	0.00	•	0.28		0.256
PHARYNGITIS	775	189.67	907	227.68	0.83	0.76	0.92	<0.001
PHIMOSIS	11	2.69 -	11	2.76	0.97	0.41	2.30	0.953
PINGUECULA	1	0.24	0	0.00	60	0.05		0.506
PITYRIASIS ROSEA	4	0.98	ŏ	0.00		0.87	•	0.066
PLANTAR FASCIITIS	Ö	0.00	i	0.25	0.00	0.00	10 50	
							18.52	0.494
PNEUMONIA	79	19.33	87	21.84	0.89	0.65	1.20	0.434
PNEUMONIA, RECURRENT	0	0.00	1	0.25	0.00	0.00	18.52	0.494
POST-OP CARE	76	18.60	67	16.82	1.11	0.80	1.54	0.550
POST-OP COMPLICATION	2	0.49	1	0.25	1.95	0.15	57.52	0.639
PRE-OP	47	11.50	60	15.06	0.76	0.52	1.12	0.167
PREMATURITY	2	0.49	1	0.25	1.95	0.15	57.52	0.639
PSORIASIS	3	0.73	2	0.50	1.46	0.22	12.30	0.707
	295	72.20	315	79.07	0.91	0.78		
PSYCHOLOGICAL PROBLEM							1.07	0.262
PTOSIS		0.24	1 2	0.25	0.97	0.02	38.02	0.987
R/O SEPSIS	12	2.94		0.50	5,85	1.48	38.52	0.008
RADICULOPATHY	1	0.24	Ö	0.00		0.05		0.506
RASH	351	85.90	337	84.59	1.02	0.87	1.18	0.841
SCAR	2	0.49	3	0.75	0.65	0.08	4.37	0.668
SCOLIOSIS	4	0.98	4	1.00	0.97	0.22	4.32	0.972
SEIZURE, FEBRILE	ŝ	0.73	ž	0.50	1.46	0.22	12.30	0.707
· ·	27	6.61	36					
SEIZURES				9.04	0.73	0.44	1.20	0.220
SEIZURES W OR W/O FEVER	30	7.34	37	9.29	0.79	0.48	1.28	0.341
SHONE COMPLEX	1	0.24	0	0.00	•	0.05		0.506
SHOULDER DYSFUNCTION	2	0.49	2	0.50	0.97	0.10	9.36	0.981
SICKLE CELL DS	1	0.24	1	0.25	0.97	0.02	38.02	0.987
SINGLE VENTRICLE	1	0.24	ō	0.00		0.05		0.506
SINUSITIS	351	85.90	430	107.94	0.80	0.69	0.92	0.001
	TOTAL STATE		2000 M		Mr. 1899		4.00	
SKELETAL MALOCCLUSION	1	0.24	0	0.00		0.05		0.506
SKIN/SUBCUT/TENDON/JOINT ABSCE	0	0.00	1	0.25	0.00	0.00	18.52	0.494
SKULL/SCALP/FOREHEAD INFECTION	1	0.24	0	0.00	•	0.05	•	0.506
SOFT TISSUE DIS	3	0.73	1	0.25	2.92	0.31	77.01	0.388
SOLITARY THYROID NODULE	1	0.24	0	0.00		0.05	-	0.506
STOMATITIS	4.5	11.01	38	9.54	1.15	0.75	1.79	0.517
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Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30 days	1-30 days	91-120 days	91-120 days	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound		
niagnosis	14	Race	N	Rate	ESLIMACE	Bound	Bound	(Mid-Prob.)
SYNCOPE	1	0.24	0	0.00	•	0:05	•	0.506
THROMBOCYTOPENIA	3	0.73	3	0.75	0.97	0.17	5.67	0.976
THYROID DISORDER	0	0.00	1	0.25	0.00	0.00	18.52	0.494
TINEA INFECTION	84	20.56	88	22.09	0.93	0.69	1.26	0.638
TMJ SYNDROME	1	0.24	0	0.00		0.05		0.506
TONSILLITES	35	8.57	18	4.52	1.90	1.08	3.42	0.025
TOURETTE'S DISORDER	ĩ	0.24	í	0.25	0.97	0.02	38.02	0.987
TRAUMA	496	121.39	421	105.68	1.35	1.01	1.31	0.036
TRIGGER FINGER	3	0.73	1	0.25	2.92	0.31	77.01	0.388
TRUNK, ACQUIRED DEFORMITY	1	0.24	0	0.00		0.05		0.506
TYMPANIC MEMBRANE PERFORATION	9	2.20	10	2.51	0.88	0.34	2.21	0.782
ULCERS / SKIN	1	0.24	1	0.25	0.97	0.02	38.02	0.987
UNSPEC. DIS. INTESTINE	ō	0.00	1	0.25	0.00	0.00	18.52	0.494
UNSPECIF. D/O URIN. TRACT	0	0.00	1	0.25	0.00	0.00	18.52	0.494
UPPER EXTREMITY, FLEXOR TENDON	1	0.24	0	0.00	•	0.05		0.506
URETER REFLUX	9	2.20	3	0.75	2.92	0.83	13.39	0.101
URETHRA - HYPOSPADIAS	2	0.49	0	0.00		0.28		0.256
URI:	21.67	530.34	2683	673.49	0.79	0.74	0.83	<0.001
UTI	86	21.05	94	23.60	0.89	0.66	1.20	0.445
VAGINITIS/VAGINOSIS	50	12.24	58	14.56	0.84	0.57	1.23	0.369
VALVULAR HEART DISEASE	26 35	3.92	1	0.25	15.60	2.81	330.40	<0.001
VARICELIA	35	8.57	4	1.00	8.53	3.28	28.17	<0.001
VENOM ALLERGY	ĩ	0.24	ĩ	0.25	0.97	0.02	38.02	0.987
VENOUS STASIS ULCERATION	1	0.24	0	0.00		0.05		0.506
VIRAL SYNDROME	707	173.03	819	205.59	0.84	0.76	0.93	0.601
VISION PROBLEM	549	134.36	345	86.60	1.55	136	1.78	<0.001
VISUAL LOSS	3	0.73	5	1.26	0.58	0.12	2.53	0.486
VITILIGO	3	0.73	2	0.50	1.46	0.22	12.30	0.707
VITREOUS DISORDER	1	0.24	Ō	0.00		0.05		0.506
VOCAL	1	0.24	Ō	0.00	200	0.05	-	0.506
VSD	ī	0.24	ō	0.00	•	0.05	-	0.506
WARTS	73	17.87	BÖ	20.08	0.89	0.65	1.22	0.471
WELL CARE	1746	427.31	1706	428.24	1.00	0.93	1.07	0.949
*Total	10524	2575.60	10924	2742.17	0.94	0.91	0.96	<0.001

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Appendix II-3 Line Summaries - 13-18 Years

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Varicella Vaccine Safety Analysis: Hospitalizations 13-17 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 31-90 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0-60 days Rate	31-90 days before N	31-90 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Acute Gastroenteritis	0	0.00	1	3.22	0.00	0.00	13.70	0.419
Asthma	2	4.64	1	3.22	1.44	0.11	42.55	0.816
Congenital Anomaly	0	0.00	2	6.44	0.00	0.00	2.50	0.176
Elective Procedure	2	4.64	3	9.66	0.48	0.06	3.23	0.453
Otitis Media	0	0.00	2	6.44	0.00	0.00	2.50	0.176
Pregnancy	0	0.00	2	6.44	0.00	0.00	2.50	0.176
Psychiatric	1	2.32	0	0.00	•	0.04		0.581
Seizure, Febrile	0	0.00	1	3.22	0.00	0.00	13.70	0.419
Seizure, Type Unk.	1	2.32	0	0.00		0.04		0.581
Trauma	4	9.29	2	6.44	1.44	0.26	11.26	0.710
*Total	10	23.22	13	41.85	0.55	0.24	1.28	0.166

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Varicella Vaccine Safety Analysis: Hospitalizations 13-17 Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0-60 days Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Abscess	0	0.00	1	3.72	0.00	0.00	11.86	0.384
Asthma	2	4.64	0	0.00		0.18		0.379
Congenital Anomaly	0	0.00	1	3.72	0.00	0.00	11.86	0.384
Elective Procedure	2	4.64	1	3.72	1.25	0.09	36.83	0.904
Poisoning/Ingestion	0	0.00	1	3.72	0.00	0.00	11.86	0.384
Psychiatric	1	2.32	2	7.44	0.31	0.01	4.10	0.386
Seizure, Type Unk.	1	2.32	0	0.00	•	0.03		0.616
Trauma	4	9.29	1	3.72	2.50	0.31	61.80	0.453
*Total	10	23.22	6	22.31	1.04	0.38	3.09	0.955

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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IR#0149_000064

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

		0.30	31-60	31-60	D-1-4	252 07	550 67	
	0-30	0-30	days	days	Relative	95% CI	95% CI	
	days	days	before	before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	'N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
- 0			_					
Abscess	1	4.13	2	12.88	0.32	0.01	4.21	0.398
Acute Gastroenteritis	3	12.38	4	25.75	0.48	0.09	2.33	0.359
Allergic incl Angioedema	1	4.13	1	6.44	0.64	0.02	24.99	0.781
Allergic not incl Angioedema	1	4.13	1	6.44	0.64	0.02	24.99	0.781
Arthropathy	1	4.13	0	0.00	•	0.03	•	0.609
Asthma	3	12.38	1	6.44	1.92	0.20	50.61	0.630
Bronchiolitis	1	4.13	1	6.44	0.64	0.02	24.99	0.781
Cerebral Palsy	0	0.00	1	6.44	0.00	0.00	12.17	0.391
Congenital Anomaly	0	0.00	1	6.44	0.00	0.00	12.17	0.391
Conjunctivitis	1	4.13	0	0.00		0.03		0.609
Epilepsy	0	0.00	1	6.44	0.00	0.00	12.17	0.391
Irritable Bowel Syndrome	1	4.13	0	0.00		0.03		0.609
Migraine	1	4.13	0	0.00		0.03		0.609
Otitis Media	1	4.13	1	6.44	0.64	0.02	24.99	0.781
Pleuritis	1	4.13	0	0.00		0.03		0.609
Poisoning/Ingestion	2	8.25	1	6.44	1.28	0.10	37.80	0.888
Renal Colic	1	4.13	0	0.00		0.03		0.609
Seizure, Febrile	0	0.00	1	6.44	0.00	0.00	12.17	0.391
Trauma	31	127.89	24	154.52	0.83	0.49	1.42	0.487
URI	1	4.13	0	0.00		0.03	_	0.609
UTI	2	8.25	2	12.88	0.64	0.07	6.15	0.677
Viral Syndrome	ō	0.00	ī	6.44	0.00	0.00	12.17	0.391
*Total	51	210.41	40	257.54	0.82	0.54	1.24	0.340

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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IR#0149_000066

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	0-30 days	0-30 days	91-120 days	91-120 days	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	Ň	Rate	Ñ	Rate	Estimate	Bound	Bound	(Mid-Prob.)
Abscess	1	4.13	1	7.15	0.58	0.01	22.49	0.732
Acute Gastroenteritis	3	12.38	1	7.15	1.73	0.18	45.55	0.697
Allergic incl Angioedema	1	4.13	0	0.00		0.03	-	0.634
Allergic not incl Angioedema	1	4.13	0	0.00		0.03		0.634
Arthropathy	1	4.13	0	0.00		0.03	•	0.634
Asthma	3	12.38	1	7.15	1.73	0.18	45.55	0.697
Bronchiolitis	1	4.13	0	0.00		0.03		0.634
Conjunctivitis	1	4.13	1	7.15	0.58	0.01	22.49	0.732
Elective Procedure	0	0.00	1	7.15	0.00	0.00	10.96	0.366
Headache	0	0.00	2	14.31	0.00	0.00	2.00	0.134
Ingrown toenail	0	0.00	1	7.15	0.00	0.00	10.96	0.366
Irritable Bowel Syndrome	1	4.13	Ō	0.00		0.03	10.50	0.634
Migraine	1	4.13	Ō	. 0.00		0.03	•	0.634
Otitis Media	1	4.13	2	14.31	0.29	0.01	3.79	0.352
Pharyngitis	0	0.00	1	7.15	0.00	0.00	10.96	0.366
Pleuritis	i	4.13	ō	0.00		0.03	10.50	0.634
Poisoning/Ingestion	2	8.25	3	21.46	0.38	0.05	2.59	0.323
Renal Colic	1	4.13	ō	0.00	0.50	0.03	2.39	0.634
Syncope/LOC	ō	0.00	2	14.31	0.00	0.00	2.00	0.134
Trauma	31	127.89	15	107.30	1.19	0.65	2.27	0.134
URI	ī	4.13	ō	0.00	1.17	0.03	2.21	0.634
UTI	2	8.25	ŏ	0.00	•	0.17	•	
*Total	51	210.41	31	221.76	0.95	0.61	1.50	0.402 0.811

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

	1-30	1-30	31-60 days	31-60 days	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	before N	before Rate	Risk Estimate	Lower Bound	Upper Bound	P-Value (Mid-Prob.)
ABDOMINAL PAIN	9	38.42	8	51.51	0.75	0.28	2.01	0.551
ABSCESS	7	29.88	4	25.75	1.16	0.34	4.52	0.836
ACCOMMODATIVE DISORDER	1	4.27	0	0.00		0.03		0.601
ACNE	38	162.20	30	193.15	0.84	0.52	1.37	0.475
ADENITIS	2	8.54	1	6.44	1.33	0.10	39.11	0.867
AGE	3	12.81	4	25.75	0.50	0.09	2.41	0.382
ALLERGIC REACT W OR W/O HIVES	4	17.07	4	25.75	0.66	0.15	2.94	0.574
ALLERGIC REACTION (INC. HIVES)	4	17.07	4	25.75	0.66	0.15	2.94	0.574
ALLERGIC RHINITIS	11	46.95	7	45.07	1.04	0.40	2.85	0.947
ALOPECIA	1	4.27	0	0.00	•	0.03		0.601
APLASTIC ANEMIA	1	4-27	0	0.00		0.03		0.601
APNEA	1	4.27	0	0.00		0.03	•	0.601
ARTHRALGIA / ARTHRITIS	1	4.27	3	19.32	0.22	0.01	2.07	0.203
ARTHRALGIA NON-SPECIFIC	1	4.27	0	0.00		0.03		0.601
ASTHMA	29	123.78	29	186.71	0.66	0.39	1.11	0.120
ATROPHY OF TESTIS	1	4.27	0	0.00	. •	0.03		0.601
ATTENTION DEF. DIS.	5	21.34	2	12.88	1.66	0.33	12.34	0.583
BACK PAIN	5	21.34	3	19.32	1.10	0.26	5.62	0.915
BREAST - MASTITIS, ABSCESS	0	0.00	1	6.44	0.00	0.00	12.60	0.399
BREAST CONCERNS	0	0.00	3	19.32	0.00	0.00	1.14	0.063
BRONCHIOLITIS	10	42.68	4	25.75	1.66	0.53	6.10	0.409
BRONCHIOLITIS W PNEUMONIA	2 5	8.54	8	51.51	0.17	0.02	0.72	0.014
CANCER		21.34	1	6.44	3.31	0.46	78.87	0.283
CATARACT	1	4.27	1	6.44	0.66	0.02	25.86	0.797
CELLULITIS	1	4.27	3	19.32	0.22	0.01	2.07	0.203
CEREBRAL PALSY	1	4.27	Ō	0.00	•	0.03	•	0.601
CHRONIC RENAL FAILURE	1	4.27	0	0.00	•	0.03	•	0.601
CONGENITAL ANOMALY	13	55.49	9	57.95 🖖	0.96	0.41	2.33	0.912
CONGENITAL HEART DISEASE	4	17.07	1	6.44	2.65	0.33	65.62	0.418
CONJUNCTIVITIS	5	22.34	11	70.82	0.30	0.09	985	0.023
CONSTIPATION		8.54	1	6.44	1.33	0.10	39.11	0.867
CONTACT DERMATITIS	0	0.00.	1	6.44	0.00	0.00	12.60	0.399
CONTRACEPTION COUNSELING	3	12.81	4	25.75	0.50	0.09	2.41	0.382
CORN/CLAVUS/CALLUS	1	4.27	0	0.00	•	0.03	•	0.601
CORNEA DISORDERS	2	8.54	0	0.00	. .	0.19		0.362
COUGH	1	4.27	1	6.44	0.66	0.02	25.86	0.797
CYST	5	21.34	2	12.88	1.66	0.33	12.34	0.583
CYSTIC FIBROSIS	1	4.27	0	0.00		0.03		0.601
DIABETES	3	12.81	4	25.75	0.50	0.09	2.41	0.382
DJD - WRIST/HAND	1	4.27	0	0.00	•	0.03		0.601
DRUG INTOX	1	4.27	0	0.00	•	0.03		0.601
DRUG REACTION	В	34.15	В	51.51	0.66	0.24	1.83	0.420
DYSFUNCTION OF THE CERVICAL SP	1	4.27	0	0.00	-	0.03		0.601
DYSFUNCTION OF THE LUMBOSACRAL	1	4.27	0	0.00	•	0.03	-	0.601
DYSFUNCTIONAL UTERINE BLEEDING DYSMENORRHEA	1	4.27	0	0.00	-	0.03		0.601
DYSTHYMIA	1	4.27	0	0.00	•	0.03	-	0.601
ECZEMA	2	8.54	1	6.44	1.33	0.10	39.11	0.867
	6	25.61	2	12.88	1.99	0.42	14.32	0.426
ELECTIVE SURGERY	2	8.54	1	6.44	1.33	0.10	39.11	0.867
EPILEPSY	1	4.27	1	6.44	0.66	002	25.86	0.797
EPISTAXIS EUSTACHIAN	2	8.54	1	6.44	1.33	0.10	39.11	0.867
	1	4.27	3	19.32	0.22	0.01	2.07	0.203
EXOPHORIA	0	0.00	1	6.44	0.00	0.00	12.60	0.399
FOLLICULITIS	2	8.54	1	6.44	1.33	0.10	39.11	0.867
FOOD ALLERGY	1 0	4.27	0	0.00		0.03		0.601
FOOT DISORDER	3	12.81	0	0.00	•	0.39		0.217
GANGLION - WRIST/HAND	1	4.27	0	0.00	•	0.03	•	0.601
GASTRITIS HAY FEVER	0	0.00	1	6.44	0.00	0.00	12.60	0.399
	v	21.34	14	90.14	6.24	0.08	0.64	0.004
HEAD & NECK - ENT PROB. NOS	1	4.27	0	0.00	-	0.03	*	0.601
HEADACHE	11	46.95	6	38.63	1.22	0.45	3.55	0.720
HEALTHCARE CLASS	1	4.27	1	6.44	0.66	0.02	25.86	0.797
HEART MURMUR	0	0.00	2	12.88	0.00	0.00	2.30	0.159

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

			31-60	31-60				
	1-30	1-30	days	days	Relative	95% CI	95% CI	
	days	days	before	before	Risk	Tower	Upper	P-Value
Diagnosis	Ň	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
							Dound	,u
HIP/KNEE/ANKLE PAIN	2 1	8.54	1	6.44	1.33	0.10	39.11	0.867
HYDROCEPHALUS	1	4.27	0	0.00	•	0.03		0.601
HYPERTENSION, SECONDARY	i	4.27 21.34 8.54 8.54 8.54 4.27 12.81 0.00 12.81 8.54 4.27 4.27 4.27 4.27 4.27 4.27 4.27 4.2	0	0.00		0.03	-	0.601
IMPETIGO	5	21.34	1	6.44	3.31	0.46	78.87	0.283
INFESTATION	2	8.54	0	0.00		0.19		0.362
INSECT BITE(S)	2	8.54	1	6.44	1.33	0.10	39.11	0.867
IRREG. MENSTRUAL CYCLE	2	8.54	0	0.00	•	0.19	•	0.362
IRRITABLE BOWEL SYNDROME KELOID/HYPERTROPHIC SCAR		4.27	0	0.00	_ •	0.03	10	0.601
KERATITIS / ULCER	3	12.81	1	6.44	1.99	0.21	52.37	0.608
KERATOSIS-PILARIS	9	8.54 4.27 12.81 0.00 12.81	1	6.44	0.00	0.00	12.60	0.399
KNEE/THIGH DYSFUNCTION	3 2	12.01	2	6.44	1.99	0.21	52.37	0.60B
LARYNGITIS	1	4 27	0	12.88	0.66	0.07	6.37	0.700
LEARNING DISABILITIES	i	4.27	ŏ	0.00		0.03	50	0.601
		4.27	ŏ	0.00		0.03 0.03	. 19	0.601
LIGAMENT SPRAIN - HAND	1	4.27	ŏ	0.00		0.03	100	0.601
LIPOMA	ī	4-27	č	0.00	-	0.03	(50	0.601
LYMPHEDEMA	ī	4.27	ŏ	0.00		0.03	3.5	0.601
MASS/LIPOMA/CYST	ī	4.27	ŏ	0.00		0.03		0.601 0.601
MENTAL RETARDATION	ō	0.00	i	6.44	0.00	0.00	12.60	0.399
MILIA	1	4.27	ō	0.00		0.03	12.00	0.501
MOLLUSCUM CONTAGIOSUM	1	4.27	0	0.00	•	0.03	•	0.601
MONILIA MUSC./SKELETAL PAIN NASAL HYPERPLASIA	1	4.27	0	0.00	-	0.03	•	0.601
MUSC./SKELETAL PAIN	30	128.05	19	122.33	1.05	0.59	1.89	0.885
NASAL HYPERPLASIA	1	4.27	0	0.00	•	0.03	•	0.601
NASAL HYPERPLASIA NEUROLOGICAL, GENERAL DISORDER NEUROMUSC DISORDER	1	4 . 27	0	0.00		0.03	-	0.601
	0	0.00	1	6.44	0.00	0.00	12.60	0.399
OBESITY	3	12.81	9	57.95	0.22	0.05	0.78	0.018
ONYCHOCRYPTOSIS		12.81	0	0.00		0.39	•	0.217
ONYCHOMYCOSIS	. 0	0.00	1	6.44	0.00	0.00	12.60	0.399
OTITIS EXTERNA	1	4.27	7	45.07	G. G 9	0.00	0.61	0.009
OTITIS MEDIA PACEMAKER	38	76.83	26	167.40	0.46	0.25	084	0.011
PAIN	0	0.00	1	6.44	0.00	0.00	12.60	0.399
PAT-FEM SYND	3	4.27	0	0.00		0.03		0.601
PHARYNGITIS	40	12.81 170.74	2 26	12.88	0.99	0.15	8.36	0.976
PITYRIASIS ROSEA		4.27	0	167.40 0.00	1.02	0.62	1.69	0.945
PNEUMONIA	1 2	8.54	1	6.44	1.33	0.03		0.601
POST-OP CARE	2	8.54	Ď	0.00		0.10 0.19	39.11	0.867
POST-OP COMPLICATION	ĩ	4.27	ŏ	0.00	•	0.19	•	0.362
PRE-OP	3	12.81	š	19.32	0.66	0.11	3.86	0.601
PREGNANCY	ō	0.00	ĭ	6.44	0.00	0.00	12.60	0.630
PSYCHOLOGICAL PROBLEM	38	162.20	32	206.03	0.79	0.49	1.27	0.399 0.321
R/O PREGNANCY	0	0.00	1	6.44	0.00	0.00	12.60	0.399
R/O STD	2	8.54	2	12.88	0.66	0.07	6.37	0.700
RADICULOPATHY	1	4.27	0	0.00		0.03		0.601
RASH	21	89.64	9	57.95	1.55	0.72	3.55	0.277
SCAR	0	0.00	2	.12.88	0.00	0.00	2.30	0.159
SCOLIOSIS	2	8.54	4	25.75	0.33	0.04	1.87	0.218
SHOULDER DYSFUNCTION	0	0.00	2	12.88	0.00	0.00	2.30	0.159
SINUSITIS	24	102.44	20	128.77	0.80	0.44	1.46	0.452
SLEEP DISORDERS	0	0.00	1	6.44	0.00	0.00	12.60	0.399
SOFT TISSUE DIS	3	12.81	0	000		0.39		0.217
SPRAIN/STRAIN ANKLE STOMATITIS	1	4.27	0	0.00	•	0.03	•	0.601
	1	4 - 27	0	0.00	•	0.03		0.601
SYNCOPE TIMEA INFECTION	0 1	0.00	1	6.44	0-00	0.00	12.60	0.399
TMJ SYNDROME	i	4.27	6 0	38.63	0-11	0.00	0.75	0.020
TRAUMA	76	4.27		0.00	, , , , ,	0.03	:	0.601
ULCERATIVE COLITIS	1	324.40	44	283.29	1.15	0.79	1.67	0.478
URI	34	4.27 145.13	0 27	0.00	A	0.03	:	0.601
UTI	1	4.27	3	173.84 19.32	0.83	0.50	1.40	0.484
VAGINITIS/VAGINOSIS	4	17.07	3	19.32	0.22	0.01	2.07	0.203
	•	2	~	47.32	0.88	0.18	4.74	0.864

