ADVERSE EVENT FOLLOWING IMMUNISATION REPORTING FORM

MCA-F-305/02

Off Bertil Harding Highway, Kotu East, P.O. BOX 3162, Serekunda, email / website: info@mca.gm / www.mca.gm

Patient initials / number (*first, middle, last*): _____

Sex: ☐ M ☐ F ☐ Pregnant ☐ Lactating

Date of birth (*day/month/year*): _ _ /_ _ _ /_ _ _ _

OR age group at onset: ☐ 0 < 1 year ☐ 1- 5 years

☐ > 5years -18 years ☐>18 years –60 years ☐ >60 years

Date patient notified event to health system

(*day/month/year*): _ _ /_ _ _ /_ _ _ _

Reporter's Name:

Institution:

Designation &Department:

Region:

Telephone & e-mail:

Today's date (*day/month/year*): _ _ /_ _ _ /_ _ _ _

Health facility (or vaccination centre) name:

Vaccine							Diluent		
Name of vaccine (Generic)	**Brand Name and Name of Manufacturer**	**Date of vaccination** *day/month/year*	**Time of vaccination** (24hrs)	**Dose (1st, 2nd, etc.)**	**Batch/Lot number**	**Expiry date**	**Batch/Lot number**	**Expiry date**	**Time of reconstitution** (24hrs)

Adverse event(s):

☐ Severe local reaction ☐ *>3 days* ☐ beyond nearest joint

☐ Seizures ☐ febrile ☐ afebrile

☐ Abscess

☐ Sepsis

☐ Encephalopathy ☐ Toxic shock syndrome

☐ Thrombocytopenia ☐ Anaphylaxis

☐ Fever≥38°C

Other (specify) .....

Date (*day/month/year*) & Time (24 Hr/Min) AEFI started:

_ _ /_ _ _ /_ _ _ _ _ _ /_ _

Describe AEFI (Signs and symptoms):

Serious: ☐ **Yes** ☐ **No** If Yes: ☐ Death* ☐ Life threatening ☐ Disability ☐ Hospitalisation ☐ Congenital anomaly

☐ Important medical event ☐ Other (Specify) _____

Outcome ☐:Recovering ☐ Recovered ☐ Recovered with sequelae ☐ Not Recovered ☐ Unknown

*Date of death (*day/month/year*): _ _ /_ _ _ /_ _ _ _ Autopsy done: ☐ Yes ☐ No ☐ Unknown If yes, provide report

Provide past medical history (including history of similar reaction or other allergies), concomitant medication and dates of administration (exclude those used to treat reaction) other relevant information (e.g. other cases). *Use additional sheet if needed*:

Date report received by MCA:	MCA AEFI number:

Comments: