

In the United States Court of Federal Claims
OFFICE OF SPECIAL MASTERS

PETITIONER'S NAME,

Petitioner,

v.

**SECRETARY OF HEALTH AND HUMAN
SERVICES,**

Respondent.

Case No. ___-___V (leave as blank)

Special Master's Name (leave as blank)

PETITION FOR VACCINE COMPENSATION

Petitioner, Jane Doe, requests compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. § 300aa-10 et seq. (2012), for injuries, including Transverse Myelitis, resulting from adverse effects of a trivalent influenza vaccination received on June 11, 2018. In support of this Petition, it is averred as follows:

1. Petitioner, Jane Doe, was born on May 12, 1972. See Exhibit One [birth certificate].
2. Petitioner received a trivalent influenza vaccination at the office of Dr. Margaret Smith in Fairfax, Virginia on June 11, 2018. See Exhibit 2 at 25. [primary physician's records].
3. Prior to the administration of her June 11, 2018 vaccination, petitioner was in good health and suffered no medical conditions with the exception of hypothyroidism. See Exhibit 2 at 24. [primary physician's records]. Petitioner's primary care records for the three years prior to vaccine administration are filed as Exhibit 2 at 24 and Exhibit 3 at 1-53.
4. On July 15, 2018, petitioner presented to Dr. Smith after experiencing paresthesias in her arm and legs. See Exhibit 2 at 26. [primary physician's records].

5. On August 18, 2018, petitioner was seen by Dr. Felicia Williams, a board-certified neurologist, with complaints of numbness in her hands for approximately one month. See Exhibit 3 at 1-2 [neurologist's records].
6. On September 22, 2018, petitioner underwent a lumbar puncture followed by an MRI which showed cervical spine and brain lesions consistent with TM. See Exhibit 4 at 1-3; Exhibit 3 at 3 [emergency room records; neurologist's records]. Steroid therapy was instituted. *Id.*
7. On September 25, 2018, petitioner was examined by Dr. Williams who indicated that petitioner's clinical course was consistent with TM following immunization. See Exhibit 4 at 15; Exhibit 3 at 9 [emergency room records; neurologist's records].
8. On February 5, 2019, petitioner began physical therapy with decreased mobility and strength. See Exhibit 4 at 10. Petitioner continued physical therapy and was discharged on May 30, 2019. See Exhibit 4 at 52 [physical therapy records].
9. To date, petitioner continues to suffer from TM and remains under the care of Dr. Williams. Petitioner, a pilot, is unable to fully function at work, or in recreation. See Exhibit 3 at 5-12; Exhibit 5 at 2 [neurologist's records; Jane Doe's affidavit].
10. Petitioner's TM was caused-in-fact by her June 11, 2018 trivalent influenza vaccination. See Exhibit 3 at 1-2, 8, 12. [neurologist's records].
11. Petitioner's TM has persisted for more than six months. See Exhibit 1 at 26-35; Exhibit 2 at 1-12 [primary physician's records; neurologist's records].
12. Neither, petitioner, nor any other party, has ever filed any action for petitioner's vaccine-related injury. See Exhibit 5 at 2 [John Doe's affidavit].
13. Neither, petitioner, nor any other party, has ever received compensation in the form of an award or settlement for petitioner's vaccine-related injury. See Exhibit 5 at 2 [Jane Doe's affidavit].
14. Petitioner requests that that her compensation demand be deferred at this time pursuant to 42 U.S.C. § 300aa-11(e), until such time as the entitlement issue has been resolved.

Signature

Attorney Name

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number
Email address

Certificate of Service:

I hereby certify that a true and correct copy of the foregoing pleading was served upon the respondent by first class US Mail to the following address on September 5, 2019.

Secretary of Health and Human Services
c/o Director, Division of Injury Compensation Programs
Health Resources and Services Administration
National Vaccine Injury Compensation Program (VICP)
5600 Fishers Lane, 8W-25A
Rockville, Maryland 20857

Signature

Attorney Name
Firm Name
Address
City, State, Zip code
Phone number
Facsimile number
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