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days N	1-30 days Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
-								(
VALVULAR HEART DISEASE	2	8.54	0	0.00	•	0.19		0.362
VARICELLA	, 1	4.27	0	0.00	•	0.03		0.601
VIRAL SYNDROME	15	64.03	14	90.14	0.71	0.34	1.50	0.363
VISION PROBLEM	60	256.10	27	173.84	1.47	0.94	2.35	0.091
WARTS	10	42.68	10	64.38	0.66	0.27	1.63	0.366
WELL CARE	85	362.81	207	1332.75	0.27	0.21	0335	<0.001
*Total	508	2168.34	4.97	3199.88	068	0.60	0.77	<0.001

(ME) 70

^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

		///aces F		toon rears				
	1-30	1-30	91-120	91-120	Relative	95% CI	95% CI	
Diagnosis	days N	days	days	days	Risk	Lower	Upper	P-Value
DIAGNOSIS	N	Rate	Ŋ	Rate	Estimate	Bound	Bound	(Mid-Prob.)
ABDOMINAL PAIN	9	38.42	4	28.61	1.34	0.42	5.02	0.651
ABSCESS	7	29.88	2	14.31	2.09	0.46	14.67	0.379
ACCOMMODATIVE DISORDER	1	4.27	1	7.15	0.60	0.02	23.27	0.747
ACNE	38	162.20	27	193.15	0.84	0.51	1.39	0.488
ADENITIS	2	8.54	0	0.00		0.17		0.392
AGE	3	12.81	3	21.46	0.60	0.10	3.47	0.546
ALLERGIC REACT W OR W/O HIVES	4	17.07	2	14.31	1.19	0.21	9.32	0.875
ALLERGIC REACTION (INC. HIVES)	4	17.07	2	14.31	1.19	0.21	9.32	0.875
ALLERGIC RHINITIS	11	46.95	2	14.31	3.28	0.82	21.80	0.103
ALOPECIA	1	4.27	0	0.00		0.03	-	0.626
AMENORRHEA	0	0.00	1	7.15	0.00	0.00	11.34	0.374
APLASTIC ANEMIA	1	4.27	0	0.00		0.03		0.626
APNEA	1	4.27	1	7.15	0.60	0.02	23.27	0.747
ARTHRALGIA / ARTHRITIS	1	4.27	1	7.15	0.60	0.02	23.27	0.747
ARTHRALGIA NON-SPECIFIC	1	4.27	0	0.00		0.03		0.626
asthma	29	123.78	16	114.46	1.08	0.59	2.04	0.813
ATROPHY OF TESTIS	1	4.27	0	0.00		0.03		0.626
ATTENTION DEF. DIS.	5	21.34	3	21,46	0.99	0.23	5.05	0.973
AUTISM	0	0.00	1	7.15	0.00	0.00	11.34	0.374
BACK PAIN	5	21.34	1	7.15	2.98	0.41	70.99	0.337
BREAST CONCERNS	Ø	0.00	5	35.77	0.00	000	0.49	0.007
BRONCHIOLITIS	10	42.68	8	57.23	0.75	0.29	1.97	0.540
BRONCHIOLITIS W PNEUMONIA	2	8.54	3	21.46	0.40	0.05	2.68	0.341
CANCER	5	21.34	4	28.61	0.75	0.19	3.12	0.665
CATARACT	1	4.27	0	0.00		0.03		0.626
CELLULITIS	1	4.27	2	14.31	0.30	0.01	3.92	0.367
CEREBRAL PALSY	1	4.27	0	0.00		0.03	-	0.626
CHEST PAIN	٥	0.00	1	7.15	0.00	0.00	11.34	0.374
CHRONIC RENAL FAILURE	1	4.27	0	0.00		0.03		0.626
CONGENITAL ANOMALY	13	55.49	8	57.23	0.97	0.40	2.46	0.933
CONGENITAL HEART DISEASE	4	17.07	2	14.31	1.19	0.21	9.32	0.875
CONJUNCTIVITIS	5	21.34	3	21.46	0.99	0.23	5.05	0.973
CONSTIPATION	2	8.54	0	0.00	•	0.17		0.392
CONTACT DERMATITIS	0	0.00	1	7.15	0.00	0.00	11.34	0.374
CONTRACEPTION COUNSELING	3	12.81	3	21.46	0.60	0.10	3.47	0.546
CORN/CLAVUS/CALLUS	1	4.27	Ō	0.00		0.03	J. 1.	0.626
CORNEA DISORDERS	2	8.54	ō	0.00	:	0.17	•	0.392
COUGH	1	4 - 27	ŏ	0.00		0.03	•	0.626
CROHN'S DISEASE	0	0.00	1	7.15	0.00	0.00	11.34	0.374
CROUP	o	0.00	ī	7.15	0.00	0.00	11.34	0.374
CYST	5	21.34	ō	0.00		0.73	11.01	0.096
CYSTIC FIBROSIS	1	4.27	ī	7.15	0.60	0.02	23.27	0.747
DIABETES	3	12.81	ī	7.15	1.79	0.19	47.13	0.675
DJD - WRIST/HAND	1	4.27	ō	0.00		0.03	11.12	0.626
DRUG INTOX	1	4.27	2	14.31	0.30	0.01	3.92	0.367
DRUG REACTION	8	34.15	5	35.77	0.95	0.31	3.21	0.921
DYSFUNCTION OF THE CERVICAL SP	1	4.27	ō	0.00	•	0.03	3.21	0.626
DYSFUNCTION OF THE LUMBOSACRAL	ī	4.27	ŏ	0.00	:	0.03		0.626
DYSFUNCTIONAL UTERINE BLEEDING	1	4.27	ō	0.00	•	0.03	•	0.626
DYSMENORRHEA	1	4.27	1	7.15	0.60	0.02	23.27	0.747
DYSTHYMIA	2	8.54	ō	0.00		0.17	23121	0.392
ECZEMA.	6	25.61	ž	14.31	1.79	0.38	12.89	0.509
ELECTIVE SURGERY	2	8.54	ā	0.00		0.17	14.05	0.392
EPILEPSY	ī	4.27	ŏ	0.00		0.03	•	0.626
EPISTAXIS	2	8.54	ō	0.00	•	0.17	•	
EUSTACHIAN	i –	4.27	ō	0.00		0.03	•	0.392 0.626
EUTHYROID	õ	0.00	ī	7.15	0.00	0.00	11.34	
FATIGUE	ŏ	0.00	2	14.31	0.00	0.00		0.374
FOLLICULITIS	ž	8.54	ō	0.00	•	0.17	2.07	0.140
FOOD ALLERGY	ĩ	4.27	ŏ	0.00	•	0.17	-	0.392
FOOT DISORDER	3	12.81	1	7.15	1.79		47 12	0.626
GANGLION - WRIST/HAND	ĭ	4.27	ō	0.00	1./3	0.19	47.13	0.675
HAY FEVER	5	21.34	6	42.92	0.50	0.03	1 30	0.626
HEAD & NECK - ENT PROB. NOS	1	4.27	Ö	0.00		0.14	1.70	0.262
	-	7.4	U	0.00	-	0.03	*	0.626

Diagnosis	1-30 days N	1-30 days Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.
HEADACHE	.,	45.05	- -	**		_	bound	(1114-1100.
HEALTHCARE CLASS	11 1	46.95 4.27	8	57.23	0.82	0.33	2.14	0.668
HEARING LOSS	ō	0.00	2 2	14.31	0.30	0.01	3.92	0.367
HERPES - CORNEA	ŏ	0.00	1	14.31 7.15	0.00	0.00	2.07	0.140
HIP/KNEE/ANKLE PAIN	ž	8.54	i	7.15	0.00	0.00	11.34	0.374
UVDDOCEDURTIE	-	4.27	ō	0.00	1.19	0.09 0.03	35.20	0.931
HYPERTENSION, SECONDARY	ī	4.27	ŏ	0.00	•	0.03	•	0.626
IDDM	ō	0.00	í	7.15	0.00	0.00	11.34	0.626
IMPETIGO	5	21.34	2	14.31	1.49	0.29	11.10	0.374 0.674
INFESTATION	2	8.54	1	7.15	1.19	0.09	35.20	0.874
INSECT BITE(S)	5 2 2 2 1 3 3 2	8.54	0	0.00	•	0.17	30.20	0.392
IRREG. MENSTRUAL CYCLE	2	8.54	1	7.15	1.19	0.09	35.20	0.931
IRRITABLE BOWEL SYNDROME	1	4.27	2	14.31	0.30	0.01	3.92	0.367
KELOID/HYPERTROPHIC SCAR	3	12.81	0	0.00		0.35		0.246
KERATOSIS-PILARIS	3	12.81	D	0.00	•	0.35		0.246
KNEE/THIGH DYSFUNCTION	2	8.54	1	7.15	1.19	0.09	35.20	0.931
LARYNGITIS	1	4.27	Ō	0.00	•	0.03		0.626
LEARNING DISABILITIES LENTIGO	1	4.27	0	0.00	•	0.03		0.626
LICHEN SIMPLEX CHR.	0	0.00	1	7.15	0.00	0.00	11.34	0.374
LIGAMENT SPRAIN - HAND	1 0 1 1	4.27	0	0.00		0.03		0.626
LIPOMA	1	4.27 4.27	0	0.00		0.03	*	0.626
LYMPHEDEMA	i	4.27	0	0.00	18	0.03	×	0.626
MASS/LIPOMA/CYST	i	4.27	Ö	0.00	2.4	0.03		0.626
MILIA	i	4.27	ŏ	0.00 0.00	•	0.03		0.626
MOLLUSCUM CONTAGIOSUM	1 1 0 30	4.27	ő	0.00	3.8	0.03		0.626
MONILIA	ī	4.27	ŏ	0.00		0.03 0.03		0.626
MONONUCLEOSIS	ō	0.00	ĭ	7.15	0.00	0.00	11 2	0.626
MUSC./SKELETAL PAIN	30	128.05	15	107.30	1.19	0.65	11.34 2.27	0.374
NASAL HYPERPLASIA	1	4.27	ō	0.00	1.13	0.03	2.21	0.587
NECK PAIN	0	0.00	ī	7.15	0.00	0.00	11.34	0.626 0.374
NECK PAIN NEUROLOGICAL, GENERAL DISORDER OBESITY	1	4.27	0	0.00		0.03	-1.31	0.626
OBESITY	3	12.81	0	0.00	•	0.35	•	0.246
ONYCHOCRYPTOSIS OTITIS EXTERNA OTITIS MEDIA PAIN PAT-FEM SYND PHARYNGITIS PITYRIASIS ROSEA PNEUMONIA POST-OP CARE	3	12.81	O	0.00		0.35	:	0.246
OTITIS EXTERNA	1	4.27	4	28.61	0.15	0.01	1.19	0.076
OTITIS MEDIA	18	76.83	19	135.92	0.57	0.29	1.09	0.086
PAIN	1	4.27	2	14.31	0.30	0.01	3.92	0.367
PAT-FEM SYND PHARYNGITIS	3	12.81	_3	21.46	0.60	0.10	3.47	0.546
PITYRIASIS ROSEA	40	170.74	21	150.23	1.14	0.67	1.96	0.644
PNEUMONIA	7	4.27 8.54	0	0.00	. •	0.03	•	0.626
POST-OP CARE	2	8.54	1 0	7.15	1.19	0.09	35.20	0.931
POST-OP COMPLICATION	i	4.27	ő	0.00 0.00	*3	0.17	37	0.392
PRE-OP	3	12 81	1	7 15	1.79	0.03		0.626
BREGNANCY	ő	0.00		28.61	0.00	0.19	47.13	0.675
PSORIASIS	ô	0.00	4 1	7.15	0.00	0.00	0.67	0020
PSYCHOLOGICAL PROBLEM	38	162.20	31	221.76	0.73	0.45	11.34 1.18	0.374
R/O STD	2	8.54	6	42.52	0.20	0.03	0.94	0.200 0.041
RADICULOPATHY	ĩ	4.27	Ď	0.00	- -	0.03	. No. of Contract,	0.626
rash	21	89.64	12	85.84	1.04	0.52	2.19	0.918
SCAR	0	0.00	1	7.15	0.00	0.00	11.34	0.374
SCOLIOSIS	2	8.54	1	7.15	1.19	0.09	35.20	0.931
SEIZURES	0	0.00	1	7.15	0.00	0.00	11.34	0.374
	0	0.00	1	7.15	0.00	0.00	11.34	0.374
SINUSITIS	24	102.44	10	71.54	1.43	0.69	3.13	0.346
SOFT TISSUE DIS	3	12.81	1	7.15	1.79	0.19	47.13	0.675
SPRAIN/STRAIN ANKLE	1	4.27	0	0.00	A .	0.03	•	0.626
STOMATITIS SYNCOPE	1	4.27	0	0.00	•	0.03	•	0.626
TINEA INFECTION	0	0.00	1	7.15	0.00	0.00	11.34	0.374
TIMEA INFECTION TMJ SYNDROME	1	4.27	3	21.46	0.20	0.01	1.87	0.170
TONSILLITIS	1	4.27	1	7.15	0.60	0.02	23.27	0.747
TRAING	76	0.00	2	14.31	0.00	0.00	2.07	0.140
ULCERATIVE COLITIS	1	324_40	27	193.15	1.69	1.09	2.64	0.017
	*	4.27	0	0.00		0.03	60	0.626

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits 13-17 Year of Age -- Immunizations through 12/31/96, Events through 02/05/97 1-30 Day Risk Period and 91-120 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days N	1-30 days Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
URI	34	145.13	31	221.76	0.65	0.40	1.07	0.091
UTI	1	4.27	1	7.15	0.60	0.02	23.27	0.747
VAGINITIS/VAGINOSIS	4	17.07	3	21.46	0.80	0.16	4.26	0.762
VALVULAR HEART DISEASE	2	8.54	ī	7.15	1.19	0.09	35.20	
VARICELLA	1	4.27	2	14.31	0.30	0.01	3.92	0.931
VERTIGO/DIZZINESS	ō	0.00	ī	7.15	0.00	0.00	11.34	0.367
VIRAL SYNDROME	15	64.03	15	107.30	0.60	0.29		0.374
VISION PROBLEM	60	256.10	24	171.69			1.24	0.163
WARTS	10	42.68	4	28.61	1.49	0.94	2.43	0.094
WELL CARE	85		4.5		1.49	0.4B	5.49	0.522
*Total		362.81	46	329.07	1.10	0.77	1.59	0.599
TOTAL	508	2168.34	328	2346.38	0.92	0.80	1.06	0.266

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Appendix II-4 Line Summaries - 18+ Years

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Varicella Vaccine Safety Analysis: Hospitalizations 18+ Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 31-90 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0-60 days Rate	31-90 days before N	31-90 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Abortion	0	0.00	1	3.51	0.00	0.00	13.98	0.424
Adenitis	1	2.58	O	0.00		0.04		0.576
Aseptic meningitis	0	0.00	1	3.51	0.00	0.00	13.98	0.424
Cancer, R/O Cancer	2	5.16	2	7.02	0.74	0.08	7.06	0.773
Cholelithiasis	3	7.75	0	0.00		0.43		0.191
Congenital Anomaly	0	0.00	1	3.51	0.00	0.00	13.98	0.424
Elective Procedure	7	18.08	8	28.09	0.64	0.22	1.83	0.405
Pneumonia	2	5.16	0	0.00		0.21	-	0.332
Poisoning/Ingestion	1	2.58	0	0.00		0.04		0.576
Pregnancy	Ď	0.00	26	84.26	0.00	0.00	0.10	<0.001
Psychiatric	1	2.58	Ö	0.00	West 10.	0.04		0.576
Sepsis	0	0.00	1	3.51	0.00	0.00	13.98	0.424
Sinusitis	1	2.58	0	0.00		0.04		0.576
Trauma	2	5.16	1	3.51	1.47	0.11	43.40	0.805
*Total	19	46.48	39	136.92	0.34	0.19	059	<0.001

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Hospitalizations 18+ Years of Age -- Immunizations through 12/31/96, Admissions through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days N	0-60 days Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Adenitis	1	2.58	o 🙃	0.00		0.03		0.609
Cancer, R/O Cancer	2	5.16	0	0.00		0.18		0.371
Cholelithiasis	3	7.75	0	0.00	•	0.37		0.226
Congenital Anomaly	0	0.00	1	4.02	0.00	0.00	12.19	0.391
Dysmenorrhea	0	0.00	1	4.02	0.00	0.00	12.19	0.391
Elective Procedure	7	18.08	5	20.12	0.90	0.28	3.10	0.847
Pneumonia	2	5.16	0	0.00	•	0.18		0.371
Poisoning/Ingestion	1	2.58	0	0.00		0.03		0.609
Pregnancy	0	0.00	1	4.02	0.00	0.00	12.19	0.391
Psychiatric	1	2.58	2	8.05	0.32	0.01	4.22	0.399
Sinusitis	1	2.58	0	0.00	•	0.03	•	0.609
Trauma	2	5.16	2	8.05	0.64	0.07	6.16	0.678
*Total	18	46.48	11	.44.27	1.05	0.50	2.30	0.911

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

	0-30	0-30	31~60 days	31-60 days	Relative	95% CI	95% CI	
	days	days	before	before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
Abscess	1	4.62	0	0.00	•	0.03		0.603
Acute Gastroenteritis	4	18.49	3	21.06	0.88	0.18	4.70	0.857
Arhythmia	1	4.62	0	0.00		0.03		0.603
Asthma	1	4.62	0	0.00		0.03		0.603
Bronchiolitis	2	9.24	0	0.00		0.19		0.364
Cerebral Palsy	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Cholecystitis	1	4.62	0	0.00	-	0.03		0.603
Cholelithiasis	1	4.62	0	0.00		0.03		0.603
Diabetic Foot Infection	1	4.62	0	0.00		0.03	, .	0.603
Drug Reaction	2	9.24	0	0.00		0.19		0.364
Dysmenorrhea	1	4.62	0	0.00		0.03	<u> </u>	0.603
Elective Procedure	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Epistaxis	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Gout	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Headache	2	9.24	1	7.02	1.32	0.10	38.83	0.872
Hemophilia	0	0.00	1	7.02	0.00.	0.00	12.51	0.397
Ingrown toenail	2	9.24	.0	0.00		0.19		0.364
Migraine	3	13.87	0	0.00		0.38	-	0.219
Otitis Media	2	9.24	0	0.00		0.19		0.364
Pharyngitis	1	4.62	0	0.00		0.03		0.603
Post-partum Complication	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Sinusitis	1	4.62	0	0.00		0.03		0.603
Syncope/LOC	1	4.62	0	0.00		0.03		0.603
Trauma	14	64.71	8	56.17	1.15	0.48	2.89	0.766
URI	0	0.00	1	7.02	0.00	0.00	12.51	0.397
UTI	0	0.00	1	7.02	0.00	0.00	12.51	0.397
Viral Syndrome	2	9.24	1	7.02	1.32	0.10	38.83	0.872
Well Child/Reassurance/FU	0	0.00	3	21.06	0.00	0.00	1.13	0.063
*Total	38	175.63	23	161.49	1.09	0.65	1.85	0.759

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^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

	0-30	0-30	91-120	91-120	Relative	95% CI	95% CI	
Discount	days	days	days	days	Risk	Lower	Upper	'P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	{Mid-Prob.}
Abscess	1	4.62	1	7.80	0.59	0.02	23.10	0.744
Acute Gastroenteritis	4	18.49	2	15.61	1.18	0.21	9.25	0.882
Arhythmia	1	4.62	1	7.80	0.59	0.02	23.10	0.744
Asthma	1	4.62	0	0.00		0.03		0.628
Bronchiolitis	2	9.24	1	7.80	1.18	0.09	34.94	0.936
Cholecystitis	1	4.62	0	0.00		0.03		0.628
Cholelithiasis	1	4.62	0	0.00	•	0.03	23	0.628
Diabetic Foot Infection	1	4.62	0	0.00	•	0.03		0.628
Drug Reaction	.2	9.24	0	0.00		0.17		0.394
Dysmenorrhea	1	4.62	0	0.00		0.03	•	0.628
Endometriosis	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Headache	2	9.24	0	0.00	•	0.17		0.394
Hepatitis	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Infection	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Ingrown toenail	2	9.24	0	0.00		0.17		0.394
Kidney Stone	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Migraine	3	13.87	1	7.80	1.78	0.19	46.78	0.680
Otitis Media	2	9.24	0	0.00		0.17		0.394
Pharyngitis	1	4.62	1	7.80	0.59	0.02	23.10	0.744
Post-surgical complication	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Rash	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Sinusitis	1	4.62	0	0.00		0.03		0.628
Syncope/LOC	1	4.62	1	7.80	0.59	0.02	23.10	0.744
Trauma .	14	64.71	6	46.82	1.38	0.54	3.91	0.525
URI	0	0.00	1	7.80	0.00	.0.00	11.25	0.372
UTI	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Vertigo	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Viral Syndrome	2	9.24	0	0.00		0.17		0.394
Well Child/Reassurance/FU	0	0.00	1	7.80	0.00	0.00	11.25	0.372
Wheezing/SOB	0	0.00	1	7.80	0.00	0.00	11.25	0.372
*Total	38	175.63	24	187.30	0.94	0.56	1.58	0.799

