

Name of DRU:



Philippine Integrated Disease Surveillance and Response

Case Report Form ADVERSE EVENTS FOLLOWING IMMUNIZATION



Type: □RHU □CHO □Gov't Hospital □Private Hospital □Clinic

Ver. 2015

Address:													
Patient No.	Patient's Full Name	Age	Sex	Date of Birth	Complete Address	Signs and Symp- toms/ Adverse Event	Suspected Vaccine & Dose No. (1st,2nd,3rd)	Lot Batch #/ Expiry date	Date & Time Vaccinated	Name of Vaccinator/ Profession	Date and Time Onset of III- ness	Type of AEFI	Outcome
	Indicate First name, Middle name, Last name	Age: Indicate D - da M - m Yr y Sex: F - Fe M - M	nys onths rears	mm/dd/yy	Specify Street/Purok/ Subdivision, House #, Barangay, Municipality/ City, Province	Indicate signs and symptoms or ad- verse event experi- enced by the case	Indicate sus- pected vac- cine and dose number	Indicate Lot Batch # and expiry date suspected vaccine/s	mm/dd/yy	Indicate full name and profession of the vacci- nator	mm/dd/yy	Indicate if Serious or Minor AEFI	A - Alive D - Died (specify date) U - Un- known

Case Definition:

Adverse event following immunization is defined as any untoward medical occurrence which follows
 immunization and which does not necessarily have a causal relationship with the usage of the vaccine.
 The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or
 disease

NOTE: AEFIs to be reported include those that occur within 30 days following vaccination. This form should be completely accomplished by the RHU Nurse/ Hospital staff / DSC of the reporting DRU and submitted to the next higher administrative level every week.

TYPE of AEFI:

- Serious AEFI is defined as an event that is causing a potential risk to the health/life of a recipient leading to hospitalization, disability/incapacity, congenital abnormalities/birth defects or death.
- Minor AEFI is an event that is not "serious" and does not pose a potential risk to the health of the recipient. <u>Cluster of minor AEFIs</u> should be investigated for causality assessment. A cluster of AEFI is defined as two or more cases of the same or similar events related in time, geography, and/ or vaccine administered. (For <u>Serious AEFI and Cluster of Minor AEFIs</u>, a PIDSR AEFI Case Investigation Form and Guide Questions on Investigation should also be filled-out.)

LIST OF REPORTABLE SERIOUS AEFIS

Reportable Serious AEFI	Onset time interval*
 Anaphylactoid reaction (acute hypersensitivity reaction) Anaphylaxis Persistent (more than 3 hours) inconsolable screaming HHE Toxic shock syndrome (TSS) 	Within 24 to 48 hours of immunization
 Severe local reaction Sepsis Injection site abscess (bacterial/sterile) 	Within seven days of immunization
 Seizures, including febrile seizures (6-12 days for measles/MMR; 0-2 days for DTP) Encephalopathy (6-12 days for measles/MMR; 0-2 days for DTP) 	Within 14 days of immunization
 Acute flaccid paralysis (4-30 days for OPV recipient; 4-75 days for contact) Brachial neuritis (2-28 days after tetanus containing vaccine) Intussusception (commonly within 21 days after rota vaccines) Thrombocytopenia (15-35 days after measles/MMR) 	Within 3 months of immunization
 Lymphadenitis Disseminated BCG infection Osteitis/Osteomyelitis 	Between 1 and 12 months after BCG immunization
 Death Hospitalization Disability Any other severe and unusual events that are thought by health workers or the public to be related to immunization *Onset time interval information it is recommended to refer to the Brighton Collaboration case definitions.	No time limit

*Onset time interval information it is recommended to refer to the Brighton Collaboration case definitions (www.brightoncollaboration.org) and WHO position papers and observed rates information sheets (available at http://www.who.int/vaccine_safety/initiative/tools/vaccinfosheets/en/index.html).