

## National Childhood Vaccine Injury Act: Vaccine Injury Table

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Td, or TT)	A. Anaphylaxis or anaphylactic shock B. Brachial Neuritis C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	4 hours 2-28 days Not applicable
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTP, DTaP, P, DTP-Hib)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	4 hours 72 hours Not applicable
III. Measles, mumps, and rubella vaccine or any of its components (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	4 hours 5-15 days (not less than 5 days and not more than 15 days) Not applicable
IV. Vaccines containing rubella virus (e.g., MMR, MR, R)	A. Chronic arthritis B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	7-42 days Not applicable
V. Vaccines containing measles virus (e.g., MMR, MR, M)	A. Thrombocytopenic purpura B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	7-30 days 6 months Not applicable
VI. Vaccines containing polio live virus (OPV)	A. Paralytic Polio - in a non-immunodeficient recipient - in an immunodeficient recipient - in a vaccine associated community case B. Vaccine-Strain Polio Viral Infection - in a non-immunodeficient recipient - in an immunodeficient recipient - in a vaccine associated community case C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	30 days 6 months Not applicable 30 days 6 months Not applicable Not applicable

# Appendix D

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
VII. Vaccines containing polio inactivated virus (e.g., IPV)	A. Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	4 hours Not applicable
VIII. Hepatitis B vaccines	A. Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	4 hours Not applicable
IX. Haemophilus influenzae type B polysaccharide conjugate vaccines	No condition specified	Not applicable
X. Varicella vaccine	No condition specified	Not applicable
XI. Rotavirus vaccine	No condition specified	Not applicable
XII. Pneumococcal conjugate vaccines	No condition specified	Not applicable
XIII. Hepatitis A vaccines	No condition specified	Not applicable
XIV. Trivalent influenza vaccines	No condition specified	Not applicable
XV. Meningococcal vaccines	No condition specified	Not applicable
XVI. Human papillomavirus (HPV) vaccines	No condition specified	Not applicable
XVII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by the Secretary of a notice of coverage*	No condition specified	Not applicable

\*Now includes all vaccines against seasonal influenza (except trivalent influenza vaccines, which are already covered), effective November 12, 2013.