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^{*}Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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			31-60		31-60				
2	1-30	1-30	days		days	Relative	95% CI	95% CI	
Dii -	days	days	before		before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N		Rate	Estimate	Bound	Bound	(Mid-Prob.
ABDOMINAL PAIN	7	33.48	4		28.09	1.19	0.35	4.65	0.803
ABDOMINAL WALL PAIN	1	4.78	0		0.00	•	0.04		0.595
ABORTION, MISSED	O.	0.00	1		7.02	0.00	0.00	12.94	0.405
ABORTION, THREATENED	0	0.00	1		7.02	0.00	0.00	12.94	0.405
Abortion-spontan	1	4.78	Ō		0.00	•	0.04		0.595
ABSCESS ACCOMMODATIVE DISORDER	3	14.35	4		28.09	0.51	0.10	2.47	0.401
ACCOMMODATIVE DISORDER ACNE	1 17	4.78	.0		0.00	• • • • • • • • • • • • • • • • • • • •	0.04	•	0.595
ADENITIS	1	81.30 4.78	14 0		98.30	0.83	0.40	1.71	0.599
AGE	11	52.61	8		0.00 56.17	0.94	0.04 0.37	:	0.595
ALLERGIC REACT W OR W/O HIVES	3	14.35	i		7.02	2.04	0.22	2.44 53.80	0.880
ALLERGIC REACTION (INC. HIVES)	3	14.35	ī		7.02	2.04	0.22	53.80	0.592 0.592
ALLERGIC RHINITIS	27	129.12	24		168.51	0.77	0.44	1.34	0.346
ALOPECIA	2	9.56	1		7.02	1.36	0.10	40.18	0.851
AMENORRHEA	1	4.78	0		0.00		0.04		0.595
AMPHETAMINE DEPENDENCE	1	4.78	0		0.00	-	0.04		0.595
ANTIHISTAMINE	1	4.78	0		0.00		0.04		0.595
APNEA	1	4.78	0		0.00	•	0.04	-	0.595
ARRYTHMIAS/PALPITATIONS ARTHRALGIA / ARTHRITIS	2	9.56	o		0.00		0.20	-	0.354
ASHD ARTHRITIS	õ	28.69 0.00	3 1		21.06	1.36	0.34	6.67	0.692
ASTHMA	16	76.52	14		7.02 98.30	0.00 0.78	0.00	12.94	0.405
ATYPIA - CERVIX	2	9.56	2		14.04	0.68	0.38 0.07	1.62 6.54	0.497
BACK PAIN	19	90.86	12		84.26	1.08	0.52	2.29	0.719
BLOOD CELL DISORDERS	1	4.78	0		0.00	-	0.04		0.849 0.595
BPH	1	4.78	0		0.00		0.04	•	0.595
BREAST - FIBROCYSTIC DISEASE	2	9.56	0		0.00		0.20		0.354
BREAST CONCERNS	37	176.95	22	1	154.47	1.15	0.68	1.97	0.621
BREAST EXAM ONLY	1	4.78	o		0.00		0.04		0.595
BREAST REDUCTION BRONCHIOLITIS	1 26	4.78 124.34	0		0.00		0.04	•	0.595
BURSITIS/TENDONITIS - LOWER EX	1	4.78	12 0		84.26	1.48	0.75	3.03	0.267
BURSITIS/TENDONITIS-UPPER EXTR	2	9.56	0		0.00 0.00	•	0.04	•	0.595
CA: SQUAMOUS CELL	ī	4.78	ő		0.00	•	0.20 0.04	•	0.354
CANCER	7	33.48	11		77.23	0.43	0.16	1.12	0.595
CARPAL TUNNEL SYNDROME	4	19.13	2		14.04	1.36	0.24	10.63	0.086 0.759
CATARACT	D	0.00	2		14.04	0.00	0.00	2.36	0.164
CELLULITIS	9	43.04	3		21.06	2.04	0.58	9.36	0.293
CERVICOGENIC HEADACHE	1	4.78	0		0.00		0.04		0.595
CHEST PAIN CHOLECYSTITIS/CHOLELITHIASIS	2 0	9.56	2		14.04	0.68	0.07	6.54	0.719
CHOLELITHIASIS CHOLELITHIASIS	1	0.00	1		7.02	0.00	0.00	12.94	0.405
CHRONIC LUNG DISEASE	1	4.78 4.78	1 0		7.02	0.68	0.02	26.56	0.810
COCCYX PAIN	ī	4.78	ŏ		0.00	•	0.04	•	0.595
CONDYLOMA - CERVIX	ī	4.78	ŏ		0.00		0.04 0.04	-	0.595
CONDYLOMA - VULVA	2	9.56	ŏ		0.00	•	0.20	-	0.595 0.354
CONGENITAL ANOMALY	18	86.08	14		98.30	0.88	0.43	1.80	0.707
CONJUNCTIVITIS	8	38.26	4		28.09	1,36	0.41	5.19	0.638
CONSTIPATION	0	0.00	1		7.02	0.00	0.00	12.94	0.405
CONTRACEPTION COUNSELING	0	0.00	1		7.02	0.00	0.00	12.94	0.405
CONTUSION - UNSPECIFIED	1	4.78	0		0.00	12:01	0.04		0.595
CONVERGENCE DISORDER CORNEA DISORDERS	1 0	4.78	0		0.00	•	0.04		0.595
CORNS/CALLUSES	2	0.00	1		7.02	0.00	0.00	12.94	0.405
	1 1	9.56 4.78	0		0.00		0.20	*	0.354
CYST	ī	4.78	Ö		0.00	134	0.04	•	0.595
CYST/MASS - BREAST	ī	4.78	Ö		0.00	2.0	0.04	•	0.595
CYST/MASS - WRIST	ī	4.78	ŏ		0.00	•	0.04 0.04	(8)	0.595
CYST/MASS HAND	1	4.78	ŏ		0.00	12	0.04		0.595
CYST/MASS, FUNCTIONAL - ADNEXA	1	4.78	ō		0.00		0.04	20	0.595 0.595
CYSTITIS	1	4.78	0		0.00	40	0.04	20	0.595
DERMATITIS, SEBORRHEIC	1	4.78	0		0.00		0.04	•	0.595
DIABETES	11	52.61	7	4	9.15	1.07	0.41	2.93	0.903

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

	1-30	1-30	31-60 days	31-60 days	Relative	95% CI	95% CI	
	days	days	before	before	Risk	Lower	Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
DRUG INTOX	2	9.56	2	14.04	0.68	0.07	6.54	0.719
DRUG REACTION	18	86.08	15	105.32	0.82	0.41	1.65	0.565
DYSFUNCTION OF THE CERVICAL SP	1	4.78	Ō	0.00		0.04		0.595
DYSFUNCTION OF THE SHOULDER	2	9.56	0	0.00	saffines.	0.20		0.354
DYSFUNCTIONAL UTERINE BLEEDING	0	0.00	1	7.02	0.00	0.00	12.94	0.405
DYSHIDROSIS	1	4.78	٥	0.00		0.04	•	0.595
DYSMENORRHEA	2	9.56	2	14.04	0.68	0.07	6.54	0.719
DYSPEPSIA	2 1	9.56	2	14.04	0.68	0.07	6.54	0.719
DYSPHAGIA/ESOPHAGEAL DYSPLASIA - CERVIX	1	4.78	0	0.00	- 33	0.04		0.595
DYSPLASIA, HIGH GRADE - CERVIX	i	4.78 4.78	0	0.00	***	0.04		0.595
DYSPNEA	1		0	0.00	***	0.04	•	0.595
DYSTHYMIA	10	4.78 47.82	7	0.00		0.04	:	0.595
ECTOPIC PREGNANCY R/O	2	9.56	ó	49.15	0.97	0.37	2.71	0.946
ECZEMA	0	0.00	1	0.00	0.04	0.20		0.354
ELBOW EPICONDYLITIS	i	4.78	ō	7.02 0.00	0.00	0.00	12.94	0.405
ELECTIVE SURGERY	2	9.56	3	21.06	0.45	0.04	3 06	0.595
EMPHYSEMA/COPD	€ <u>1</u>	4.78	ō	0.00	0.45	0.05	3.05	0.417
ENDOMETRIOSIS	ī	4.78	ŏ	0.00		0.04 0.04	•	0.595
EPISTAXIS	ō	0.00	ĭ	7.02	0.00	0.00	12.94	0.595
EUSTACHIAN	6	28.69	3	21.06	1.36	0.34	6.67	0.405
FATIGUE	2	9.56	4	28.09	0.34	0.04	1.92	0.692 0.230
FEVER	ī	4.78	õ	0.00		0.04	1 - 92	0.595
FIBROCYSTIC CHANGES - BREAST	2	9.56	ŏ	0.00	- 4	0.20	•	0.354
FIBROIDS - UTERUS	3	14.35	ō	0.00	- 10	0.40	•	0.210
FOLLICULITIS	2	9.56	o	0.00	82	0.20	•	0.354
FOOD ALLERGY	3	14.35	0	0.00		0.40		0.210
FOOT DISORDER	2	9.56	2	14.04	0.68	0.07	6.54	0.719
FUNGAL INFECTION	0	0.00	1	7.02	0.00	0.00	12.94	0.405
GASTRITIS	5	23.91	4	28.09	0.85	0.22	3.56	0.808
GI BLEEDING	0	0.00	1	7.02	0.00	0.00	12.94	0.405
GLAUCOMA	3	14.35	0	0.00		0.40		0.210
HAY FEVER	0	0.00	1	7.02	0.00	0.00	12.94	0.405
HEAD & NECK - ENT PROB. NOS	0	0.00	1	7.02	0.00	0.00	12.94	0.405
HEADACHE	16	76.52	8	56.17	1.36	0.59	3.36	0.488
HEALTHCARE CLASS	2	9.56	1	7.02	1.36	0.10	40.18	0.851
HEARING LOSS	1	4.78	1	7.02	0.68	0.02	26.56	0.810
HEMOPHILIA	1	4.78	0	0.00	11.0	0.04	•	0.595
HEMORRHOIDS	5	23.91	3	21.06	1.14	0.26	5.77	0.887
HERPES - VULVA	1	4-78	1	7.02	0.68	0.02	26.56	0.810
HERPES SIMPLEX	3	14.35	0	0.00	700 Tono	0.40	•	0.210
HIP/KNEE/ANKLE PAIN	4	19.13	3	21.06	0.91	0.19	4.87	0.891
HIRSUTISM	1	4.78	0	0.00	*:	0.04	-	0.595
HORMONE MNGT, MENOPAUSAL	1 4	4.78	0	0.00	<u></u>	0.04	-	0.595
HYPERLIPIDEMIA HYPERTENSION	4 6	19.13	3	21.06	0.91	0.19	4.87	0.891
HYPERTHYROIDISM	0	28.69	4	28.09	1.02	0.28	4.11	0.990
HYPOTHYROIDISM	4	0.00 19.13	1 0	7.02	0.00	0.00	12.94	0.405
INCONTINENCE - STRESS	i	4.78	Ö	0.00		0.61	•	0.125
INFERTILITY	3	14.35	2	0.00		0.04	:	0.595
INFESTATION	ŏ	0.00	1	14.04	1.02	0.15	B.59	0.999
IRREG. MENSTRUAL CYCLE	4	19.13	2	7.02	0.00	0.00	12.94	0.405
IRRITABLE BOWEL SYNDROME	5	23.91	1	14-04 7.02	1.36	0.24	10.63	0.759
KERATOSIS, SEBORRHEIC	2	9.56	i	7.02	1.36	0.47	81.03	0.270
KERATOSIS-ACTINIC	ī =	4.78	ì	7.02	0.68	0.10	40.18	0.851
KERATOSIS-PILARIS	3	14.35	1	7.02	2.04	0.02	26.56	0.810
KNEE/THIGH DYSFUNCTION	ĭ	4.78	1	7.02	0.68	0.22	53.80	0.592
LAB. TEST/ABNORMALITY	1	4.78	ō	0.00	V. 90	0.02	26.5 6	0.810
LARYNGITIS	ī	4.78	1	7.02	0.68	0.04	26 56	0.595
LATERAL EPICONDYLITIS	i	4.78	ō	0.00	0.58	0.02	26.56	0.810
LENTIGO	2	9.56	1	7.02	1.36	0.04	40 16	0.595
MACULA - HOLE	ī	4.78	ō	0.00		0.10	40.18	0.851
MENORRHAGIA	î	4.78	ő	0.00	1/2	0.04	7.0	0.595
	_		•	0.00	85	0.04	₹£	0.595

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Diagnosis	1~30 days N	1-30 days Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	Lower	95% CI Upper Bound	P-Value (Mid-Prob
MENSTRUAL DISORDER	1	4.78	0	0.00		0.04		0.505
		0.00	1	7.02	0.00	0.00	12.94	0.595 0.405
MID BACK PAIN-CHEST/THORACIC	1	4.78	0	0.00	•	0.04	-2.51	0.595
MOLLUSCUM CONTAGIOSUM	1	4.78	1	7.02	0.68	0.02	26.56	0.810
MULTIFIT CARDIAC REHABILITATIO MISC./SKELETAL PAIN	100	4.78	0 18	0.00		0.04		0.595
NASAL	1	4.78	2	126.38			0.94	
NECK PAIN	2	9 56	-	14.04 42.13	0.34	0.01	4.48	0.426
NEUROLOGICAL, GENERAL DISORDER NEUROMA/NEURITIS NEUROPHTHALMOLOGICAL DISORDER NEVUS, DYSPLASTIC SYNDROME OBESITY ONYCHOCRYPTOSIS ONYCHOMYCOSIS OPTIC NERVE DISORDER ORTHO. PROB. NOS OTITIS EXTERNA OTITIS MEDIA PARKINSON'S DISEASE PAT-FEM SYND PELVIC PAIN UNK ETIOLOGY PERFORMANCE STATUS, BEDRIDDEN PERIPHERAL NEUROPATHY PHARYNGITIS PLANTAR FASCIITIS PNEUMONITIS POLYARTHRITIS POLYARTHRITIS POST-OP CARE	ž	9.56 9.56	ž	14.04	0.23	0.03 0.07	1.07	0.062
NEUROMA/NEURITIS	1	4.78	ō	0.00		0.07	6.54	0.719 0.595
NEUROPHTHALMOLOGICAL DISORDER	0	0.00	1	7.02	0.00	0.00	12.94	0.405
NEVUS, DYSPLASTIC SYNDROME	1	4.78	0	0.00		0.04		0.595
ONYCHOCHYRROGIC	4	19.13	4	28.09	0.68	0.15	3.02	0.600
ONICHOMYCOSIS	o o	0.00	1	7.02	0.00	0.00	12.94	0.405
OPTIC NERVE DISORDER	1	4.78	2	14.04	0.34	0.01	4.48	0.426
ORTHO, PROB. NOS	<u> </u>	4.70	0	0.00	•	0.04	•	0.595
OTITIS EXTERNA	4	19 13	ö	0.00 0.00	•	0.04	•	0.595
OTITIS MEDIA	9	43.04	ž	49.15	0.88	0.61 0.32		0.125
PARKINSON'S DISEASE	1	4.78	ó	0.00		0.04		0.789
PAT-FEM SYND	2	9.56	ŏ	0.00	•	0.20		0.595
PELVIC PAIN UNK ETIOLOGY	6	28.69	3	21.06	1.36	0.34		0.354 0.692
PERFORMANCE STATUS, BEDRIDDEN	1	4.78	0	0.00	•	0.04		0.595
PERITHERAL NEUROPATHY	1	4.78	0	0.00	•	0.04		0.595
PLANTAR FASCITTIS	18	86.08	12	84.26	1.02	0.49	2.18	0.964
PNEUMONITIS	3	14.35	1	7.02	2.04	0.22		0.592
POLYARTHRITIS	1	4.70	0	0.00	•	0.04	•	0.595
POST-OP CARE	î	4.78	3	0.00 21.06	0.00	0.04		0.595
PRE-OP	6	28.69	าลั	91.28	0.23	0.01	2.13	0.212
PRESNANCY PROSTATE CA. PROSTATE CA. PROSTATITIS PSORIASIS PSYCHOLOGICAL PROBLEM PULMONARY FIBROSIS - RESTRICTIV PVD (VIT. DETACH.) PVD/VENOUS INSUF. R/O STD RADICULOPATHY RASH RENAL FAILURE REPETITIVE USE/MOTION STRAIN - ROUTINE POST-OP VISIT SCAR SCOLIOSIS SEKUAL DYSFUNCTION SHOULDED DYSFUNCTION	3	28.69 14.35	14	98.30	0.25	0.11 0.03	0.82	367
PROSTATE CA.	1	4.78	Ö	0.00		0.04	0-47	0.001
PROSTATITIS	1	4.78	Ö	0.00		0.04	•	0.595 0.595
PSORIASIS	2	9.56	4	28.09	0.34	0.04	1.92	0.230
PRITHOUGHCAL PROBLEM	37	176.95	34	238.73	0.74	0.46	1.19	0.210
PVD (VTT. DETACH)	1	4.78	0	0-00	•	0.04		0.595
PVD/VENOUS INSUF.	1	4.78	0	0.00	-	0.04		0.595
R/O STD	10	47 82	6	0.00		0.04	•	0.595
RADICULOPATHY	3	14.35	1	42.13 7.02	1.14 2.04	0.41	3.37	0.824
RASH	32	153.03	14	98.30	1.56	0.22	53.80	0.592
RENAL FAILURE	1 =4	4.78	ò	0.00		0.84 0.04	3.00	0.165
REPETITIVE USE/MOTION STRAIN -	2	9.56	1	7.02	1.36	0.10	40.18	0.595 0.851
ROUTINE POST-OP VISIT SCAR SCOLIOSIS SEXUAL DYSFUNCTION SHOULDER DYSFUNCTION SHOULDER SPRAIN/STRAIN SICKLE CELL DS SINUSITIS SLE SLEEP DISORDERS	1	4.78	0	0.00	•	0.04	40.10	0.595
SCAR SCALTASTS	1	4.78	1	7.02	0.68	0.02	26.56	0.810
SEXUAL DYSFUNCTION	0	0.00	1	7.02	0.00	0.00	12.94	0.405
SHOULDER DYSFUNCTION	7	4.78	0	0.00	. •	0.04		0.595
SHOULDER SPRAIN/STRAIN	2	9.56 9.56	2 0	14.04	0.68	0.07	6.54	0.719
SICKLE CELL DS	õ	0.00	1	0.00	0.00	0.20		0.354
SINUSITIS	34	162.60	17	7.02 119.36	0.00 1.36	0.00	12.94	0.405
SLE	1	4.78	Ć	0.00		0.77 0.04	2.49	0.301
SLEEP DISORDERS	3	14.35	ŏ	0.00	*	0.40	•	0.595
SUB/ LUE	1	4.78	ō	0.00		0.04	•	0.210
SOFT TISSUE DIS	1	4.78	1	7.02	0.68	0.02	26.56	0.595 0.810
STROKE	1	4.78	1	7.02	0.68	0.02	26.56	0.810
SUBACROM.PATH. SYNOVITIS	ī	4.78	0	0.00	•	0.04		0.595
THIGH STRAIN	0	0.00	1	7.02	0.00	0.00	12.94	0.405
TINEA INFECTION	1	4.78	0	0.00		0.04	•	0.595
TINNITUS	2	19.13 9.56	3	21.06	0.91	0.19	4.87	0.891
TMJ SYNDROME	2	9.56	0 2	0.00 14.04	0.68	0.20		0.354
				14 16	11 69			
TONSILLITIS	1	4.78	ī	7.02	0.68	0.07 0.02	6.54 26.56	0.719 0.810

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits 18+ Year of Age -- Immunizations through 12/31/96, Events through 02/05/97 1-30 Day Risk Period and 31-60 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days N	1-30 days Rate	31-60 days before N	31-60 days before Rate	Relative . Risk . Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
TRAUMA	44	210.42	41	287.87	0.73	0.48	1.12	0.151
TRIGGER FINGER	1	4.78	0	0.00		0.04	4.15	0.595
TUBERCULOSIS	1	4.78	0	0.00		0.04		0.595
TUMOR, SPINAL, INTRADURAL, EXTRAM	1	4.78	ō	0.00	•	0.04		0.595
ULCER	2	9.56	ō	0.00	17.5	0.20	- 3	0.354
ULCERS / SKIN	1	4.78	ō	0.00	•	0.04		
URETER - STONE	1	4.78	ō	0.00	•	0.04	-	0.595
URETHRAL SYNDROME	1	4.78	õ	0.00	65	0.04	89	0.595
URI	40	191.29	31	217.66	0.88	0.55	9.5	0.595
UTI	13	62.17	7	49.15	1.26		1.42	0.588
VAGINAL - HERPES	1	4.78	'n	0.00	1.20	0.51	3.38	0.633
VAGINITIS/VAGINOSIS	21	100.43	7	· 49.15	2.04	0.04	i	0.595
VALVULAR HEART DISEASE	0	0.00	í	7.02		0.89	5.17	0.094
VARICELLA	ĭ	4.78	ō	0.00	0.00	0.00	12.94	0.405
VARICELLA ZOSTER	Ţ	4.78	1	7.02	٠. ده	0.04		0.595
VARICOSE VEINS	ī	4.78	ō		0.68	0.02	26.56	0.810
VENOUS STASIS ULCERATION	;	4.78	·	0.00	•	0.04		0.595
VERTIGO/DIZZINESS	•	4.78	<u> </u>	7.02	0.68	0.02	26.56	0.810
VIRAL SYNDROME	14	66.95	4	28.09	0.17	0.01	1.36	0.102
VISION PROBLEM	50	239.12	4	28.09	2.38	0.82	8.41	0.117
VISUAL LOSS	30	0.00	36	252.77	0.95	0.62	1.46	0.796
VULVA - CYST	ŭ		2	14.04	0.00	0.00	2.36	0.164
WARTS	6	4.78	0	0.00	•	0.04		0.595
WEAKNESS/FATIGUE	3	28.69	8	56.17	0.51	0.17	1.51	0.223
WELL CARE		14.35	0	0.00	•	0.40		0.210
	155 551	741.26	144	1011.07	0.73	0.58	0.92	0.008
*Total	223	2635.06	450	3159.60	0.83	0.74	0.94	0.004

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Varicella Vaccine Safety Analysis: Outpatient Visits 18+ Year of Age -- Immunizations through 12/31/96, Events through 02/05/97 1-30 Day Risk Period and 91-120 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

				01000 10000 ,				
	1-30	1-30	91-120	91-120	Relative	95% CI	95% CI	
Diagnosis	days N	days Rate	days N	days	Risk	Lower	Upper	P-Value
-		Nate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
ABDOMINAL PAIN ABDOMINAL WALL PAIN ABORTION, THREATENED ABORTION-SPONTAN ABSCESS ACCOMMODATIVE DISORDER	7	33.48	5	39.02	0.86	0.27	2.96	0.787
ABDOMINAL WALL PAIN	1	4.78	0	0.00		0.03		0.620
ABORTION, THREATENED	0	0.00	1	7.80	0.00	0.00	11.64	0.380
Abortion-spontan	1	4.78	0	0.00		0.03		0.620
ABSCESS	3		2	15.61	0.92	0.14	7.73	0.911
ACCOMMODATIVE DISORDER	1	4.78	0	0.00	•	0.03	_	0.620
ACNE	17	81.30	11	85.84	0.95	0.44	2.09	0.879
ADENITIS	1	4.78	0	0.00		0.03		0.620
AGE	11	52.61	8	62.43	0.84	0.34	2.19	0.709
ALLERGIC REACT W OR W/O HIVES	3	14.35 14.35 129.12 9.56 4.78	1	7.80	1.84	0.20	48.40	0.658
ALLERGIC REACTION (INC. HIVES) ALLERGIC RHINITIS	3	14.35	1	7.80	1.84	0.20	48.40	0.658
ALDRECIA ALOPECIA	27	129.12	19	148.28	0.87	0.48	1.59	0.641
AMENORRHEA	2	9.56	2	15.61	0.61	0.06	5.89	0.647
AMBUEMANTHE DEDENIORNOS	1	4.78	O	0.00	47	0.03		0.620
AMPHETAMINE DEPENDENCE ANEMIA	1	4.78	0	0.00	-	0.03	-	0.620
ANTIHISTAMINE	0	0.00	1	7.80	0.00	0.00	11.64	0.380
APNEA	1	4.78	0	0.00		0.03	•	0.620
ARRHYTHMIA	1	4.78	0	0.00		0.03		0.620
ARRYTHMIAS/PALPITATIONS	Ü	0.00	1	7.80	0.00	0.00	11.64	0.380
ARTHRALGIA / ARTHRITIS	2	9.56 4.78 4.78 0.00 4.78 4.78 0.00 9.56 28.69 76.52 9.56	0	0.00	•	0.18	•	0.384
ASTHMA	. 6	28.69	0	0.00	•	0.95		0.057
ATYPIA - CERVIX	16	76.52	10	78.04	0.98	0.45	2.24	0.950
	2			15.61	0.61	0.06	5.89	0.647
BACK PAIN BLOOD CELL DISORDERS BPH	19	90.86	5	39.02	2.33	0.91	6.99	0.082
Apu GDZE DISORDERS	÷	4.78	1	7.80	0.61	0.02	23.90	0.760
******	-	4.78 9.56	0	0.00		0.03	-	0.620
BREAST CONCERNS	37	176.95		0.00		0.18	•	0.384
BREAST EXAM ONLY	1	4.78	16 0	124.86	1.42	0.80	2.61	0.244
BREAST REDUCTION	î	4.78	0	0.00		0.03	•	0.620
BREAST - FIBROCYSTIC DISEASE BREAST CONCERNS BREAST EXAM ONLY BREAST REDUCTION BRONCHIOLITIS BRONCHIOLITIS W PNEUMONIA BURSITIS/TENDONITIS - LOWER EX	25	124.34	12	0.00 93.65		0.03	•	0.620
BRONCHIOLITIS W PNEUMONIA	-0	0.00	1	7.80	1.33	0.68	2.72	0.425
BURSITIS/TENDONITIS - LOWER EX BURSITIS/TENDONITIS-UPPER EXTR CA: SONAMONS CELL	í	4.78.	ō	0.00	0.00	0.00	11.64	0.380
BURSITIS/TENDONITIS-UPPER EXTR	2	9.56	Ö	0.00	•	0.03	•	0.620
CA: SQUAMOUS CELL	ī	4.78	ŏ	0.00	•	0.18	•	0.384
CANCER	7	33.48	7	54.63	0.61	0.03	:	0.620
CARPAL TUNNEL SYNDROME	4	19.13	ó	0.00	0.61	0-21	1.83	0.370
CATARACT	ō	0.00	ĭ	7.80	0.00	0.55	:	0.148
CELLULITIS	9	43.04	4	31.22	1.38	0.00	11.64	0.380
CERVICOGENIC HEADACHE	1	4.78	ō	0.00	1.30	0.43 0.03	5.15	0.619
CHEST PAIN	2	9.56	4	31.22	0.31	0.03	1 70	0.620
CHOLELITHIASIS	1	4.78	ō	0.00	•	0.03	1.73	0.185
CELULITIS CERVICOGENIC HEADACHE CHEST PAIN CHOLELITHIASIS CHRONIC LUNG DISEASE COCCYX PAIN	1	4.78	ō	0.00	:	0.03	•	0.620
	1	4.78	0	0.00	· ·	0.03	•	0.620
CONDYLOMA - CERVIX	1	4.78	0	0.00	Ţ	0.03	•	0.620
CONDYLOMA - VULVA	2	9.56	1	7.80	1.23	0.09	36.15	0.620
CONGENITAL ANOMALY	18	86.08	11	85.84	1.00	0.47	2.20	0.915 0.999
CONJUNCTIVITIS	8	38.26	8	62.43	0.61	0.22	1.69	0.337
CONSTIPATION	0	0.00	1	7.80	0.00	0.00	11.64	0.380
CONTUSION - UNSPECIFIED	1	4.78	0	0.00		0.03		0.620
CONVERGENCE DISORDER	1	4.78	0	0.00		0.03	•	0.620
CORNS/CALLUSES	2	9.56	0	0.00		0.18		0.384
COUGH	1	4.78	0	0.00		0.03		0.620
CYST	1	4.78	2	15.61	0.31	0.01	4.03	0.378
CYST/MASS - BREAST CYST/MASS - WRIST	*	4.78	0	0.00		0.03		0.620
CYST/MASS HAND	1	4.78	0	0.00	1.	0.03	-	0.620
	1	4.78	0	0.00		0.03	- 5	0.620
CYST/MASS, FUNCTIONAL - ADNEXA CYSTITIS	1	4.78	0	0.00	-	0.03	- 00	0.620
DERMATITIS, SEBORRHEIC	1	4.78	o .	0.00	141	0.03		0.620
DIABETES	1	4.78	0	0.00	•	0.03	50	0.620
DRUG INTOX	11	52.61	3	23.41	2.25	0.67	10.03	0.213
DRUG REACTION	2	9.56	2	15.61	0.61	0.06	5.89	0.647
DYSFUNCTION OF THE CERVICAL SP	18 1	86.08	16	124.86	0.69	0.35	1.37	0.284
obition of	-	4.78	0	0.00	•	0.03	(4)	0.620

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Diagnosis	1-30 days N	1-30 days Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value
DYSFUNCTION OF THE SHOULDER	•	0.50						(Mid-Prob.
DYSHIDROSIS	2 1	9.56 4.78 9.56	1	7.80	1.23	0.09	36.15	0.915
DYSMENORRHEA	2	9.56	3	0.00		0.03	-	0.620
	2	9.56	3	23.41 23.41	0.41	0.05	2.75	0.356
DYSPHAGIA/ESOPHAGEAL	ī	9.56 4.78 4.78	0	0.00	0.41	0.05	2.75	0.356
DYSPLASIA - CERVIX	ĩ	4.78	ŏ	0.00	•	0.03	•	0.620
DYSPLASIA - CERVIX DYSPLASIA, HIGH GRADE - CERVIX DYSPNEA	ī	4.78 4.78 47.82 9.56	ŏ	0.00	•	0.03 0.03	•	0.620
			ō	0.00	•	0.03	•	0.620
DYSTHYMIA	10	47.82	2	15.61	3.06		20.56	0.620
ECTOPIC PREGNANCY R/O	2	9.56	ō	0.00		0.18		0.134 0.384
DYSTHYMIA ECTOPIC PREGNANCY R/O ELBOW EPICONDYLITIS ELECTIVE SURGERY EMPHYSEMA/COPD ENDOMETRIOSIS EPILEPSY EPISCLERITIS EPISTAXIS EUSTACHIAN FATIGUE FEVER	1	4.78 9.56 4.78	0	0.00		0.03		0.620
ELECTIVE SURGERY	2	9.56	2	15.61	0.61	0.06		0.647
EMPHYSEMA/COPD	1	4.78	0	0.00		0.03		0.620
ENDOMETRIOSIS	1	4.78 0.00 0.00 0.00 28.69	0	0.00	•	0.03		0.620
EPILEPSY	0	0.00	2	15.61	0.00	0.00	2.13	0.144
EPISCLERITIS EPISTAXIS	0	0.00	1	7.80	0.00	0.00	11.64	0.380
EUSTACHIAN	0	0.00	1	7.80	0.00	0.00	11.64	0.380
FATIGUE	6	28.69	•	0.00	•	0.95	•	0.057
FEVER	2	9.56	2	15.61	0.61	0.06		0.647
FIBROCYSTIC CHANGES - BREAST	, <u>, , , , , , , , , , , , , , , , , , </u>	4.78 9.56 14.35	0 1	0.00		0.03		0.620
FIBROIDS - UTERUS	2	14.35	i	7.80	1.23	0.09		0.915
FOLLICULITIS	2	9.56	Ď	7.80	1.84	0.20	48.40	0.658
FOOD ALLERGY	จ็	14.35	1	0.00	• • • • •	0.18	•	0.3B4
FOOT DISORDER	2	9.56	i	7.80 7.80	1.64	0.20	48.40	0.658
GASTRITIS	5	23.91	ź	54.63	1.23 0.44	0.09	36.15	0.915
GI BLEEDING	ō	0.00	i	7.80	0.44	0.13	1.42	0.167
GI DISORDER NOS	ō	0.00	ī	7.80	0.00	0.00	11.64	0.380
GLAUCOMA	3	14.35	ō	0.00		0.36	11.64	0.380
HEADACHE	16	76.52	8	62.43	1.23	0.53	3.03	0.238
FATIGUE FEVER FIBROCYSTIC CHANGES = BREAST FIBROIDS - UTERUS FOOLLICULITIS FOOD ALLERGY FOOT DISORDER GASTRITIS GI BLEEDING GI DISORDER NOS GLAUCOMA HEADACHE HEALTHCARE CLASS HEARING LOSS HEMOPHILIA HEMORRHOIDS HERPES - VULVA HERPES SIMPLEX HIP/KNEE/ANKLE PAIN HIRSUTISM	2	9.56	5	39.02	0.25	0.03	1.24	0.655
HEARING LOSS	1	4.78	2	15.61	0.31	0.01	4.03	0.092 0.378
HEMOPHILIA	1	4.78	0	0.00		0.03	1.05	0.620
HEMORRHOIDS	5	4.78 23.91 4.78 14.35 19.13	0	0.00	-	0.75	•	0.092
HERPES - VULVA	1	4.78	0	0.00		0.03	•	0.620
HERPES SIMPLEX	3	14.35	0	0.00		0.36		0.238
HIP/KNEE/ANKLE PAIN	4		1	7.80	2.45	0.31	60.66	0.464
HIRSUTISM	1	4.78 4.78	0	0.00	-	0.31 0.03 0.03	•	0.620
HORMONE MNGT, MENOPAUSAL HYPERLIPIDEMIA	1		0	0.00	•	0.03	•	0.620
HYPERTENSION	4	19.13	4	31.22	0.61	0.14	2.72	0.504
HYPOTHYROIDISM	6 4	28.69	В	62.43	0.46	0.15	1.35	0.158
IDDM	4 0 1 3 4	19.13 0.00 4.78 14.35 19.13 23.91 0.00 9.56 4.78 14.35 4.78 4.78	Ţ	7.80	2.45	0.31	60.66	0.464
INCONTINENCE - STRESS	1	4.70	7	7.80	0.00	0.00	11.64	0.380
INFERTILITY	3	14 35	2	0.00 15.61	• • • • • • • • • • • • • • • • • • • •	0.03	_ •	0.620
IRREG. MENSTRUAL CYCLE IRRITABLE BOWEL SYNDROME	4	14.35 19.13	1	7.80	0.92	0.14	7.73	0.911
IRRITABLE BOWEL SYNDROME	5	23.91	2	15.61	2.45 1.53	0.31	60.66	0.464
	ō	0.00	ī	7.80	0.00	0.30 0.00	11.40	0.651
KERATOSIS, SEBORRHEIC	0 2 1 3	9.56	ī	7.80	1.23	0.00	11.64	0.380
KERATOSIS-ACTINIC	1	4.78	2	15.61	0.31	0.09	36.15	0.915
	3	14.35	ō	0.00		0.36	4.03	0.378
KNEE/THIGH DYSFUNCTION	1	4.78	1	7.80	0.61	0.02	23.90	0.238 0.760
LAB. TEST/ABNORMALITY	1	4.78	0	0.00		0.03	23.90	0.620
LARYNGITIS	-	4.78	1	7.80	0.61	0.02	23.90	0.760
LATERAL EPICONDYLITIS	1	4.78	0	0.00		0.03		0.620
LENTIGO	2 .	9.56	0	0.00	•	0.18	•	0.384
LICHEN PLANUS	0	0.00	1	7.80	0.00	0.00	11.64	0.380
MACULA - HOLE	Ţ	4.78	0	0.00	10#	0.03		0.620
MENORRHAGIA MENSTRUAL DISORDER	1	4.78	0	0.00		0.03	\$	0.620
MID BACK PAIN-CHEST/THORACIC	1	4.78	0	0.00	15	0.03	23	0.620
MOLLUSCUM CONTAGIOSUM	1	4.78	0	0.00	(i)	0.03	-	0.620
MULTIFIT CARDIAC REHABILITATIO	1 1	4.78	0	0.00	-	0.03		0.620
MUSC./SKELETAL PAIN	12	4.78	0	0.00	377	0.03	*6	0.620
	+4	57.39	6	46.82	1.23	0.46	3.54	0.705

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

	1-30	1-30	91-120	91-120	Relative	95% CI	95% CI	
	days	days	days	days	Risk	Lower	Upper	P-Value
Diagnosis NASAL NECK PAIN NEUROLOGICAL, GENERAL DISORDER NEUROMA/NEURITIS NEVUS, DYSPLASTIC SYNDROME OBESITY ONYCHOMYCOSIS OPTIC NERVE DISORDER ORTHO. PROB. NOS OTITIS EXTERNA OTITIS MEDIA PARKINSON'S DISEASE PAT-FEM SYND PELVIC PAIN UNK ETIOLOGY PERFORMANCE STATUS, BEDRIDDEN PERIPHERAL NEUROPATHY PHARYNGITIS PLANTAR FASCIITIS PNEUMONITIS POLYCYSTIC OVARIAN SYNDROME POST-OP CARE PRE-OP	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
NASAT.	1	1 79	2	15 61				
NECK PAIN	2	9.56	4	15.61 31.22		0.01	4.03	0.378
NEUROLOGICAL, GENERAL DISORDER	2	9.56	ō	0.00	0.31	0.04 0.18	1.73	0.185
NEUROMA/NEURITIS	ī	4.78	ŏ	0.00	•	0.03	•	0.384
NEVUS, DYSPLASTIC SYNDROME	ī	4.78	ŏ	0.00	•	0.03	•	0.620
OBESITY	4	19.13	3	23.41	0.82	0.17	4.38	0.620
ONYCHOCRYPTOSIS	0	0.00	š	23.41	0.00	0.00	1.05	0.788 0.055
ONYCHOMYCOSIS	1	4.78	1	7.80		0.02	23.90	0.760
OPTIC NERVE DISORDER	1	4.78	٥	0.00		0.03		0.620
ORTHO. PROB. NOS	1	4.78	0	0.00		0.03	:	0.620
OTITIS EXTERNA	4	19.13	0	0.00	•	0.55		0.148
OTITIS MEDIA	9	43.04	4	31.22	1.38	0.43	5.15	0.619
PARKINSON'S DISEASE	1	4.78	0	0.00		0.03		0.620
PELVIC DATH UNIV EMICLORY	2	9.56	1	7.80		0.09	36.15	0.915
DEDECOMANCE CONTROL DEDUTORS		28.69	2	15.61	1.84	0.39 0.03 0.02 0.51	13.23	0.488
PERIORPAL NEIDODATUV	1	4.78	0	0.00		0.03		0.620
PHARYNGITIS	10	4./8	1	7.80	0.61	0.02	23.90	0.760
PLANTAR FASCIITIS	- 3	14 35	10 1	78.04	1.10	0.51	2.49	0.819
PNEUMONITIS	วี ว	4 78	ō	7.80 0.00	1.84	0.20		0.65B
POLYARTHRITIS	î	4 78	ŏ	0.00	•	0.03	•	0.620
POLYCYSTIC OVARIAN SYNDROME	ō	0.00	ĭ	7.80	0.00	0.03 0.00		0.620
POST-OP CARE	1	4.78	ī	7.80	0.61	0.02	11.64 23.90	0.380
PRE-OP	6	28.69	5	39.02	0.74	0.02	23.90	0.760
PREGNANCY	3	14_35	10	78.04	6.18	004	063	0.616 0.006
PROSTATE CA.	1	4 78	0	0.00	Acceptances.	0.03	******	0.620
PROSTATITIS	1	4.78	0	0.00		0.03		0.620
PSORIASIS PSYCHOLOGICAL PROBLEM PULMONARY FIBROSIS- RESTRICTIV PVD (VIT. DETACH.) PVD/VENOUS INSUF. R/O STD RADICULOPATHY RASH RENAL FAILURE	2	4.78 9.56 176.95 4.78	0	0.00	_	0.18		0.384
PSYCHOLOGICAL PROBLEM	37	176.95	28	218.51	0.81			0.401
PULMONARI FIBROSIS- RESTRICTIV	1	4.78	0	0.00	•	0.03		0.620
PVD (VIT. DETACH.)	ī	4.78 4.78	0	0.00		0.03		0.620
R/O STD	10	4.78	0	0.00	. •	0.03	•	0.620
RADICULOPATHY	10	47.82 14.35	4	31.22	1.53	0.49	5.64	0.492
RASH	32		1 10	7.80	1.84	0.20	48.40	0.658
RENAL FAILURE	1	4.78	0	78.04 0.00	1.96	0.99	4.18	0.056
REPETITIVE USE/MOTION STRAIN -	. 2	9.56	ŏ	0.00		0.03	• '	0.620
ROUTINE POST-OP VISIT	1	4.78	Ö	0.00	•	0.18	•	0.384
SCAR	1	4.78 4.78	ĭ	7.80	0.61	0.03 0.02	22 00	0.620
SEXUAL DYSFUNCTION	1	4.78	ō	0.00	-	0.02	23.90	0.760
SHOULDER DYSFUNCTION	2	9.56	3	23.41	0.41	0.05	2.75	0.620
SHOULDER SPRAIN/STRAIN	2	9.56	0	0.00		0.18	2.75	0.356 0.384
RENAL FAILURE REPETITIVE USE/MOTION STRAIN - ROUTINE POST-OP VISIT SCAR SEXUAL DYSFUNCTION SHOULDER DYSFUNCTION SHOULDER SPRAIN/STRAIN SINUSITIS SLE SLEEP DISORDERS SOB/DOE SOFT TISSUE DIS STROKE SUBACROM. PATH. THIGH STRAIN TINEA INFECTION TINNITUS TMJ SYNDROME TONSILLITIS TRAUMA TRIGGER FINGER	34	162.60	19	148.28	1.10	0.63	1.96	0.758
SLE	1	4.78	0	0.00		0.03		0.620
SLEEP DISORDERS	3	14.35	1	7.80	1.84	0.20	48.40	0.658
SOB/ DOE	1	4.78	0	0.00		0.03	•	0.620
SOFT TISSUE DIS	1	4.78	0	0.00	•	0.03		0.620
SINORE	Ţ	4.78	0	0.00	•	0.03 0.03 0.03 0.17 0.18		0.620
THICH STRAIN	<u> </u>	4.78	0	0.00	•	0.03	-	0.620
TINEA INFECTION	<u> </u>	4.78	0	0.00		0.03		0.620
TINNITUS	2	19.13 9.56	3 0	23.41	0.82	0.17	4.38	0.788
TMJ SYNDROME	2	9.56	Ö	0.00	-		•	0.384
TONSILLITIS	ī	4.78	Ö	0.00 0.00	•	0.18	•	0.384
TRAUMA	44	210.42	31	241.92	^ 07	0.03	:	0.620
TRIGGER FINGER	i -	4.78	0	0.00	0.87	0.55	1.39	0.551
TUBERCULOSIS	ī	4.78	ŏ	0.00	•	0.03	•	0.620
TUMOR, SPINAL, INTRADURAL, EXTRAM	ī	4.78	ŏ	0.00	•	0.03 0.03	-	0.620
ULCER	2	9.56	2	15.61	0.61	0.06	5.89	0.620
ULCERS / SKIN	1	4.78	ō	0.00		0.03	3.03	0.647 0.620
URETER - STONE	1	4.78	Ō	0.00		0.03	-	0.620
URETHRAL SYNDROME	1	4.78	0	0.00		0.03	:	0.620
URI	40	191.29	19	148.28	1.29	0.75	2.27	0.365
UTI	13	62.17	6	46.82	1.33	0.51	3.79	0.585

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Diagnosis	1-30 days N	1–30 days Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
VAGINAL - HERPES	1	4.78	٥	0.00		0.03		0.620
VAGINITIS/VAGINOSIS	21	100.43	9	70.24	1.43	0.66	3.28	0.377
VALVULAR HEART DISEASE	0	0.00	1	7.80	0.00	0.00	11.64	0.380
VARICELLA	1	4.78	0	0.00	•	0.03		0.620
VARICELLA ZOSTER	1	4.78	1	7.80	0.61	0.02	23.90	0.760
VARICOSE VEINS	1	4.78	٥	0.00		0.03		0.620
VENOUS STASIS ULCERATION	1	4.78	1	7.80	0.61	0.02	23.90	0.760
VERTIGO/DIZZINESS	1	4.78	3	23.41	0.20	0.01	1.92	0.178
VIRAL SYNDROME	14	66.95	7	54.63	1.23	0.50	3.24	0.679
VISION PROBLEM	50	239.12	22	171.69	1.39	0.85	2 34	0.194
VULVA - CYST	1	4.78	0	0.00		0.03	-	0.620
WARTS	6	28.69	5	39.02	0.74	0.21	2.62	0.616
Weakness/fatigue	3	14.35	1	7.80	1.84	0.20	48.40	0.658
WELL CARE	155	741.26	79	616.51	1.20	0.92	1.58	0.181
*Total	551	2635.06	323	2520.68	1.05	0.91	1.20	0.528

*Total may be somewhat less than column total due to multiple diagnoses Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Appendix III Significantly Elevated AEs

Significantly Elevated Adverse Events VARIVAX®

Adverse Event	Visit Type	Age at Injection (Years)	Control Period	Relative Risk Estimate	95% CI	P-Value
Abscess	Outpatient	1	Before	1.47	(1.04 - 2.08)	0.029
Acute Gastroenteritis	Hospitalization	1	Historical	1.84	(1.04 - 3.34)	0.035
1	Emergency Room	1	After	1.70	(1.20 - 2.43)	0.002
	Emergency Room] 1	Historical	1.48	(1.08 - 2.06)	0.016
	Outpatient	1	After	1.14	(1.04 - 1.26)	0.005
Allergic React w or w/o Hives	Outpatient	1	After	1.27	(1.02 - 1.60)	0.036
Allergic React w Hives	Outpatient	1	After	1.27	(1.02 - 1.60)	0.036
Allergic Rhinitis	Outpatient	1	Before	3.72	(1.44 - 11.24)	0.005
Alopecia	Outpatient	2 - 12	After	7.80	(1.25 - 174.47)	0.024
Арпеа	Outpatient	2 - 12	Before	2.65	(1.51 - 4.85)	0.001
, zpiou	Outpatient	2 - 12	After	1.82	(1.09 - 3.10)	0.022
Attention Def Dis	Outpatient	2 - 12	Before	1.47	(1.02 - 2.12)	0.037
Back Pain	Outpatient	2 - 12	Before	2.35	(1.17 - 4.97)	0.015
2	Outpatient	2 - 12	After	3.05	(1.41 - 7.19)	0.004
Congenital Anomaly	Outpatient	1	After	1.30	(1.01 - 1.68)	0.042
,	Outpatient	2 - 12	Before	1.77	(1.34 - 2.34)	<0.001
	Outpatient	2 - 12	After	1.50	(1.14 - 1.96)	0.003
Congenital Heart Disease	Outpatient	2 - 12	Before	1.76	(1.10 - 2.87)	0.018
g	Outpatient	2 - 12	After	1.72	(1.07 - 2.82)	0.025
Elective Procedure	Hospitalization	1	After	1.44	(1.09 - 1.90)	0.011
	Hospitalization	1	Historical	1.55	(1.18 - 2.04)	0.002
	Hospitalization	2 - 12	Before	1.44	(1.10 - 1.88)	0.008
Elective-Surgery	Outpatient	1	Before	2.59	(1.46 - 4.74)	0.001
	Outpatient	2 - 12	Before	2.83	(1.69 - 4.89)	< 0.001
	Outpatient	2 - 12	After	2.03	(1.27 - 3.31)	0.003
Epilepsy	Emergency Room	1	Before	∞	(1.54 - ∞)	0.016
Febrile Illness	Hospitalization	1	Historical	∞	(1.23 - ∞)	0.031
ľ	Outpatient	1	After	1.75	(1.37 - 2.25)	< 0.001
ļ	Emergency Room	1	Before	2.00	(1.26 - 3.25)	0.003
	Emergency Room	1	After	2.57	(1.52 - 4.49)	<0.001
	Outpatient	2 - 12	After	1.56	(1.08 - 2.28)	0.018
Healthcare Class	Outpatient	1	Before	5.17	(1.26 - 34.70)	0.019
	Outpatient	2 - 12	Before	6.21	(1.57 - 40.88)	0.006

