

Regional Epidemiologist Monthly Consolidate Return of AEFI

RDHS Division:.....														Month:.....									
Serial No.	MOH Area	Adverse Events Requiring Investigation										Adverse Events Not Requiring Investigation											
		Local Adverse Events			CNS Adverse Events					Other Adverse Events Requiring Investigation				Others									
		Injection site abscess	BCG lymphadenitis	Severe local reaction	V.D. paralytic poliomyelitis	Guillen -Barre syndrome	Encepha lopathy	Encephalitis	Meningitis	Febrile	Seizures	Anaphylactic	Persistent screaming	Hypotonic Hyporesponsive Episode	Osteitis/Osteomyelitis	Toxic shock syndrome	Allergic reaction	Arthralgia	High fever (>39 c/102 F)	Nodule at the injection site			
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
Total																							

(This form should be completed and sent to the epidemiology Unit on or before the 20th of the following month)

Date:.....

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Regional Epidemiologist Signature.