

Monthly surveillance report on Adverse Effects Following Immunization (AEFI)

RDHS Division : MOH area : Month : Year: 201...

Adverse Events	BCG	OPV	Penta/DPT (Mark "P" for Penta or "T" for DTP in the row below against the dose)				HeHp B	Measles	MMR	MR	DT	aTd	JE		Influenza			
			1	2	3	4							1	2				
			1. Local Adverse Events requiring investigation															
a. Injection site abscess																		
b. BCG lymphadenitis																		
c. Severe local reactions																		
2. Central Nervous System Adverse Events requiring investigation																		
a. Vaccine associated paralysis poliomyelitis																		
b. Guillen-Barre syndrome																		
c. Encephalopathy																		
d. Encephalitis																		
e. Seizures																		
3. Other Adverse Events requiring investigation																		
a. Death																		
b. Anaphylactic shock																		
c. Persistent screaming																		
d. HHE																		
e. Osteitis/Osteomyelitis																		
f. Toxic shock syndrome																		
4. Adverse Events not requiring investigation																		
a. Allergic reaction																		
b. Arthralgia																		
c. High fever (>39 C° / 102°F)																		
5. Others (specify)																		
a.																		
b.																		
c.																		

Instructions:

- Before reporting an AEFI, please refer to the definition for the relevant AEFI given in overleaf and make sure that reporting event agrees with the criteria stipulated in the definition
- Please correctly identify and enumerate the adverse events by correct antigen.
- If a child/person has developed more than one adverse event, indicate only the most serious/important event here. (in this report under each adverse event reported will represent single individual)
- AEFI Form 3 (Case Investigation Form) should send to the Epidemiology Unit for each AEFI reported under categories 1-3 in this report.** It is recommended to send all investigated forms with this monthly surveillance report.
- If any important observation is noted, please provide your comment (eg: Adverse events under category 4 here, , if any clustering is observed)

Comments:

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Name :

Designation:

Signature :

Date :

(This form should be completed by MOH/DDHS and sent to the Epidemiologist before the 10th of the following month with a copy to the Regional Epidemiologist of the area)