Significantly Elevated Adverse Events VARIVAX®

Adverse Event	Visit Type	Age at Injection (Years)	Control Period	Relative Risk Estimate	95% CI	P-Value
Heart Murmur	Outpatient	2 - 12	After	2.79	(1.21 - 7.08)	0.015
Hives	Emergency Room	2 - 12	After	3.46	(1.02 - 15.42)	0.045
Metatarsus Adductus	Outpatient	2 -12	After	8.77	(1.44 - 193.96)	0.013
Neurological Gen Dis	Outpatient	2 -12	Before	∞	(1.94 - ∞)	0.007
Otitis Externa	Outpatient	2 - 12	After	1.40	(1.07 - 1.83)	0.014
Phimosis	Outpatient	2 - 12	Before	3.79	(1.12 - 16.93)	0.030
Pneumonia	Outpatient	1	Before	1.42	(1.02 - 1.99)	0.040
Rash	Outpatient Emergency Room	1	After After	1.18 2.54	(1.04 - 1.34) (1.10 - 6.45)	0.010 0.028
Seizure, Febrile	Hospitalization Hospitalization	1	After Historical	- 2.27 3.02	(1.03 - 5.45) (1.32 - 7.63)	0.043 0.008
Seizures	Outpatient	1	After	1.59	(1.02 - 2.52)	0.041
R/O Sepsis	Outpatient Outpatient Outpatient	1 2 - 12 2 - 12	Before Before After	3.40 6.21 5.85	(1.50 - 8.53) (1.57 - 40.88) (1.48 - 38.52)	0.002 0.006 0.008
Soft Tissue Dis	Outpatient	1	Before	7.24	(1.12 - 164.44)	0.035
Tonsillitis	Outpatient	2 - 12	After	1.90	(1.08 - 3.42)	0.025
Trauma	Outpatient Emergency Room	2 - 12 2 - 12	After After	1.15 1.18	(1.01 - 1.31) (1.02 - 1.36)	0.036 0.022
URI 	Hospitalization	2 - 12	After		(1.13 - ∞)	0.038
Valvular Heart Disease	Outpatient Outpatient	2 - 12 2 - 12	Before After	3.31 15.60	(1.26 - 10.10) (2.81 - 330.40)	0.014 <0.001
Varicella	Outpatient Outpatient Outpatient Outpatient Emergency Room	1 1 2 - 12 2 - 12 2 - 12	Before After Before After Before	3.79 10.11 12.07 8.53	(1.59 - 10.24) (2.77 - 63.71) (4.14 - 49.49) (3.28 - 28.17) (1.54 - ∞)	0.002 <0.001 <0.001 <0.001 0.016
Varicella w & w/o Cellulitis	Emergency Room	2 - 12	Before	∞ .	(1.54 - ∞)	0.016

Significantly Elevated Adverse Events VARIVAX®

Adverse Event	Visit Type	Age at Injection (Years)	Control Period	Relative Risk Estimate	95% CI	P-Value
Viral Syndrome	Outpatient	1	Before	1.1	(1.02 - 1.18)	0.013
	Outpatient	1	After	1.31	(1.21 - 1.42)	<0.001
	Emergency Room	1	After	1.73	(1.25 - 2.41)	0.001
Vision Problem	Outpatient	2 - 12	Before	1.98	(1.72 - 2.28)	<0.001
	Outpatient	2 - 12	After	1.55	(1.36 - 1.78)	<0.001
Well Care/Child	Emergency Room Emergency Room	2 - 12 2 - 12	Bèfore After	2.08 2.62	(1.06 - 4.29) (1.25 - 5.91)	0. 034 0.010

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Appendix IV Stratification by MMR

Varicella Vaccine Safety Analysis: Hospitalizations 1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Dįagnosis	0-60 days w/o MMR N	0~60 days w/o MMR Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Febrile Illness Seizure, Febrile	1 2	0.42 0.85	0 3	0.00 1.46	0.58	0.05 0.07	3.92	0.534 0.586
Dia g nosis	0-60 days w MMR N	0-60 days w MMR Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Febrile Illness Seizure, Febrile	4 19	1.21 5.74	2 5	0.76 1.90	1.59 3.02	0.28 1.18	12.40 9.06	0.629 0.020

0-60 Day Risk Period and 31-90 Days BEFORE Control Period

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

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			31-90	31-9	90			
Diagnosis	0-60 days w/o MMR N	0-60 days w/o MMR Rate	days bęfore N	days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Febrile Illness	I	0.42	3	1.27	0.33	0.01	3.14	0.377
			31-90	31-9	90			
Diagnosis	0-60 days w MMR N	0-60 days w MMR Rate	days before N	days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Febrile Illness	4	1.21	3	0.90	1.34	0.28	7.19	0.720

Varicella Vaccine Safety Analysis: Emergency Room Visits 1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 0-30 Day Risk Period and 91-120 Days AFTER Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis		0-30 days w/o MMR N	0-30 days w/o MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Acute Gastroenteritis		38	32.14	21	20.50	1.57	0.92	2.71	0.096
Febrile illness		18	15.22	8	7.81	1.95	0.86	4.75	0.113
Rash		4	3.38	4	3.91	0.87	0.20	3:84	0.844
Viral Syndrome		34	28.76	31	30.27	0.95	0.58	1.55	0.836
Diagnosis		0-30 days w MMR N	0-30 days w MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Acute Gastroenteritis	27	54	32.43	27	20.87	1.55	0.98	2.50	0.059
Febrile illness		34	20.42	10	7.73	2.64	1.34	5.61	0.004
Rash		16	9.61	3	2.32	4.14	1.31	17.82	0.012
Viral Syndrome		71	42.65	23	17.78	2.40	1.51	3.91	<0.001

Varicella Vaccine Safety Analysis: Emergency Room Visits

1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97

0-30 Day Risk Period and 31-60 Days BEFORE Control Period

Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-30 days w/o MMR N	0-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Epilepsy Febrile illness	4 18	3.38 15.22	0 12	0.00 10.15	1.50	0.90 0.72	3.20	0.063 0.281
Diagnosis	0-30 days w MMR N	0-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Epilepsy Febrile illness	2 34	1.20 20.42	0 14	0.00 8.41	2.43	0.29 1.32	4.66	0.250

Mid-Probability Method for CI and Two-Sided Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 1-30 Day Risk Period and 91-120 Days AFTER Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days w/o MMR N	1-30 days w/o MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
AGE	385	336.85	331	323.16	1.04	0.90	1.21	0.580
ALLERGIC REACT W OR W/O HIVES	62	54.25	65	63.46	0.85	0.60	1.21	0.378
ALLERGIC REACTION (INC. HIVES)	62	54.25	65	63.46	0.85	0.60	1.21	0.378
CONGENITAL ANOMALY	60	52.50	37	36.12	1.45	0.97	2.21	0.072
FEBRILE ILLNESS	66	57.75	40	39.05	1.48	1.00	2.21	0.049
R/O SEPSIS	11	9.62	2	1.95	4.93	1.23	32.74	0.021
RASH	186	162.74	203	198.19	0.82	0.67	1.00	0.052
SEIZURES	16	14.00	17	16.60	0.84	0.42	1.69	0.629
VARICELLA	11	9.62	2	1.95	4.93	1.23	32.74	0.021
VIRAL SYNDROME	506	442.72	444	433.49	1.02	0.90	1.16	0.746

Diagnosis	1-30 days w MMR N	1-30 days w MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
AGE	598	371.57	459	354.77	1.05	0.93	1.18	0.456
ALLERGIC REACT W OR W/O HIVES	118	73.32	65	50.24	1.46	1.08	1.98	0.013
ALLERGIC REACTION (INC. HIVES)	118	73.32	65	50.24	1.46	1.08	1.98	0.013
CONGENITAL ANOMALY	83	. 51.57	64	49.47	1.04	0.75	1.45	0.805
FEBRILE ILLNESS	113	70.21	54	41.74	1.68	1.22	2.34	0.001
R/O SEPSIS	12	7.46	4	3.09	2.41	0.81	8.66	0.121
RASH	369	229.28	229	177.00	1.30	1.10	1.53	0.002
SEIZURES	36	22.37	13	10.05	2.23	1.20	4.34	0.010
VARICELLA	11	6.83	C	0.00	•	2.57		0.002
VIRAL SYNDROME	964	598.98	586	452.93	1.32	1.19	1.47	<0.001

Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits 1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 1-30 Day Risk Period and 31-60 Days BEFORE Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days w/o MMR N	1-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ABSCESS	36	31.50	28	23.68	1.33	0.81	2.20	0.260
ALLERGIC RHINITIS	9	7.87	3	2.54	3.10	0.88	14.21	0.082
ELECTIVE SURGERY	18	15.75	10	8.46	1.86	0.86	4.20	0.114
HEALTHCARE CLASS	4	3.50	1	0.85	4.14	0.52	102.39	0.206
PNEUMONIA	29	25.37	21	17.76	1.43	0.81	2.54	0.215
R/O SEPSIS	11	9.62	5	4.23	2.28	0.80	7.27	0.126
SOFT TISSUE DIS	2	1.75	0	0.00		0.30		0.242
VARICELLA	11	9.62	4	3.38	2.84	0.93	10.33	0.067
VIRAL SYNDROME	506	442.72	552	466.87	0.95	0.84	1.07	0.388

Diagnosis	1-30 days w MMR N	1-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ABSCESS	42	26.10	27	16.22	_ 1.61	0.99	2.64	0.053
ALLERGIC RHINITIS	9	5.59	2	1.20	4.66	1.11	31.61	0.034
ELECTIVE SURGERY	22	13.67	6	3.60	3.79	1.59	10.24	0.002
HEALTHCARE CLASS	6	3.73	1	0.60	6.21	0.92	143.76	0.064
PNEUMONIA	52	32.31	38	22.82	1.42	0.93	2.16	0.103
R/O SEPSIS	12	7.46	2	1.20	6.21	1.57	40.88	0.006
SOFT TISSUE DIS	5	3.11	1	0.60	5.17	0.72	123.08	0.116
VARICELLA	11	6.83	2	1.20	5.69	1.41	37.79	0.011
VIRAL SYNDROME	964	598.98	834	500.93	1.20	1.09	1.31	<0.001

Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Varicella Vaccine Safety Analysis: Hospitalizations 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 0-60 Day Risk Period and 91-150 Days AFTER Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis		0-60 days w/o MMR N	0-60 days w/o MMR Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
URI		5	0.72	0	0.00	•	1.11	•	0.040
Diagnosis	2	0-60 days w/o MMR N	0-60 days w/o MMR Rate	91-150 days N	91-150 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
URI		o	0	0	0.00				

Varicella Vaccine Safety Analysis: Hospitalizations
2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97
0-60 Day Risk Period and 31-90 Days BEFORE Control Period
Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-60 days w/o MMR N	0-60 days w/o MMR Rate	31-90 days before N	31-90 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Elective Procedure	106	15.20	78	11.16	1.36	1.02	1.83	0.038
	0-60 days w MMR	0-60 days w MMR	31-90 days before	31-90 days before	Relative Risk	95% CI Lower	95% CI Upper	P-Value
Diagnosis	N	Rate	N	Rate	Estimate	Bound	Bound	(Mid-Prob.)
Elective Procedure	23	15.78	12	8.22	1.92	0.96	3.99	0.064

^{*} Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Emergency Room Visits 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 0-30 Day Risk Period and 91-120 Days AFTER Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	0-30 days w/o MMR N	0-30 days w/o MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Hives Trauma ¹ Well Child/Reassurance/FU	11 366 19	3.15 104.71 5.44	3 280 8	0.95 88.32 2.52	3.33 1.19 2.15	0.98 1.01 0.96	14.84 1.39 5.22	0.053 0.032 0.064
Diagnosis	0-30 days w MMR N	0-30 days w MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Hives Trauma¹ Well Child/Reassurance/FU	0 61 6	0.00 83.52 8.22	0 59 1	0.00 87.65 1.49	0.95 5.53	0.67 0.82	1.37 128.07	0.791 0.087

¹ Because this analysis is limited to children who received a single dose of VZV only 2 trauma Cases included in the main analysis are excluded here.

Varicella Vaccine Safety Analysis: Emergency Room Visits
2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97
0-30 Day Risk Period and 31-60 Days BEFORE Control Period
Without MMR vs. Concomitant MMR

Diagnosis	0-30 days w/o MMR N	0-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Varicella Variceila w & w/o Cellulitis Well Child/Reassurance/FU	5 5 19	1.43 1.43 5.44	0 0 . 9	0.00 0.00 2.57	2.11	1.22 1.22 0.97	4.90	0.031 0.031 0.061
Diagnosis	0-30 days w MMR N	0-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
Varicella Varicella w & w/o Cellulitis Well Child/Reassurance/FU	1 1 6	1.37 1.37 8.22	0 0 3	0.00 0.00 4.11	2.00	0.05 0.05 0.50	9.79	0.500 0.500 0.344

Mid-Probability Method for CI and Two-Sided Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 1-30 Day Risk Period and 91-120 Days AFTER Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days w/o MMR N	1-30 days w/o MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ALOPECIA	7	2.07	85 1	0.32	6.57	1.02	149.14	0.048
APNEA	34	10.06	16	5.05	1.99	1.11	3,70	0.020
BACK PAIN	22	6.51	8	2.52	2.58	1.17	6.16	0.017
CONGENITAL ANOMALY	123	36.40	80	25.23	1.44	1.09	1.92	0.010
CONGENITAL HEART DISEASE	· 41	12.13	21	6.62	1.83	1.09	3.15	0.022
ELECTIVE SURGERY	44	13.02	22	6.94	1.88	1.13	3.18	0.014
FEBRILE .ILLNESS	68	20.12	40	12.62	1.59	1.08	2.37	0.018
HEART MURMUR	15	4.44	6	1.89	2.35	0.93	6.58	0.072
METATARSUS ADDUCTUS	9	2.66	1	0.32	8.44	1.39	186.65	0.015
OTITIS EXTERNA	109	32.26	68	21.45	1.50	1.11	2.04	0.008
R/O SEPSIS	11	3.26	1	0.32	10.32	1.76	224.17	0.005
TONSILLITIS	28	8.29	17	5.36	1.55	0.85	2.88	0.157
TRAUMA	408	120.75	364	114.82	1.05	0.91	1.21	0.485
VALVULAR HEART DISEASE	15	4.44	1	0.32	14.07	2.52	299.19	<0.001
VARICELLA	29	8.58	2	0.63	13.60	3.82	84.65	<0.001
VISION PROBLEM	406	120.16	289	91.16	1.32	1.13	1.53	<0.001

Diagnosis	1-30 days w MMR N	1-30 days w MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
			•	0.00		0.05		0.510
ALOPECIA	<u> </u>	1.42	o o	0.00		0.05	_ :	0.512
APNEA	7	9.92	6	8.91	1.11	0.36	3.52	0.856
BACK PAIN	3	4.25	0	0.00		0.56		0.134
CONGENITAL ANOMALY	12	17.00	8	11.89	1.43	0.58	3.67	0.443
CONGENITAL HEART DISEASE	5	7.08	5	7.43	0.95	0.26	3.54	0.941
ELECTIVE SURGERY	8	11.33	3	4.46	2.54	0.70	11.84	0.168
FEBRILE ILLNESS	4	5.67	5	7:43	0.76	0.18	3.01	0.702
HEART MURMUR	5	7.08	1	1.49	4.77	0.66	113.43	0.139
METATARSUS ADDUCTUS	0	0.00	0	0.00	0.00	0.00		0.000
OTITIS EXTERNA	20	28.33	22	32.68	0.87	0.47	1.60	0.647
R/O SEPSIS	1	1.42	1	1.49	0.95	0.02	37.18	0.976
TONSILLITIS	7	9.92	1	1.49	6.67	1.03	151.55	0.045
TRAUMA	88	124.65	57	84.68	1.47	1.06	2.06	0.022
VALVULAR HEART DISEASE	1	1.42	0	0.00		0.05		0.512
VARICELLA	6	8.50	2	2.97	2.86	0.61	20.59	0.201
VISION PROBLEM	141	199.72	56	83.20	2.40	1.77	3.29	<0.001

Mid-Probability Method for CI and Two-Sided Exact Binomial Test

Varicella Vaccine Safety Analysis: Outpatient Visits 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 1-30 Day Risk Period and 31-60 Days BEFORE Control Period Without MMR vs. Concomitant MMR

Rates, Relative Risk Estimates and 95% Confidence Intervals (Rates per 1000 Person-Years)

Diagnosis	1-30 days w/o MMR N	1-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
APNEA	34	10.06	14	4.01	2.51	1.36	4.82	0.003
ATTENTION DEF. DIS.	61	18.05	46	13.16	1.37	0.94	2.02	0.105
BACK PAIN	22	6.51	9	2.57	2.53	1.10	5.78	0.016
CONGENITAL ANOMALY	123	36.40	69	19.74	1.84	1.38	2.49	<0.001
CONGENITAL HEART DISEASE	41	12.13	25	7.15	1.70	1.03	2.82	0.036
ELECTIVE SURGERY	44	13.02	15	4.29	3.03	1.71	5.61	<0.001
HEALTHCARE CLASS	11	3.26	2	0.57	5.69	1.41	37.79	0.011
NEUROLOGICAL, GENERAL DISORDER	3	0.89	0	0.00		0.60		0.119
PHIMOSIS	9	2.66	2	0.57	4.66	1.11	31.61	0.034
R/O SEPSIS	11	3.26	2	0.57	5.69	1.41	37.79	0.011
VALVULAR HEART DISEASE	15	4.44	5	1.43	3.10	1.17	9.54	0.022
VARICELLA	29	8.58	3	`0.86	10.00	3.38	41.35	<0.001
VISION PROBLEM	406	120.16	247	70.66	1.70	1.45	1.99	<0.001

Diagnosis	1-30 days w MMR N	1-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
APNEA	7	9.92	2	2.74	3.62	0.81	25.43	0.099
ATTENTION DEF. DIS.	10	14.16	4	5.48	2.59	0.83	9.51	0.105
BACK PAIN	3	4.25	2	2.74	1.55	0.23	13.05	0.661
CONGENITAL ANOMALY	12	17.00	10	13.69	1.24	0.53	2.96	0.621
CONGENITAL HEART DISEASE	5	7.08	2	2.74	2.59	0.51	19.25	0.270
ELECTIVE SURGERY	8	11.33	4	5.48	2.07	0.63	7.88	0.243
HEALTHCARE CLASS	1	1.42	0	0.00		0.05		0.492
NEUROLOGICAL, GENERAL DISORDER	2	2.83	0	0.00		0.30		0.242
PHIMOSIS	2	2.83	1	1.37	2.07	0.16	61.03	0.606
R/O SEPSIS	1	1.42	0	0.00		0.05		0.492
VALVULAR HEART DISEASE	1	1.42	0	0.00		0.05		0.492
VARICELLA	6	8.50	0	0.00		1.60		0.014
VISION PROBLEM	141	199.72	40	54.77	3.65	2.59	5.23	<0.001

Mid-Probability Method for CI and Two-Sided Exact Binomial Test

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Appendix V Strafication by MMR (4-30 Days)

Varicella Vaccine Safety Analysis: Outpatient Visits 1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 4-30 Day Risk Period and 91-120 Days AFTER Control Period

Diagnosis	4~30 days w/o MMR N	4-30 days w/o MMR Rate	.91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
AGE ALLERGIC REACT W OR W/O HIVES ALLERGIC REACTION (INC. HIVES) CONGENITAL ANOMALY FEBRILE ILLNESS R/O SEPSIS RASH SEIZURES VARICELLA VIRAL SYNDROME	360 57 57 56 59 11 173 15 10 489	351.32 55.63 55.63 54.65 57.58 10.73 168.83 14.64 9.76 477.21	331 65 65 37 40 2 203 17 2	323.16 63.46 63.46 36.12 39.05 1.95 198.19 16.60 1.95 433.49	1.09 0.88 0.88 1.51 1.47 5.50 0.85 0.88 5.00	0.94 0.61 0.61 1.00 0.99 1.37 0.69 0.43 1.22 0.97	1.26 1.25 1.25 2.31 2.22 36.51 1.04 1.78 33.53	0.273 0.469 0.469 0.050 0.057 0.013 0.121 0.727 0.023
Diagnosis	4-30 days w MMR N	4-30 days w MMR Rate	91-120 days N	91-120 days Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
AGE ALLERGIC REACT W OR W/O HIVES ALLERGIC REACTION (INC. HIVES) CONGENITAL ANOMALY FEBRILE ILLNESS R/O SEPSIS RASH SEIZURES VARICELLA VIRAL SYNDROME	572 117 117 74 102 11 350 36 11 934	396.42 81.09 81.09 51.29 70.69 7.62 242.57 24.95 7.62 647.31	459 65 64 54 4 229 13 0	354.77 50.24 50.24 49.47 41.74 3.09 177.00 10.05 0.00 452.93	1.12 1.61 1.61 1.04 1.69 2.47 1.37 2.48	0.99 1.19 1.19 0.74 1.22 0.81 1.16 1.34 2.86	1.26 2.20 2.20 1.45 2.37 8.95 1.62 4.84	0.076 0.002 0.002 0.834 0.001 0.117 <0.001 0.003 0.001 <0.001

Varicella Vaccine Safety Analysis: Outpatient Visits 1 Year of Age -- Immunizations through 12/31/96, Visits through 02/05/97 4-30 Day Risk Period and 31-60 Days BEFORE Control Period

