MINISTRY OF HEALTH

NATIONAL VACCINES AND IMMUNIZATION PROGRAM

AEFI Reporting Form

(To be filled in triplicate) ☐ Initial Report ☐ Follow-up report

NAME OF REPORTING INSTITUTION…… INSTITUTION MFL CODE……

COUNTY…… SUB-COUNTY……..

Patient Details

PATIENT'S NAME…… IP/OP NO…… DATE OF BIRTH(or age)……

GENDER…… NAME OF GUARDIAN (If patient is a child)……

ADDRESS…… PHONE NUMBER(self or nearest contact)……

VILLAGE…….. WARD…… SUB-COUNTY…… COUNTY……

VACCINATION CENTRE…… COUNTY OF VACCINATION CENTRE……

TYPE OF VACCINATION SERVICE (static, mass, outreach)……

Type of AEFI Please tick:		Brief details on the event (including timeline of occurrence)
BCG Lymphadenitis ☐	Anaphylaxis ☐	……
Convulsion ☐	Encephalopathy, Encephalitis/Meningitis ☐	……
Generalized urticaria (hives) ☐		……
High Fever ☐	Paralysis ☐	……
Injection site abscess ☐	Toxic shock ☐	……
Severe Local Reaction ☐	Others (specify)…… ☐	……

Onset of event: Date ..... /..... /..... Time .....

Suspected vaccine(s)

Name of Vaccine(e.g. BCG, DPT-Hib-HeB)	Dose No.	Date vaccinated	Time vaccinated	Route,site of vaccination (i.m.,s.c.)	Details of Vaccine			Details of Diluents		
					Lot/Batch No.	Manufacturer's Name	Expiry Date	Lot/Batch No.	Manufacturer's Name	Expiry Date

Past medical history (including history of similar reaction or other allergies, concomitant medication/vaccine,concomitant illness, other cases,pregnacy status and other relevant information*(continue on separate sheet if necessary)*

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Action taken ☐ Treatment given (specify)……

☐ Specimen collected for investigation (specify type(s) of specimen)……

AEFI Outcome ☐ Recovered ☐ Recovering ☐ Not recovered ☐ Unknown ☐ Died

Name of Person Reporting…… Phone number……

Designation…… Signature: …… Date: ……

Final Classification of AEFI (*to be filled at national level*):

(See overleaf for guidelines on how to complete the form)

GUIDELINES ON COMPLETION OF THE FORM

WHEN TO COMPLETE THIS FORM

An adverse event following immunization (AEFI) is defined as any unfavorable medical occurrence which follows immunization and which may or may not be caused by the usage of the vaccine. The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease.

Complete the AEFI reporting form when any Adverse Event Following Immunization (AEFI) occurs and especially those of parental and/or health worker concern e.g.

1. Serious Events (results in death, hospitalization or prolongation of hospitalization) persistent or significant disability/incapacity, or is life-threatening
2. Injection Site Abscesses
3. BCG Lymphadenitis-Lumps In The Armpit Following BCG Vaccination
4. Severe Local Reaction – Redness, swelling or pain extends past the nearest joint; inability to move the limb; Redness, swelling or pain persist for more than 3 days
5. Seizures
6. Allergic reaction- anaphylaxis, hives, bronchospasm, edema
7. Clusters of events(> 2 cases of same event in same month) apart from fever
8. Any Uncommon Or Unexpected Events and events that are of public concern

- Report even if you are not certain the vaccine caused the event or you do not have all the details.
- Indicate if it is an **initial** or **follow-up** report
- Information on the Manufacturer and Expiry dates of the Vaccine and/or diluents may be obtained from the label of its container. If multiple vaccines are suspected, provide the required information on each of them.
- Enter date of birth if available, if not enter the age at the time the AEFI began
- Where more than one AEFI if they occur in the same patient and same time tick the multiple options provided, also provide a description of the AEFI in the space provided

WHERE TO REPORT

After completing this form, forward two copies to the sub-county public health nurse/officer/DMOH, who will liase with the Sub-county HRIO to report the case through the AEFI reporting module in DHIS2. One copy will be sent to the Head, National Vaccines and Immunization Program, P.o Box 43319-00100, Nairobi. Notify the next level immediately in case of serious AEFI or Clusters of Events.

WHAT HAPPENS TO SUBMITTED REPORTS

Data obtained from this and other reports will be assessed and used improve policy and service delivery in the Ministry of Health

All information is handled in strict confidence

Submission does not mean admission that the health worker or manufacturer or the product caused or contributed to the event.