Diagnosis ABSCESS	4-30 days w/o MMR N	4-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ALLERGIC RHINITIS	35	34.16	28	23.68	1.44	0.88	2.39	0.150
ELECTIVE SURGERY	9	8.78	3	2.54	. 3.46	0.98	15.85	0.055
HEALTHCARE CLASS	16	15.61	10	8.46	1.85	0.84	4.22	0.130
PNEUMONIA	4 29	3.90	1	0.85	4.62	0.58	114.21	0.168
R/O SEPSIS	11	28.30	21	17.76	1.59	0.91	2.83	0.105
SOFT TISSUE DIS	2	10.73	5	4.23	2.54	0.89	8.11	0.081
VARICELLA	10	1.95 9.76	0	0.00	•	0.33		0.216
VIRAL SYNDROME	489	477.21	4	3.38	2.88	0.93	10.61	0.069
	407	4//.21	552	466.87	1.02	0.90	1.15	0.724
Diagnosis	4-30 days w mmr N	4-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ABSCESS	w MMR	w MMR	days before	days before Rate	Risk Estimate	Lower Bound	Upper Bound	(Mid-Prob.)
ABSCESS ALLERGIC RHINITIS	w MMR N 39 9	w MMR Rate	days before N	days before Rate 16.22	Risk Estimate 1.67	Lower Bound 1.02	Upper Bound 2.75	(Mid-Prob.) 0.041
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY	w MMR N 39 9 20	w MMR Rate 27.03 6.24 13.86	days before N 27	days before Rate	Risk Estimate 1.67 5.19	Lower Bound 1.02 1.24	Upper Bound 2.75 35.26	(Mid-Prob.) 0.041 0.022
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY HEALTHCARE CLASS	w MMR N 39 9 20 6	w MMR Rate 27.03 6.24 13.86 4.16	days before N 27 2 6 1	days before Rate 16.22 1.20	Risk Estimate 1.67	Lower Bound 1.02 1.24 1.60	Upper Bound 2.75 35.26 10.47	(Mid-Prob.) 0.041 0.022 0.002
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY HEALTHCARE CLASS PNEUMONIA	w MMR N 39 9 20 6 49	w MMR Rate 27.03 6.24 13.86 4.16 33.96	days before N 27 2 6 1	days before Rate 16.22 1.20 3.60	Risk Estimate 1.67 5.19 3.85	Lower Bound 1.02 1.24 1.60 1.02	Upper Bound 2.75 35.26 10.47 160.34	(Mid-Prob.) 0.041 0.022 0.002 0.047
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY HEALTHCARE CLASS PNEUMONIA R/O SEPSIS	w MMR N 39 9 20 6 49	w MMR Rate 27.03 6.24 13.86 4.16 33.96 7.62	days before N 27 2 6 1	days before Rate 16.22 1.20 3.60 0.60 22.82 1.20	Risk Estimate 1.67 5.19 3.85 6.92	Lower Bound 1.02 1.24 1.60	Upper Bound 2.75 35.26 10.47 160.34 2.29	(Mid-Prob.) 0.041 0.022 0.002 0.047 0.066
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY HEALTHCARE CLASS PNEUMONIA R/O SEPSIS SOFT TISSUE DIS	w MMR N 39 9 20 6 49 11	w MMR Rate 27.03 6.24 13.86 4.16 33.96 7.62 3.47	days before N 27 2 6 1 38 2	days before Rate 16.22 1.20 3.60 0.60 22.82 1.20 0.60	Risk Estimate 1.67 5.19 3.85 6.92 1.49 6.35 5.77	1.02 1.24 1.60 1.02 0.97	Upper Bound 2.75 35.26 10.47 160.34	(Mid-Prob.) 0.041 0.022 0.002 0.047 0.066 0.006
ABSCESS ALLERGIC RHINITIS ELECTIVE SURGERY HEALTHCARE CLASS PNEUMONIA R/O SEPSIS	w MMR N 39 9 20 6 49	w MMR Rate 27.03 6.24 13.86 4.16 33.96 7.62	days before N 27 2 6 1	days before Rate 16.22 1.20 3.60 0.60 22.82 1.20	Risk Estimate 1.67 5.19 3.85 6.92 1.49 6.35	1.02 1.24 1.60 1.02 0.97 1.58	Upper Bound 2.75 35.26 10.47 160.34 2.29 42.15	(Mid-Prob.) 0.041 0.022 0.002 0.047 0.066

Varicella Vaccine Safety Analysis: Outpatient Visits 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 4-30 Day Risk Period and 91-120 Days AFTER Control Period

	.)	traces per	1000 Perso	n-Years)				
	4-30 days							
	4-30 days	4-30 days	91-120	91-120	Relative	95% CI	050 0-	
Di	w/o MMR	w/o MMR	days	days	Risk		95% CI	
Diagnosis	N	Rate	N			Lower	Upper	P-Value
			14	Rate	Estimate	Bound	Bound	(Mid-Prob.)
ALOPECIA	6	1.98						
APNEA	32		1	0.32	6.28	0.93	145.43	0.062
BACK PAIN		10.56	16	5.05	2.09	1.16	3.90	0.014
CONGENITAL ANOMALY	22	7.26	8	2.52	2.88	1.31		
CONCENTENT MENDE DOCUMENT	119	39.28	80	25.23	1.56	1.17	6.87	0.007
CONGENITAL HEART DISEASE	35	11.55	21	6.62			2.07	0.002
ELECTIVE SURGERY	41	13.53	22		1.74	1.02	3.04	0.042
FEBRILE ILLNESS	62	20.47		6.94	1.95	1.17	3.32	0.010
HEART MURMUR	15		40	12.62	1.62	1.09	2.43	0.016
METATARSUS ADDUCTUS	7	4.95	6	1.89	2.62	1.04	7.34	0.041
OTITIS EXTERNA		2.31	1	0.32	7.33	1.13	166.35	0.034
R/O SEPSIS	104	34.33	68	21.45	1.60	1.18	2.18	
TONSILLITIS	10	3.30	1	0.32	10.46	1.76		0.002
TRAUMA	26	8.58	17	5.36	1.60		229.11	0.005
	382	126.10	364	114.82		0.87	3.00	0.132
VALVULAR HEART DISEASE	13	4.29	i	0.32	1.10	0.95	1.27	0.201
VARICELLA	28	9.24	2		13.60	2.39	291.87	0.001
VISION PROBLEM	377	124.45		0.63	14.65	4.10	91.30	<0.001
	3,,	124.45	289	91.16	1.37	1.17	1.59	<0.001
	4-30 days	4 20 2						-01001
		4-30 days	91-120	91-120	Relative	95% CI	95% CI	
Diagnosis	w MMR	w MMR	days	days	Risk	Lower	Upper	D 11-1
2109110312	N	Rate	N	Rate	Estimate	Bound		P-Value
ALOPECIA					DOCIMALE	Bound	Bound	(Mid-Prob.)
	1	1.58	0	0.00				
APNEA	6	9.48	6			0.06		0.485
BACK PAIN	3	4.74		8.91	1.06	0.32	3.49	0.917
CONGENITAL ANOMALY	ğ		0	0.00		0.62		0.114
CONGENITAL HEART DISEASE	5	14.22	8	11.89	1.20	0.45	3.23	0.719
ELECTIVE SURGERY		7.90	5	7.43	1.06	0.29	3.95	0.924
FEBRILE ILLNESS	8	12.64	3	4.46	2.84	0.78	13.21	
HEART MURMUR	3	4.74	5	7.43	0.64	0.13		0.121
	5	7.90	1	1.49	5,32		2.76	0.563
OTITIS EXTERNA	19	30.02	22	32.68		0.74	126.52	0.109
R/O SEPSIS	1	1.58	1		0.92	0.49	1.71	0.790
TONSILLITIS	6	9.48		1.49	1.06	0.03	41.47	0.969
TRAUMA	82	129.55	_1	1.49	6.38	0.94	147.78	0.059
VALVULAR HEART DISEASE	1		57	84.68	1.53	1.09	2.15	0.013
VARICELLA		1.58	0	0.00		0.06	3	0.485
VISION PROBLEM	6	9.48	2	2.97	3.19	0.68	22.97	
tropper	129	203.80	56	83.20	2.45	1.80		0.154
				-	2.33	1.00	3.37	<0.001

Varicella Vaccine Safety Analysis: Outpatient Visits 2-12 Years of Age -- Immunizations through 12/31/96, Visits through 02/05/97 4-30 Day Risk Period and 31-60 Days BEFORE Control Period

Diagnosis APNEA	4-30 days w/o MMR N	4-30 days w/o MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
ATTENTION DEF. DIS. BACK PAIN CONGENITAL ANOMALY CONGENITAL HEART DISEASE ELECTIVE SURGERY HEALTHCARE CLASS NEUROLOGICAL, GENERAL DISORDER PHIMOSIS R/O SEPSIS VALVULAR HEART DISEASE VARICELLA VISION PROBLEM	32 57 22 119 35 41 11 2 9 10 13 28 377	10.56 18.82 7.26 39.28 11.55 13.53 3.63 0.66 2.97 3.30 4.29 9.24 124.45	14 46 9 69 25 15 2 0 2 2 5 3	4.01 13.16 2.57 19.74 7.15 4.29 0.57 0.00 0.57 0.57 1.43 0.86 70.66	2.64 1.43 2.82 1.99 1.62 3.15 6.35 5.19 5.77 3.00 10.77 1.76	1.42 0.97 1.32 1.48 0.97 1.77 1.58 0.33 1.24 1.41 1.10 3.63 1.50	5.09 2.12 6.44 2.69 2.73 5.86 42.15 35.26 38.71 9.37 44.61 2.07	0.002 0.071 0.007 <0.001 0.067 <0.001 0.006 0.216 0.022 0.012 0.031 <0.001
Diagnosis	4-30 days W MMR N	4-30 days w MMR Rate	31-60 days before N	31-60 days before Rate	Relative Risk Estimate	95% CI Lower Bound	95% CI Upper Bound	P-Value (Mid-Prob.)
APNEA ATTENTION DEF. DIS. BACK PAIN CONGENITAL ANOMALY CONGENITAL HEART DISEASE ELECTIVE SURGERY HEALTHCARE CLASS NEUROLOGICAL, GENERAL DISORDER PHIMOSIS R/O SEPSIS VALVULAR HEART DISEASE VARICELLA VISION PROBLEM	6 10 3 9 5 8 1 2 2 2 1 1 6 129	9.48 15.80 4.74 14.22 7.90 12.64 1.58 3.16 3.16 1.58 2.58 9.48	2 4 2 10 2 4 0 0 0 1 0 0 0 0 0 4 0	2.74 5.48 2.74 13.69 2.74 5.48 0.00 0.00 1.37 0.00 0.00 0.00 54.77	3.46 2.88 1.73 1.04 2.88 2.31 2.31	0.73 0.93 0.26 0.41 0.57 0.70 0.06 0.33 0.18 0.06 0.06 1.78 2.63	24.92 10.61 14.55 2.61 21.47 8.79 	0.125 0.069 0.579 0.932 0.214 0.176 0.464 0.216 0.547 1.464 0.464 0.010 <0.001

Appendix VI Compilation Tablets

Table VI-1 **Rate Comparison for Febrile Illness** June 1, 1995 - February 5, 1997

Comparison			Hospitalizations	3	Em	ergency Room Vi	cito		No. 4 - 4 - 4 - 770 04	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	Outpatient Visit	P- Value
12 - 23 Months of Age Before' After' Historical	34,665	0.84 2.16 ∞	(0.24 - 2.87) (0.43 - 16.10) (1.23 - ∞)	0.781 0.380 0.031	2.90 2.57 1.53	(1.26 - 3.25) (1.52 - 4.49) (0.99 - 2.38)	0.003 <0.001 0.053	1.08 1.75 NC ⁵	(0.87 - 1.33) (1.37- 2.25)	0.490
Before (w/o MMR) After (w/o MMR) After, no MMR, days 4-30 Historicat [†]					1.50 1.95	(0.72 -3.20) (0.86 - 4.75)	0.281 0.113	1.48	(1.00 - 2.21) (0.99 - 2.22)	0.049 0.057
2 - 12 Years of Age Before After	51,463	0.00 NC	(0.13 - ∞) (0.00 - 1.72)	0.293	0.69 0.77	(0.70 - 2.23) (0.28 -1.63) (0.31 -1.89)	0.416	1.06	(0.76 - 1.48)	0.712
After (w/o MMR) After, no MMR, days 4-30 13 - 17 Years of Age	1,891				0.17	(0.31 -1.89)	0.572	1.56 1.59 1.62	(1.08 - 2.28) (1.08 - 2.37) (1.09 - 2.43)	0.018 6.016
Before After 18+ Years of Age	1,734	NC NC	-	æ **	NC NC	-	•	NC NC	65	883
Before After		NC NC	- -	**	NC NC)(3	NC NC	*	-

Time period of 60 - 31 days prior to vaccination for ER and outpatient visits and 90 - 31 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 2 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only.

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

[†] These relative risks may be biased in favor of Varivax®, since some of the historical controls may have received MMR during the historical control period.

Table VI-2 Rate Comparison for Febrile Seizures June 1, 1995 - February 5, 1997

Compariso			Hospitalizations		Eme	rgency Room V	isits		Outpatient Visi	4-
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimat	95% CI	P-Value
12 - 23 Months of Age	34,665	,						е		
Before' After' Historical'' Before (w/o MMR)		1.76 2.27 3.02	(0.87 - 3.69) (1.03 - 5.45) (1.32 - 7.63)	0.118 0.043 0.008	1.26 0.93 1.39	(0.81 - 2.00) (0.61 - 1.43) (0.87 - 2.22)	0.308 0.745 0.165	∞ 0.92	(0.60 - ∞) (0.16 -5.35)	0.119 0.921
After (w/o MMR)	#4 "i co"	0.58	(0.07 - 3.92)	0.586						- -
2 - 12 Years of Age Before After 13 - 17 Years of Age	51,463 1,891	1.67 1.16	(0.39 - 8.49) (0.29 - 4.85)	0.506 0.840	0.60 0.87	(0.28 - 1.22) (0.39 - 1.94)	0.163 0.732	1.55 1.46	(0.23 - 13.05) (0.22 - 12.30)	0.661 0.707
Before After 18+ Years of Age	1,734	0.00 NC'	(0.00 - 13.70)	0.419	NC NC	# #3	-	NC NC	\$5 25 25	3
Before After 1 = Time period of 60	- 30 days prior to y	NC NC	- ED 1	-	NC NC		34 12	NC NC	6:	1

rior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 2 =

No deaths due to febrile seizures occurred in the follow-up periods.

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals.

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only.

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-3 Rate Comparison for Afebrile Seizures June 1, 1995 - February 5, 1997

Compariso Age			Hospitalizations	3	Eme	ergency Room V	isits	(Outpatient Vis	ite
at Vaccination 12 - 23 Months of Age	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value
Before'	34,665	110		_						
After ²		NC NC	-	4	∞	(0.05 - ∞)	0.500	NC	_	
Historical ^{3,4}		NC NC	€.	-	00	(0.05 - ∞)	0.530	NC	•	590
2 - 12 Years of Age	51,463	INC	-	-	0.50	(0.02-6.57)	0.625	-	*	1000
Before	ĺ	∞	(0.05 - ∞)	0.499	1.00	(0.03 - 39.00)	0.999	NC		
After 13 - 17 Years of Age	1,891	0.93	(0.02 - 36.13)	0.962	0.94	(0.02 - 36.76)	0.970	NC	ह इ	93#6 67#6
Before	,	NC	-	-	NC	2		NC		
After 18+ Years of Age	1,734	NC	-	-	NC	-	7.5 53	NC	*	940
Before	2,,,,,,,	NC	-51	¥	NC	_		NC		
After		NC	0.60	34	NC		-	NC	48	-

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 = 2 =

No deaths due to afebrile seizures occurred in the follow-up periods.

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 4 = Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only.

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-4 Rate Comparison for Seizures (Type Unknown) June 1, 1995 - February 5, 1997

Compariso			Hospitalizations		Eme	rgency Room V	isits		Outpatient Visi	te
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relativ e Risk Estimat e	95% CI	P-Value
12 - 23 Months of Age	34,665									
Before'		00	(0.05 - ∞)	0.499	NC	S43	-	1.28	(1.85 - 1.93)	0.234
After ^a		0.87	(0.02 - 33.75)	0.928	NC	(4)	_	1.59	(1.02 - 2.52)	0.234
Historical ^{3,4}		00	<u>(0.05</u> - ∞)	0.499	NC	-	_	4.57	(1.0% - 2.72)	¥.041
After (w/o MMR)								0.84	(0.42 - 1.69)	0.600
2 - 12 Years of Age Before After	51,463	0.00 NC	(0.00 - 19.04)	0.501	NC 0.00	(0.00, 2.27)	- 0.005	0.90	(0.53 - 1.51)	0.629
13 - 17 Years of Age	1,891				0.00	(0.00 - 3.27)	0.235	0.73	(0.44 - 1.20)	0.220
Before		00	(0.04 - ∞)	0.581	NC	390	-	NC	2	_
After 18+ Years of Age	1,734	00	(0.03 - ∞)	0.616	NC	=#* Si	-	0.00	(0.00 - 11.34)	0.374
Before		NC	*	-	NC	-	_	NÇ		_
After 1 = Time period of 60		NC	*	-	NC	54	- 1	NC	~	-

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 2 =

No deaths due to seizures (type unknown) occurred in the follow-up periods.

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4=

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-5 Rate Comparison for Rule-Out Sepsis" June 1, 1995 - February 5, 1997

Comparison			Hospitalizatio	ns	Emerg	ency Room V	isits		Outpatient Visits	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P- Value	Relative Risk Estimate	95% CI	P-Value
12 - 23 Months of Age Before' After' Historical'	34,665	NC' NC NC	80 83 84		NC NC NC	-		3.40 3.52	(1.50 - 8.53) (1.49 - 9.47)	0.002
Before (w/o MMR) After (w/o MMR) After, no MMR, days 4-30						·		2.28 4.93 2.54	(0.80 - 7.27) (1.23 - 32.74) (0.89 - 8.11)	0.126
2 - 12 Years of Age Before After	51,463	NC NC	-	-	NC NC	-	-	6.21 5.85	(1.57 - 40.88) (1.48 - 38.52)	0.006
Before (w/o MMR) Before, no MMR, days 4-30 After (w/o MMR) After, no MMR, days 4-30								5.69 5.77 10.32	(1.41 - 37.79) (1.41-38.71) (1.76 - 224.1)	0.008 0.011 0.012 0.005
13 - 17 Years of Age Before After	1,891	NC NC	8 = 6	∓	NC NC	(#)		10.46 NC	(1.76 - 229.1)	0.005
18+ Years of Age Before After	1,734	NC NC	fee	ē	NC NC NC	35. 35.	*	NC NC NC	64 0	1 12 22

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

NC --- No reported cases. 5 =

Value resulted from division by zero because no events occurred in the control comparison period

Table VI-6 Rate Comparison for Varicella June 1, 1995 - February 5, 1997

Comparison			Hospitalizations	5	Eme	rgency Room V	isits		Outmotions 371 14	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	Outpatient Visits 95% CI	P-Value
12 - 23 Months Before' After' Historical' Before (w/o MMR)	34,665	NC' NC 0.00	(0.00 - 3.49)	0.251	2.66 1.00	(0.58 - ∞) (0.28 -70.14) (0.17 - 5.82)	0.125 0.437 0.999	3.79 10.11	(1.59 · 10.24) (2.77 - 63.71)	0.002 <0.001
After (w/o MMR) After, no MMR, days 4-30 2 - 12 Years	51,463	-			- - -			2.84 4.93 5.00	(0.93 - 10.33) (1.23 - 32.74) (1.22 - 33,53)	0.067 0.021 0.023
Before After Before (w/o MMR)		NC NC		-	5.65	(1. 54 - ∞) (0.84-130.97)	0.016 0.082	12.07 8.53	(4.14 - 49.49) (3.28 - 28.17)	<0.001
After (w/o MMR) After, no MMR, days 4-30		- -			-	(1.22 - ∞)	0.031	10.00 13.60 14.65	(3.38 · 41.35) (3.82 · 84.65)	<0.001 <0.001
13 - 17 Years Before After 18+ Years	1,891 1,734	NC NC	¥	₽: -	NC NC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**	∞ 0.30	(0.03 - ∞) (0.01 - 3.92)	<0.001 0.601 0.367
Before After 1 = Time period of 60 - 3		NC NC	2 2	-	NC NC	5 5 58	8 8	00 00	(0.04 - ∞) (0.03 - ∞)	0.595 0.620

me period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

NC --- No reported cases. 5 =

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-7 **Rate Comparison for Rash** June 1, 1995 - February 5, 1997

Compariso			Hospitalizations	3	Em	ergency Room Vi	sits	0	outpatient Visits	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative	95% CI	P-
12 - 23 Months of Age Before' After' Historical' After (w/o MMR)	34,665	0.00 NC 0.00	(0.00 - 19.10)	0.501 - 0.501	2.00 2.54 0.91	(0.94 - 4.45) (1.10 - 6.45) (0.49 - 1.68)	0.071 0.028 0.761	1.01	(0.90 - 1.13) (1.04 - 1.34)	0.903
2 - 12 Years of Age	51,463			 -	0.87	(0.20 - 3.84)	0.844	0.82	(0.67-1.00)	0.052
Before After 13 - 17 Years of Age	1,891	00 00	$(0.05 - \infty)$ $(0.05 - \infty)$	0.499 0.519	0.88 1.65	(0.30 - 2.49) (0.48 - 6.43)	0.804 0.442	0.96 1.02	(0.83 - 1.11) (0.87 - 1.18)	0.563 0.84
Before After 18+ Years of Age Before	1,734	NC NC	- -	-	NC NC	<u>-</u> 3	-	1.55 1.04	(0.72 - 3.55) (0.52 - 2.19)	0.277 0.918
After		NC NC	-	-	NC 0.00	(0.00 - 11.25)	0.372	1.56 1.96	(0.84 - 3.00) (0.99 - 4.18)	0.165 0.056

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

⁵ =

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-8 Rate Comparison for Allergic Reaction including Hives June 1, 1995 - February 5, 1997

Compariso			Hospitalization	18	Emer	gency Room	Visits		Outpatient Visits	
Age at Vaccination 12 - 23 Months of Age	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P- Value
Before' After' Historical ^{3,4} After (w/o MMR)	34,665	NC ^s NC NC	3 2 -	- - -	NC NC NC	1254 2367 2368	- - -	1.03 1.27	(0.84 - 1.26) (1.02 - 1.60)	0.78
2 - 12 Years of Age	51,463							0.85	(0.60 - 1.21)	0.378
Before After 13 - 17 Years of Age	1,891	NC NC	- -	-	NC NC	- -	-	0.97 1.20	(0.77 - 1.22) (0.94 - 1.54)	0.770
Before After 18+ Years of Age	1,734	NC NC	-	-	NC NC	- %	<u> </u>	0.66 1.19	(0.15 - 2.94) (0.21 - 9.32)	0.57 0.87:
Before After	50	NC NC	- 9	-	NC NC		2 2	2.04 1.84	(0.22 - 53.80) (0.20 - 48.40)	0.59 0.65

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 = 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

NC --- No reported cases. 5 =

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-9 Rate Comparison for Allergic Rhinitis June 1, 1995 - February 5, 1997

Compariso			Hospitalization	ns	Emer	gency Room	Visits		Outpatient Visits	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-
12 - 23 Months of Age Before' After' Historical ¹⁴	34,665	NC ^s NC NC	9 001100	-	NC NC NC	9		3.72 1.27	(1.44 - 11.24) (0.62 - 2.66)	0.00:
Before (w/o MMR) 2 - 12 Years of Age	51,463							3.10	(0.88 - 14.21)	0.082
Before After 13 - 17 Years of Age	1,891	NC NC	*	90 90	NC NC	<u>-</u>	ES ES	1.24 0.97	(0.90 - 1.70) (0.72 - 1.32)	0.184
Before After 18+ Years of Age	1,734	NC NC	5) 10	:€ :€	NC NC	34 34	9	1.04 3.28	(0.40 - 2.85) (0.82 - 21.80)	0.947 0.103
Before After		NC NC	.s	25 36	NC NC	4 4	-	0.77 0.87	(0.44 - 1.34) (0.48 - 1.59)	0.34

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 = 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period. 00

Table VI-10 **Rate Comparison for Hives** June 1, 1995 - February 5, 1997

Compariso			Hospitalizatio	ns	Eme	ergency Room V	icite			
Age at Vaccination 12 - 23 Months of Age	No. of Vaccinations 34,665	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	utpatient Visi 95% CI	s P-Valu
Before' After' Historical ^{3,4} 2 - 12 Years of Age Before After After (w/o MMR) 13 - 17 Years of Age	51,463 1,891	NC NC NC NC	8 6 8= 8	***	3.00 1.33 1.50 1.83 3.46 3.33	(0.63 -21.60) (0.36 - 5.35) (0.41 -6.03) (0.68 - 5.36) (1.02 - 15.42) (0.98 - 14.84)	0.180 0.677 0.549 0.238 0.045 0.053	NC NC NC	(20) (30) (30)	8 8 •
Before After 18+ Years of Age Before After	1,734	NC NC NC	151 NEO 150		NC NC NC		98 388	NC NC NC	.5 .5 .2 	(#) (#)

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 2=

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

NC --- No reported cases. 5 =

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-11 Rate Comparison for Epilepsy June 1, 1995 - February 5, 1997

Compariso			Hospitalizations	3	Eme	rgency Room V	isits		Outpatient Visits	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P- Valu
12 - 23 Months of Age Before' After' Historical'* Before (w/o MMR)	34,665	1.84 0.87 2.76	(0.68 - 5.39) (0.37 - 2.04) (0.91 -10.04)	0.234 0.738 0.075	2.66	(1.54 - ∞) (0.56 - 19.18) (1.54 - ∞)	0.016 0.237 0.016	0.83 1.84	(0.38 - 1.78) (0.70 - 5.30)	0.63 0.22
2 - 12 Years of Age	51,463				- 00	(0.90 - ∞)	0.063			
Before After 13 - 17 Years of Age	1,891	1.75 1.30	(0.51 -6.84) (0.40 -4.47)	0.386 0.673	1.17 1.65	(0.38 - 3.70) (0.48 - 6.43)	0.791 0.442	1.79 0.84	(0.85 - 3.89) (0.45 - 1.56)	0.12 0.58
Before After 18+ Years of Age Before	1,734	NC NC	<u></u>	-	0.00 NC	(0.00 -12.17)	0.391	0.66 ∞	(0.02 - 25.86) (0.03 - ∞)	0.79 0.62
After		NC NC	8	-	NC NC	72 V	<u>.</u>	NC 0.00	(0.00 - 2.13)	0.14

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. $\mathbf{i} =$ 2 =

No deaths due to epilepsy occurred in the follow-up periods.

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-12 Rate Comparison for Soft Tissue Disease June 1, 1995 - February 5, 1997

Compariso			Hospitalizatio	ns	Emerg	gency Room	Visits		Outpottent VII. It	
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	Outpatient Visits 95% CI	P-Value
12 - 23 Months of Age Before' After' Historical'' Before (w/oMMR)	34,665	NC NC NC		-	NC NC NC	-		7.24 1.84	(1.12 - 164.44) (0.70 - 5.30)	0.035 0.228
2 - 12 Years of Age	51,463		_					00	(0.30 - ∞)	0.242
Before After 13 - 17 Years of Age	1,891	NC NC	€ -	19	NC NC	(A) (A)		3.10 2.92	(0.33 - 81.71) (0.31 - 77.01)	0.358 0.388
Before After 18+ Years of Age	1,734	NC NC	-	-	NC NC	-	±; €;	∞ 1.79	(0.39 - ∞) (0.19 - 49.13)	0.217 0.675
Before After		NC NC	-	-	NC NC	18	#: #3	0.68	(0.02 - 26.56) (0.03 - ∞)	0.810 0.620

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 2 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 3 =

Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-13 Rate Comparison for Alopecia June 1, 1995 - February 5, 1997

Comparison		Hospitalizations		Emergency Room Visits		Ontrodicut VIII is				
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	Outpatient Visits 95% CI	P-Value
12 - 23 Months of Age Before' After' Historical'' 2 - 12 Years of Age Before After	34,665 51,463	NC ³ NC NC NC	15 15 160	8 8	NC NC NC NC	127 127	20 10 10	1.03 ∞ 4.14 7.80	$(0.03 - 40.34)$ $(0.05 - \infty)$ $-$ $(0.96 - 28.52)$ $(1.25 - 174.47)$	0.983 0.521 -
After (w/o MMR) After, no MMR, days 4-30 13 - 17 Years of Age	1,891		-					6.57 6.28	(1.02 - 149.14) (0.93-145.43)	0.024 0.048 0.062
Before After 18+ Years of Age Before	1,734	NC NC	- 825 -	- E	NC NC	78 28	- -	00 00	(0.03 - ∞) (0.03 - ∞)	0.601 0.626
After		NC NC	2.50	-	NC NC ₁	843 843	5 6	1.36 0.61	(0.10 - 40.18) (0.06 - 5.89)	0.851 0.647

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 = 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 =

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. 4 = Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only.

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Table VI-14 Rate Comparison for Total Diagnoses (All Visits) June 1, 1995 - February 5, 1997

Comparison		Hospitalizations		Emergency Room Visits		Outpatient Visits				
Age at Vaccination	No. of Vaccinations	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value	Relative Risk Estimate	95% CI	P-Value
12 - 23 Months of Age Before' After' Historical' 2 - 12 Years of Age	34,665 51,463	0.94 1.09 1.13	(0.83 - 1.07) (0.95 - 1.25) (0.99 - 1.30)	0.350 0.245 0.072	1.05 1.17 1.01	(0.96 - 1.14) (1.06 - 1.28) (0.92 - 1.10)	0.318 0.001 0.895	0.89 0.82	(0.87 - 0.91) (0.80 - 0.84)	<0.001
Before After 13 - 17 Years of Age	1,891	1.11 1.00	(0.96 - 1.28) (0.87 - 1.16)	0.169 0.960	1.02 1.14	(0.93 - 1.11) (1.63 - 1.25)	0.696 0.008	0.96 0.94	(0.94 - 0.99) (0.91 - 0.96)	0.008
Before After 18+ Years of Age	1,734	0.55 1.04	(0.24 - 1.28) (0.38 - 3.09)	0.166 0.955	0.82 0.95	(0.54 - 1.24) (0.61 - 1.50)	0.340 0.811	0.68 0.92	(0.60 - 0.77) (0.80 - 1.06)	<0.001 0.266
Before After		0.34 1.05	(0.19 - 0.59) (0.50 - 2.30)	<0.001 0.911	1.09 0.94	(0.65 - 1.85) (0.56 - 1.58)	0.759 0.799	0.83 1.05	(0.74 - 0.94) (0.91 - 1.20)	0.004 0.528

Time period of 60 - 30 days prior to vaccination for ER and outpatient visits and 90 - 30 days prior to vaccination for hospitalizations. Subjects are their own controls. 1 = 2 =

Time period of 90 - 120 days after vaccination for ER and outpatient visits and 90 - 150 days after vaccination for hospitalizations. Subjects are their own controls. 3 ==

Historical controls randomly selected from year prior to vaccine licensure from Kaiser database, matched on age to vaccinated individuals. Historical controls analysis available for age category 12 - 23 months only and for hospitalizations and emergency room visits only. 4 =

^{5 =} NC --- No reported cases.

Value resulted from division by zero because no events occurred in the control comparison period.

Appendix VII Protocol 035

(F) (F)

Protocol/Amendment No.: 035-00

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SPONSOR:

Merck & Co., Inc.

TITLE:

Post-Marketing Evaluation of Short-Term Safety of Varicella Vaccine (VARIVAX®)

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INSTITUTIONAL REVIEW BOARD/ETHICAL REVIEW COMMITTEE:

Kaiser Foundation Hospitals, Northern California Region

Product: V210 Protocol/Amendment No.: 035-00

Short-Term Safety of VARIVAX®

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PROTOCOL SYNOPSIS

PRODUCT: V210

PROTOCOL TITLE: Post-Marketing Evaluation of Short-Term Safety of Varicella Vaccine

(VARIVAX®)

PROTOCOL/AMENDMENT NO.: 035-00 / |Multicenter

CLINICAL PHASE:

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BACKGROUND AND RATIONALE: Clinical trials with varicella vaccine have been conducted in over 11,000 individuals since 1981. Although the vaccine has been shown to be generally well tolerated and efficacious (1,2), a larger study involving 25,000 children, such as the one outlined in this protocol, is necessary to determine if there are rare serious adverse events possibly related to vaccination which were not seen in these clinical trials.

OBJECTIVES:

- (1) Describe the occurrence of adverse experiences (AEs) in a cohort of 25,000 children aged 12 to 23 months in a period (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality) immediately after vaccination with VARIVAX®
- (2) Compare the rates of specific AEs in the period postvaccination which are selected by the principal investigators, with input from Merck Research Laboratories (MRL) and the Center for Biologics Evaluation and Research (CBER) at the U.S. Food and Drug Administration, with the AE rates in three comparison periods of the same time duration:
 - (a) a period among age-matched controls selected from the time period one calendar year prior to the start of the study;
 - (b) a period for the same children ending one month prior to vaccination;
 - (c) a period for the same children starting three months after vaccination.

STUDY DESIGN, DURATION, AND SAMPLE: Twenty-five thousand children aged 12 to 23 months who are members of the Kaiser Permanente Medical Care Program (KPMCP) and who meet the eligibility criteria for VARIVAX® vaccination will be vaccinated as soon as possible after licensure. AEs will be identified through the use of computer-stored records of pediatric acute care visits, emergency room visits, hospitalizations, and from the mortality data base of the state of California. The principal investigators at Kaiser will list all AEs that occurred among the study population during a post-vaccination period (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality) and select the AEs that they consider to be possibly related to vaccination. CBER may select additional AEs. The written medical charts of cases with the selected AEs will be reviewed, as will medical records for any deaths, to assess a possible vaccination effect. In addition, all

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deaths and hospitalized neurological AEs will be reported to Merck on the VAERS form by fax within 24 hours. Rates of selected AEs will be compared to rates in control periods.

DOSAGE/DOSAGE FORM, ROUTE, AND DOSE REGIMEN: One 0.5 mL subcutaneous injection of VARIVAX® containing a minimum of 1350 plaque forming units (PFUs) 30 minutes after reconstitution.

SAFETY MEASUREMENTS: Safety measurement is the objective of this study, and will be assessed for the 30 days after vaccination from computerized data bases of pediatric acute care visits and emergency room visits, and for the 60 days after from automated records of hospitalizations at KPMCP, and from the mortality data base of the state of California.

DATA ANALYSIS: The study has 95% power to detect a two-fold increase for a specific AE with a baseline incidence of 1 per 1,000, and 86% power to detect a ten-fold increase for a specific AE with a baseline incidence of 4 per 100,000. Confidence intervals for the relative risks of AEs considered possibly related to vaccine will be calculated comparing the time period immediately post-vaccination to the comparison time periods. Confidence intervals will be based on McNemar's method for the two control groups emerging from the same cohort, and based on independent binomial sampling for the age-matched controls.

REPORTING OF ADVERSE EXPERIENCES

ANY DEATH, NEUROLOGICAL ADVERSE EXPERIENCE AS ASSESSED BY HOSPITALIZATIONS, OR SEIZURE AND ATAXIA AS ASSESSED BY OUTPATIENT CLINIC VISITS OR EMERGENCY ROOM VISITS WHICH OCCURS TO ANY SUBJECT WITHIN 60 DAYS (OR 30 DAYS FOR OUTPATIENT CLINIC AND EMERGENCY ROOM VISITS) FOLLOWING VACCINATION, WHETHER OR NOT RELATED TO THE VACCINE, MUST BE REPORTED ON THE VAERS FORM BY FAX WITHIN 24 HOURS TO DR. ROBERT G. SHARRAR LISTED ON THE MRL CONTACT INFORMATION PAGE. IN ADDITION, UPON REVIEW OF THE COMPUTERIZED SUMMARY REPORTS COVERING THE SAME TIME PERIOD, ANY OTHER SERIOUS ADVERSE EXPERIENCE, WHICH, IN THE OPINION OF EITHER THE INVESTIGATOR, MRL, OR CBER, IS POSSIBLY, PROBABLY, OR DEFINITELY RELATED TO THE VACCINE, MUST BE REPORTED ON THE VAERS FORM BY FAX WITHIN FIVE (5) WORKING DAYS-OF RECEIPT OF THE APPROPRIATE MEDICAL RECORDS.

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STUDY FLOW CHART

7:	
Time	Schedule of Events
Days -90 to -61	Collect comparison data on AEs from computerized
	database of mortality and hospitalizations.
Days -60 to -31	Collect comparison data on AEs from computerized
-	databases of mortality, hospitalizations, emergency room visits
	and clinic visits.
Day 0	Administer 0.5 mL of varicella vaccine
Days 0 to 30	Collect reports on all postvaccination AEs from computerized
	databases of mortality, hospitalizations, ER visits and clinic visits.
Days 31 to 60	Collect reports on all postvaccination AEs from
	computerized databases of mortality and hospitalizations.
Days 91 to 120	Collect comparison data on AEs from computerized databases
	of mortality, hospitalizations, emergency room visits and clinic visits.
Days 121 to 150	Collect comparison data on AEs from computerized
	database of mortality and hospitalizations.

MRL CONTACT INFORMATION

To report serious adverse events, contact:

Robert G. Sharrar, M.D.	
Director	
Worldwide Product and Safety and Epidemiology	
Merck Research Laboratories	
Merck and Co., Inc.	
P.O. Box 4, BL A-31	
West Point, PA 19486	
Telephone - Office: 610-397-2868	
FAX No.: 215-397-2328	

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I. CLINICAL SECTIONS

A. BACKGROUND AND RATIONALE

Clinical trials with varicella vaccine have been conducted in over 11,000 individuals since 1981. Although the vaccine has been shown to be generally well tolerated and efficacious (1,2), a larger study involving 25,000 children, such as the one outlined in this protocol, is necessary to determine if there are rare serious adverse events possibly related to vaccination which were not seen in these clinical trials.

B. HYPOTHESES

This study is designed for post-marketing surveillance of VARIVAY® following licensure by the U.S. Food and Drug Administration. The purpose of this study is to maintain active surveillance of VARIVAX® safety under market conditions rather than test hypotheses.

C. OBJECTIVES

Overall Objectives:

The overall objective of this study is to assess the short-term safety of the varicella vaccine, VARIVAX®. This study will describe the AEs occurring in the period immediately following vaccination (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality). The study will allow comparison of differences in rates of AEs in the period immediately postvaccination with the rates of AEs seen in periods of the same time duration ending one month prior to vaccination and in periods starting three months after vaccination, and with rates seen in periods of the same time duration (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality) in age-matched unvaccinated controls. The age-matched unvaccinated controls will be selected from the time period one year prior to the time period of vaccination to avoid potential selection bias which could arise through choice of children who were the same age as the vaccinees but who did not receive the vaccine.

C. OBJECTIVES (CONT'D)

2. Specific Objectives:

- a. Describe the occurrence of AEs in a cohort of 25,000 children aged 12 to 23 months in a period immediately after VARIVAX® vaccination (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality).
- b. Estimate differences in rates of AEs between the follow-up period immediately after vaccination and three comparison periods of the same duration (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality):
 - a period among age-matched controls selected from the time period one calendar year prior to the start of the study;
 - a period for the same children ending one month prior to vaccination;
 - a period for the same children starting three months after vaccination.

D. SUBJECT/PATIENT DEFINITION

1. Inclusion Criteria

The study will be conducted at the clinics and medical centers of Kaiser Permanente Medical Care Program (KPMCP) following licensure of VARIVAX®. The vaccine will be offered to children aged 12 to 23 months who are members of the KPMCP, who have a negative clinical history of varicella, and who meet the eligibility criteria as specified in the package insert. At least twenty-five thousand such children who are vaccinated in the course of ordinary clinical practice with marketed varicella vaccine over a 1 to 2 year period after licensure of the vaccine will form the study population.

2. Exclusion Criteria

Children with a positive history of varicella and children who do not meet the eligibility criteria of the package insert will be excluded from the study population. The eligibility criteria of the package insert exclude children who are: less than 12 months of age; a history of anaphylactoid reaction to neomycin; hypersensitivity to any component of the vaccine, including gelatin; individuals with blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems; individuals receiving immunosuppressive therapy; such as immunosuppressant doses of corticosteroids; individuals with primary and

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D. SUBJECT/PATIENT DEFINITION (CONT'D)

acquired immunodeficiency states, including human immunodeficiency-related disease, cellular immune deficiencies, hypogammaglobulinemic and dysgammaglobulinemic states; a family history of congenital or hereditary immune deficiency unless the immunocompetence of the potential vaccine recipient is demonstrated; active untreated tuberculosis; and any febrile respiratory illness or other active febrile infection.

E. STUDY DESIGN

1. Summary of Study Design

Twenty-five thousand children ages 12 to 23 months of age will be enrolled over a 1 to 2 year period for safety evaluation. Children will be followed for at least 6 months through computerized records of the HMO. The first two months of follow-up will serve as a measure of AEs following vaccination (30 days for pediatric acute care visits and emergency room visits, 60 days for hospitalizations and mortality). A similar period of time before vaccination and three months after vaccination will be used as the control or baseline level of AEs. AEs noted for an equivalent window of time among age-matched, unvaccinated children selected from a time period one calendar year prior to the start of the study will provide an additional comparison. The principal investigators at Kaiser will provide CBER with a list of AEs that occurred among the study population during the post-vaccination period. investigators will select the AEs that they consider to be possibly related to vaccination and compare rates of AEs in the 60-day postvaccination period with the three comparison periods. CBER and MRL may identify additional AEs for which rate comparisons should be made. Based on prior experience with 11,000 vaccinees, the most common reported adverse events in children under 13 years of age which are temporarily associated with vaccination are fever, injection-site complaints (eg pain, soreness, swelling, etc.), varicella-like rash at the injection site, and generalized varicella-like rash (1, 3).

2. Treatment

Children enrolled in the study population will be vaccinated in the course of ordinary clinical practice with marketed varicella vaccine over a 1 to 2 year period after licensure of the vaccine.

E. STUDY DESIGN (CONT'D)

3. Study Procedures

The Kaiser Permanente Northern California health maintenance organization (HMO) has 31 health care centers in the San Francisco Bay area and northern California, with an annual birth cohort among members of approximately 25,000 infants. The HMO maintains computerized records on all mortality, hospitalizations, and emergency room visit events among HMO members, both within the HMO and at external centers. Currently the HMO maintains computerized records of pediatric outpatient clinic visits at approximately half of the 31 centers and is scheduled to have computerized records of pediatric outpatient clinic visits for all centers by June 1995. Computerized records for identification of mortality are also available. Mortality searches will include not only vaccinees who remain in the Kaiser system, but those whose death may have occurred after disenrollment. The population of KPMCP is multi-ethnic and is similar in racial and ethnic composition to the general population of northern California.

AEs will be defined as any use of health care services, excluding routine health care visits, and any deaths. AEs will be identified through the use of computer-stored records of pediatric acute care visits, emergency room visits, hospitalizations and mortality records. All clinic and emergency room visits for 30 days after vaccination will be recorded. All hospitalizations, including hospitalizations for neurological AEs, and deaths up to 60 days after vaccination will also be included. Rates of occurrence for specific adverse events will be summarized and tabulated. The written medical charts of any cases where the diagnosis suggests a possible vaccination effect will be reviewed, as will medical records for any deaths.

The principal investigators at Kaiser will provide CBER with a list of AEs, including deaths, that occurred among the study population during the 60 days post-vaccination. Since scores of AEs will occur in the study population in this time window that will have no relation to vaccination, the principal investigators will identify AEs that they consider to be possibly related to vaccination. This judgement of possible relationship to vaccination will be based on the investigators' clinical experience, biological plausibility, knowledge of the scientific literature, and prior experience conducting similar short-term safety studies of four other vaccines. CBER and MRL will review the AEs and will add any for which they believe rate comparisons should be made.

Once a list of AEs has been identified for which rate comparisons should be made, statistical analysis will be performed comparing the incidence rate of these AEs in the vaccinees with incidence rates among age-matched, unvaccinated controls from the prior year. Analysis of only a limited set of AEs possibly related to vaccination will minimize the probability of type I statistical errors which may result from multiple

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E. STUDY DESIGN (CONT'D)

comparisons. However, if each of the three parties involved in selecting AEs chooses several AEs so that approximately 20 AEs are selected for rate comparisons, it is expected that one adverse event would appear statistically elevated by chance alone. In addition, the incidence rates of the AEs among vaccinees in the 60 days immediately post-vaccination will be compared to the rates among vaccinees in the comparison time windows. Two comparison periods using the same children as their own controls will be available for this comparison. Two comparison periods will be used to avoid potential biases that may result from using a single comparison period either before or after vaccination.

In order to ensure selection of a window of time for age-matched controls from all seasons, a two stage sampling procedure will be adopted: controls will be randomly selected from the Kaiser database, and then a second random selection will take place - the 60-day time period in the year prior to vaccination will be randomly selected from all seasons of the year.

The mortality experience of vaccinees in the study population whose families disenroll from KPMCP during the 60 days of follow-up will be obtained by reviewing the California mortality data base to identify any deaths of disenrollees from the Kaiser HMO. If disenrollees have left the state of California, a comprehensive follow-up assessment of mortality experience will be conducted by post card and/or telephone interviews. A 6 month to one year period is required to complete the review of mortality records from all sources and to match these with the list of vaccinees. This will delay the provision of data on deaths in the study population to CBER by 6 months to 1 year.

Vaccine will be drop-shipped directly from the Merck warehouse to the Kaiser health centers from where it will be administered. It will be stored at below -15° C at the various Kaiser health center sites until reconstitution for vaccination. Storage and reconstitution will be in accordance with the package circular for VARIVAX®. Orders for vaccine will be faxed to both the customer account manager, Mr. John Oliveira (215-652-0511/ 215-652-6700) and the Merck monitor for the studies, Dr Paul Coplan (610-397-2992 fax, 610-397-7473 tel). Orders will be placed by a central authority at Kaiser Northern California responsible for vaccine administration in the post-marketing studies. The customer account manager will record the vaccine lot number of a shipment on the vaccine invoice and send copies of the invoices to the study monitor every month. Records of vaccine lot numbers shipped to the various health centers will thus be maintained.

Vaccine will be shipped to the KPMCP Northern California satellite health care centers in polystyrene shippers, designed specifically for VARIVAX® shipment, and 6 pounds of dry ice so that the vaccine cold chain is maintained at -20°C.



E. STUDY DESIGN (CONT'D)

4. Potential Biases

Biases in rate comparisons arising from comparison groups.

- a. Age-matched controls from the previous year If the incidence of a AE has a cycle with a periodicity of several years or there is a large random variation in the incidence of an AE by year, then the incidence of an AE may differ between two consecutive years. This may result in relative risks which are statistically elevated but are not associated with vaccination, or may result in relative risks which are not statistically elevated even though the vaccine may possibly cause a substantial increase in the rate of the AE. The disadvantage of controls from the same year is that these controls would be people who were not vaccinated with VARIVAX® when others were vaccinated. There may be differences in AE incidence between those who were vaccinated and those who were not.
- b. Own control, 60 day period one month prior to vaccination It is possible that comparisons between the 60 days postvaccination and the 60 day pre-vaccination period could be biased in either direction. The vaccine could appear less safe than it actually is for events whose occurrence would tend to make vaccination within 60 days less likely. Such events would include new onset seizure disorders and deaths. However, the vaccine could appear more safe than it actually is for events whose occurrence would tend to make vaccination within 60 days more likely. Such events might include certain respiratory illnesses or otitis media, where followup visits are common, leading to increased opportunities to vaccinate.
- c. Own control, 60 day period 3 months post-vaccination If a AE is vaccine-related and continues to occur 3 to 5 months after vaccination, such an AE would be elevated in this comparison period due to vaccination. For example, AE rates that are elevated for 3-5 months postvaccination would appear lower than they truly are when comparing AE rates immediately postvaccination to AE rates in the period starting 3 months post-vaccination.

In addition, rates of AEs that change rapidly with age may be biased by either of the two own-control comparison periods. For example, consider an AE with an incidence rate that has a large decrease with increasing age in the first 2 years of life. If children are vaccinated at 12 months of age, then the 60 day comparison period starting 3 months before vaccination would have a higher rate of AEs, and the 60 day comparison period ending 5 months postvaccination would have a lower rate of the AE than the 60 day period immediately postvaccination.

In order to account for biases arising from seasonal differences between comparison periods, subjects will be vaccinated over a 2 year period on a rolling

E. STUDY DESIGN (CONT'D)

basis over all seasons. The distribution of own-control periods to seasonal periods with higher or lower incidence rates than the period immediately following vaccination will presumably be random considering 25,000 children will be vaccinated. In order to ensure selection of age-matched controls from all seasons, a two stage sampling procedure will be adopted: controls will be randomly selected from the Kaiser database, and then a second random selection will take place - the 60-day time period in the year prior to vaccination will be randomly selected from all seasons of the year.

F. SAFETY MEASUREMENTS

1. Evaluating and Recording Adverse Experiences

The assessment of relationship between serious adverse experiences and vaccination will be reported by the investigator according to his/her best clinical judgment. The following definition of serious adverse experiences, criteria for assessing relationship to vaccine, and criteria for scaling the strength of relationship between serious adverse experiences and vaccination, is provided as guidance:

A. A serious adverse experience is one which:

- Results in death;
- Is immediately life-threatening (immediate risk of death from the experience as it occurred) [Note: This does not include an adverse experience that, had it occurred in a more serious form, might have caused death.]:
- Results in permanent or substantial disability (permanent or substantial disruption of one's ability to carry out normal life functions);
- Results in or prolongs an existing inpatient hospitalization (an overnight stay in the hospital, regardless of length of stay, even if the hospitalization is a precautionary measure for continued observation) [Note: Hospitalization (including hospitalization for an elective procedure) for a preexisting condition which has not worsened does not constitute a serious adverse experience.];
- Is a cancer regardless of time from last dose; or
- Is the result of an overdose (whether accidental or intentional).

F. SAFETY MEASUREMENTS (CONT'D)

B. Relationship to vaccine (Did the vaccine cause the adverse experience?):

The criteria below are intended as reference guidelines to assist the investigator, CBER and MRL in assessing the likelihood of a relationship between the vaccine and the adverse experience based upon the available information.

The following components are to be used to assess this relationship; the greater the correlation with the components and their respective elements (in number and/or intensity), the more likely the vaccine caused the adverse experience (AE):

- Exposure:
 Is there evidence that the patient was actually exposed to the vaccine?
- Time Course:
 Did the AE follow in a reasonable temporal sequence from administration of the vaccine?

Is the time of onset of the AE compatible with a vaccine-induced effect?

- Likely Cause:
 - Is the AE not reasonably explained by another etiology such as underlying disease, medications, or other host or environmental factors?
- Consistency with previous knowledge: Is the clinical/pathological presentation of the AE consistent with previous knowledge regarding the vaccine?
- C. Scale of relationship of an AE to vaccination.
 - Definitely related to vaccine:

There is evidence of exposure to the vaccine.

The temporal sequence of the AE onset relative to administration of the vaccine is reasonable.

The AE is most likely explained by the vaccine than by another cause.

The AE shows a pattern consistent with previous knowledge of the vaccine or vaccine class.

— Probably related to vaccine:

There is evidence of exposure to the vaccine.

F. SAFETY MEASUREMENTS (CONT'D)

The temporal sequence of the AE onset relative to administration of the vaccine is reasonable.

The AE is more likely explained by the vaccine than by another cause.

— Possibly related to vaccine:

There is evidence of exposure to the vaccine.

The temporal sequence of the AE onset relative to administration of the vaccine is reasonable.

The AE could have been due to another equally likely cause.

— Probably not related to vaccine:

There is evidence of exposure to the vaccine.

There is another more likely cause of the AE.

Definitely not related to vaccine:
 The subject/patient did not receive the vaccine.

OR

Temporal sequence of the AE onset relative to administration of the vaccine is not reasonable.

OR

There is another obvious cause of the AE.

2. Immediate Reporting of Adverse Experiences to MRL

ANY DEATH, NEUROLOGICAL ADVERSE EXPERIENCE AS ASSESSED BY HOSPITALIZATIONS, OR SEIZURE AND ATAXIA AS ASSESSED BY OUTPATIENT CLINIC VISITS OR EMERGENCY ROOM VISITS WHICH OCCURS TO ANY SUBJECT WITHIN 60 DAYS (OR 30 DAYS FOR OUTPATIENT CLINIC AND EMERGENCY ROOM VISITS) FOLLOWING VACCINATION, WHETHER OR NOT RELATED TO THE VACCINE, MUST BE REPORTED ON THE VAERS FORM BY FAX WITHIN 24 HOURS TO DR. ROBERT G. SHARRAR LISTED ON THE MRL CONTACT INFORMATION PAGE. IN ADDITION, UPON REVIEW OF THE COMPUTERIZED SUMMARY REPORTS COVERING THE SAME TIME PERIOD, ANY OTHER SERIOUS ADVERSE EXPERIENCE, WHICH, IN THE OPINION OF EITHER THE INVESTIGATOR, MRL, OR CBER, IS POSSIBLY, PROBABLY, OR DEFINITELY RELATED TO THE VACCINE, MUST

F. SAFETY MEASUREMENTS (CONT'D)

BE REPORTED ON THE VAERS FORM BY FAX WITHIN FIVE (5) WORKING DAYS OF RECEIPT OF THE APPROPRIATE MEDICAL RECORDS.

G. STUDY DURATION AND SUBMISSION OF DATA

Twenty-five thousand children ages 12 to 23 months of age will be enrolled over a 1 to 2 year period for safety evaluation, and followed for at least 6 months through computerized records of the HMO. The results of this study will be included as part of the annual reports on VARIVAX® post-marketing studies that MRL is required to make to the FDA for the 15 years after vaccine licensure. The study results will be included in the annual report on an ongoing basis as the results become available, with the exception of serious AE reporting for which FDA regulations require prompt reporting.

H. DATA ANALYSIS

Data collection, management and analysis for this study will be conducted by Kaiser Permanente, Northern California. Input regarding which adverse events are to be selected for comparative analysis will be provided by MRL and CBER, as outlined in the Study Procedures section.

1. Sample Size Considerations

The objective of the study is to determine if there are any rare serious adverse events that occur shortly after vaccination that are possibly related to the vaccine. With 25,000 children vaccinated, there is 90% [80%] chance that at least one adverse event will be reported in the study, given that the true incidence of the same event is at least 1 in 10,000 [6/100,000] vaccinations.

In addition the study is powered to detect an increased (or decreased) risk for a specific AE, using the three follow-up periods. Power calculations were performed at the 5% significance level. Since this is a post-marketing evaluation study, the underlying objective is to evaluate whether the safety of the vaccine under 'field' conditions is worse than that demonstrated in the completed clinical trials. As a result, statistical inference is made based on one-sided hypothesis testing.

The following table shows the power to detect an elevated risk for an AE with different rates of occurrence. As expected, when the incidence increases, smaller differences can be detected with similar power.

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H. DATA ANALYSIS (CONT'D)

Table 1

Power to Detect Increased Risk for AEs

Period 1 AE Incidence (per 100,000)	Period 2 AE Incidence (per 100,000)	Risk Increase	Power (%)
4	40	10	86
10	50	5	92
20	80	4	95
50	150	3	99
100	200	2	95

2. Data Analysis Plan

Observed AE rates will be tabulated for all four at-risk windows[one treatment(T) and three controls(C)]: pre-vaccination period(C), first(T) and second(C) post-vaccination period and an independent, age-matched, vaccination free period(C). Confidence intervals for the relative risk of an AE in the treatment vs. each of the control periods will be calculated. For the two control groups emerging from the same cohort, the confidence intervals will be based on McNemar's method, where for the independent, age-matched control, they will be based on independent binomial sampling.

Due to the numerous constructed confidence intervals (one for each AE), it is expected that several apparent increases or decreases in risks of specific AE's may be seen by chance alone. Consequently, AEs with a reasonable possibility of a causal relationships will be identified by the principal investigators, with input from CBER and MRL. Incidence rates for the AEs possibly related to vaccination will be calculated based on the person-time distribution when necessary. However, since three rate comparisons will be made for every AE, even a relatively small number of AEs identified as possibly related to vaccine has a high probability of falsely suggesting a difference between groups when a true difference does not exist (elevated Type I error). Therefore, interpretation of the results of these comparisons will have to be made with the recognition of the overall pattern of the results, taking into account both biological and statistical results in a narrative discussion of all comparative tabulations

II. ADMINISTRATIVE AND REGULATORY SECTIONS

A. <u>LABELING</u>, <u>PACKAGING</u>, <u>STORAGE</u>, <u>AND RETURN OF</u> <u>CLINICAL SUPPLIES</u>

Not applicable to this post-marketing study in which all vaccine is marketed product.

B. WORKSHEETS AND CASE REPORT FORMS

No work booklets/worksheets will be utilized for this study. Adverse events will be identified through the use of computer-stored records of pediatric emergency room visits, hospitalizations, and deaths.

C. STUDY DOCUMENTATION AND RECORDS RETENTION

Study Documentation includes sponsor-investigator correspondence and regulatory documents (e.g., signed protocol and amendments, and Ethics or Institutional Review Committee correspondence).

Government agency regulations and directives require that all study documentation pertaining to the conduct of a clinical trial must be retained by the investigator. These documents must be kept for a minimum of two years after notification by MRL of the final status of the investigation of which this protocol is a part, or longer if requested by MRL.

D. <u>INFORMED CONSENT</u>

KPMCP will obtain written informed consent for administration of the varicella vaccine at the request of a parent or guardian to all children aged 12 to 23 months of age who participate in the study. The signed, written consent will be stored in the medical records of the clinic at which the vaccine is administered. In addition, an information sheet describing the risks and benefits associated with the vaccine will be provided to parents or guardians requesting vaccination for their child before the written consent is signed and the child is vaccinated. The information sheet and consent form are attached in Appendices I and II, respectively.

D. INFORMED CONSENT (CONT'D)

Kaiser does not require informed consent to conduct computer database searches for health care utilization or vaccine administration of its members as long as individual patient confidentiality is maintained. In addition, Kaiser does not require informed consent to examine written medical records for medical care within the KPMCP. No informed consent will be obtained for Kaiser conducting computer database searches or examining medical records of its members. If it becomes necessary to review medical records for care delivered outside the KPMCP, the principal investigator will be responsible for attempting to obtain any necessary consent.

E. <u>INSTITUTIONAL REVIEW BOARD (IRB)</u>

The IRB will comply with all federal, state and local laws. Particular attention is drawn to the Food and Drug Administration Regulations for Institutional Review Boards (21 CFR, Part 56), and a copy of these regulations is attached to this protocol. The investigator is responsible for obtaining initial and continuing review (at intervals not less than once per year) of the study by an IRB. Written approval from the IRB must be forwarded to MRL before vaccine supplies will be shipped. The FDA regulations regarding IRB approval are attached in Appendix III.

Merck will be promptly advised of any regulatory inspection (relating to this study), of either the institution or the IRB. The investigator will promptly provide Merck with a copy of any inspection report.

F. CONFIDENTIALITY

1. Confidentiality of Data

By signing this protocol the investigator affirms to MRL that information furnished to the investigator by MRL will be maintained in confidence and such information will be divulged to the Institutional Review Board, Ethical Review Committee, or similar or expert committee; affiliated institution; and employees only under an appropriate understanding of confidentiality with such board or committee, affiliated institution and employees.

2. Confidentiality of Patient Records

By signing the protocol the investigator agrees that within local regulatory restrictions and ethical considerations MRL or any regulatory agency may consult and/or copy study documents (see Section II.G.) in order to verify study data.

G. COMPLIANCE WITH LAW, AUDIT, AND DEBARMENT

By signing this protocol, the investigator agrees to conduct the study in an efficient and diligent manner and in conformance with this protocol; generally accepted standards of good clinical practice; and all applicable Federal, state, and local laws, rules and regulations relating to the conduct of the clinical study.

The investigator shall prepare and maintain complete and accurate study documentation in compliance with good clinical practice standards and applicable Federal, state and local laws, rules and regulations.

Study documentation (see Section II.C.) will be promptly and fully disclosed to MRL by the investigator upon request and also shall be made available at the investigator's site upon request for inspection, copying, review and audit at reasonable times by representatives of MRL or any regulatory agencies. The investigator agrees to promptly take any reasonable steps that are requested by MRL as a result of an audit to cure deficiencies in the study documentation or data.

Persons debarred from conducting or working on clinical studies by any court or regulatory agency will not be allowed to conduct or work on studies sponsored by MRL. The investigator will immediately disclose in writing to MRL if any person who is involved in conducting the study is debarred, or if any proceeding for debarment is pending or, to the best of the investigator's knowledge, threatened.

H. PUBLICATIONS

Publications derived from this study should include input from the principal investigator, his or her colleagues, and the MRL personnel involved in the study. Such input should be reflected in publication authorship, and agreement regarding order of authors should be established before writing a manuscript.

MRL must have the opportunity to review all proposed abstracts, manuscripts or presentations regarding this study 60 days prior to submission for publication/presentation. Any information identified by MRL as confidential must be deleted prior to submission, it being understood that the results of this study are not to be considered confidential. MRL review can be expedited to meet publication guidelines.

III. SIGNATURES

A. SPONSOR'S REPRESENTATIVE

NAME	SIGNATURE	DATE	-
Paul Copian, ScD MSPH			
Merck Monitor for the study			

B. INVESTIGATOR(S)

I agree to conduct this clinical study in accordance with the design and specific provisions of this protocol; deviations from the protocol are acceptable only with a mutually agreed upon protocol amendment. I also agree to report all information or data in accordance with the protocol, and, in particular, I agree to report any serious adverse experiences as defined in Section I.F. of this protocol.

TYPED NAME(S)	SIGNATURE	DATE
Steven Black, M.D.		
Primary Investigator(s)		
Henry Shinefield, M.D. Sub - Investigator(s)		

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LIST OF REFERENCES

- 1. Weibel RE, Neff BJ, Kuter B, et al. Live attenuated varicella virus vaccine: efficacy trial in healthy children. New England Journal of Medicine. 1984;310:1409-1415.
- 2. Kuter BJ, Weibel RE, Guess HA, et al. Oka/Merck varicella vaccine in healthy children: final report of a 2-year efficacy study and 7 year follow-up studies: Vaccine. 1991;9:643-647.
- 3. Merck & Co. VARIVAX® package circular. 1995

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Appendix I

Information about Varicella Vaccine

Chickenpox (varicella) is a highly contagious childhood disease in which crops of blisters and crusts appear on the skin and mucous membranes, such as in the mouth, eyes and, rarely, in the genital area. The disease is usually accompanied by fever. The harm caused by chickenpox ranges from a mild rash to a life-threatening disease complicated by encephalitis (an inflammation of the brain), pneumonia, other infections or, rarely, death. The rash may leave permanent scars on the skin. Shingles (varicella zoster) is caused by a recurrence of the same virus as chickenpox, and occurs from years to decades after the initial chickenpox infection.

The chickenpox or varicella vaccine is a live, attenuated (weakened) virus vaccine which is licensed by the FDA for use in children and adults. In children less than 13 years of age (up to their 13th birthday), a single dose is required. For adolescents older than 13 years or adults, two doses four to eight weeks apart are necessary. More than 90% of children will develop enough antibodies following immunization to be protected against the disease. Some children who receive varicella vaccine may develop a mild form of infection later. It is not known what protection the vaccine may afford against the development of shingles later in life. In children, the reported rate of zoster in vaccine recipients does not appear to exceed that of healthy children who have experienced natural varicella.

Vaccine Contraindications

The vaccine should not be given in the following situations:

- To a child or adult who has an illness or is taking a medicine that affects the immune system (such as high-dose corticosteroids)
- To any teenager or adult who may be pregnant or is planning on becoming pregnant within three months
- To those who have had a serious allergic reaction to neomycin

Since aspirin given during a natural chickenpox infection has been associated with a serious complication called Reye's Syndrome, that medication should not be given within six weeks of receiving varicella vaccine unless directed by a physician.

Less than five percent of children will develop fever following receipt of the vaccine. Between 3-5 percent may develop a mild rash either at the injection site or elsewhere on their bodies. Should you suspect that any more severe reaction has occurred, it should be reported to the child's physician or the advice center at your Kaiser facility.

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Appendix II

Consent Form

By signing below, I, the patient or the parent, legal guardian, or authorized adult for this child, acknowledge the following:

- I have received written documents describing these
 preventable diseases and the risks and benefits of the
 vaccines ordered on this form. These documents contain the
 information required by the federal government. It is
 emphasized that most experts agree that the known benefits
 of immunization far outweigh the possible side effects of the
 vaccines.
- I have been given appropriate information on how to evaluate and report any possible side effects of the vaccines. Any vaccine side effects should be reported to my child's /my own physician or advice center, or the federal government at 1-800-822-7967.
- All of my questions have been adequately answered prior to my/my child receiving the vaccines.
- 4. I request that I/my child receive the routine immunizations indicated on the reverse side of this form. Should any circumstance arise where I or my own child's physician decide that any of the designated vaccines may be contraindicated or no longer wanted, I will be able to revoke the consent for that/those particular vaccine(s) after discussion with my own/child's physician.

Al firmar abajo, yo, el paciente o el padre, la madre o el tutor legal, o el adulto encargado de este niño, reconozco lo siguiente:

- He recibido documentos por escrito describiendo estas enfermedades evitables y los riesgos y beneficios de las vacunas ordenadas en este formulario. Estos documentos contienen la información requerida por el gobierno federal.
 Se pone enfasis en que la mayoria de los expertos están de acuerdo en que los beneficios reconocidos de la inmunización sobrepasan en gran parte los posibles efectos secundarios de las vacunas.
- Me han dado información apropiada en cuanto a la
 evaluación de posibles efectos secundarios de las vacunas y
 cómo reportarlos. Cualquier efecto secundario de alguna
 vacuna deberá ser reportado a mi médico/al médico de mi
 niño o al centro de consejos, o al gobierno federal al 1-800822-7967.
- Se han contestado todas mis preguntas a mi satisfacción antes de que yo o mi niño recibiéramos las vacunas.
- 4. Pido que yo/mi niño recibamos las inmunizaciones de rutina indicadas al reverso de este formulario. Si surgiera alguna circunstancia por la cual yo o el médico de mi niño decidiéramos que cualquiera de las vacunas designadas fuera contraindicada o no deseada, yo podré revocar mi consentimiento para esa(s) vacuna(s) después de discutirlo con mi médico/el médico de mi niño.

DATE/FECHA

NAME OF PATIENT, PARENT, LEGAL GUARDIAN OR AUTHORIZED ADULT

NOMBRE DEL PACIENTE, EL PADRE, LA MADRE, EL TUTOR LEGAL O EL ADULTO ENCARGADO

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Appendix III:

FOOD AND DRUG ADMINISTRATION REGULATIONS FOR INSTITUTIONAL REVIEW BOARDS (CODE OF FEDERAL REGULATIONS, TITLE 21, PART 56)

Subpart B — Organization and Personnel

56.107 IRB Membership

- a. Each IRB shall have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, including consideration of race, gender, cultural backgrounds, and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review the specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB shall therefore include persons knowledgeable in these areas. If an IRB regularly reviews research that involves a vulnerable category of subjects, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with those subjects.
- b. Every nondiscriminatory effort will be made to ensure that no IRB consists entirely of men or entirely of women, including the institution's consideration of qualified persons of both sexes, so long as no selection is made to the IRB on the basis of gender. No IRB may consist entirely of members of one profession.
- c. Each IRB shall include at least one member whose primary concerns are in the scientific area and at least one member whose primary concerns are in nonscientific areas.
- d. Each IRB shall include at least one member who is not otherwise affiliated with the institution and who is not part of the immediate family of a person who is affiliated with the institution.
- e. No IRB may have a member participate in the IRB's initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.
- f. An IRB may, in its discretion, invite individuals with competence in special areas to assist in the review of complex issues which require expertise beyond or in addition to that available on the IRB. These individuals may not vote with the IRB.

Subpart C -- IRB Functions and Operations

56,108 IRB Functions and Operations

In order to fulfill the requirements of these regulations, each IRB shall:

- a Follow written procedures: (1) For conducting its initial and continuing review of research and for reporting its findings and actions to the investigator and the institution; (2) for determining which projects require review more often than annually and which projects need verification from sources other than the investigator that no material changes have occurred since previous IRB review, (3) for ensuring prompt reporting to the IRB of changes in research activity, and (4) for ensuring that changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except where necessary to eliminate apparent immediate hazards to the human subjects.
- b. Follow written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and the Food and Drug Administration of: (1) Any unanticipated problems involving risks to human subjects or others; (2) any instance of serious or continuing noncompliance with these regulations or the requirements or determinations of the IRB; or (3) any suspension or termination of IRB approval.
- c. Except when an expedited review procedure is used (see § 56.110), review proposed research at convened meetings at which a majority of the members of the IRB are present, including at least one member whose primary concerns are in nonscientific areas. In order for the research to be approved, it shall receive the approval of a majority of those members present at the meeting.

56.109 IRB Review of Research

a. An IRB shall review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities covered by these regulations.

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- b. An IRB shall require that information given to subjects as part of informed consent is in accordance with § 50.25. The IRB may require that information, in addition to that specifically mentioned in § 50.25, be given to the subjects when in the IRB's judgment the information would meaningfully add to the protection of the rights and welfare of subjects.
- c. An IRB shall require documentation of informed consent in accordance with § 50.27, except that the IRB may, for some or all subjects, waive the requirement that the subject or the subject's legally authorized representative sign a written consent form if it finds that the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside the research context. In cases where the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research.
- d. An IRB shall notify investigators and the institution in writing of its decision to approve or disapprove the proposed research activity, or of modifications required to secure IRB approval of the research activity. If the IRB decides to disapprove a research activity, it shall include in its written notification a statement of the reasons for its decision and give the investigator an opportunity to respond in person or in writing.
- e. An IRB shall conduct continuing review of research covered by these regulations at intervals appropriate to the degree of risk, but not less than once per year, and shall have authority to observe or have a third party observe the consent process and the research.

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