Department of Communicable Disease Surveillance & Control
Directorate General of Health Affairs, Ministry of Health

AEFI CASE INVESTIGATION REPORT

To: Dept. of Communicable Disease Surveillance & Control Fax No.24601832	Institution: Date of Notification: / / (dd/mm/yy)

1st name:	2nd name:	3rd name:	Tribe:
Sex: M / F DOB/Age:	Nationality:	MR2 No.:	OPD/IPD No.:
Village:	Wilayat:	Region:	Tel.No.
House No., Landmark:			

Name of the suspect vaccine:		No. of doses per vial:	Storage temp:
Batch No. of vaccine	Manufactured by:	Manufactured date: ..... / ..... / ..... (dd/mm/yy)	Expiry date: ..... /..... /..... (dd/mm/yy)
Diluent batch No. (if relevant)	Manufactured by:	Manufactured date: ..... / ..... / ..... (dd/mm/yy)	Expiry date: ..... /..... /..... (dd/mm/yy)
Syringe used (company name)	Manufactured by:	Manufactured date: ..... / ..... / ..... (dd/mm/yy)	Expiry date: ..... /..... /..... (dd/mm/yy)

Date of Injection: ..... / ..... / ..... (dd/mm/yy)	Time of injection:	Institution:	Site of Injection:
Injection given by (name/designation)	Time of reactions: (onset of symptoms)	Time of recovery:	Admission: Yes / No if yes, Date of admission: ..... / ..... / ..... Outcome:

II. Immunization History *(attach photocopy of child health card)*	III. Laboratory Findings (if relevant)
V. Medical History: H/o reactions to previous doses, drug allergies etc.	VI. Event summary:

☐ **Injection-site abscess (requiring drainage):**
- ☐ Yes
- ☐ No

☐ **Lymphadenitis:**
- ☐ Suppurative lymphadenitis
- ☐ BCG-adenitis ≥ 1.5 cm

☐ **Local Adverse Reactions**
- ☐ Pain, swelling and redness at the site of injection
- ☐ Redness and/or swelling centered at the site of injection

AND one of the following
- ☐ Swelling beyond the nearest joint
- ☐ Pain, redness and swelling of more than 3 days duration
- ☐ Requires hospitalization
- ☐ Injection site hypersensitivity reactions like rash/hives (urticaria) or itching at the injection site; hypotonic hypo-responsive episode

☐ **Systemic Adverse Reactions**
- ☐ **Non-specific symptoms** *(eg. Fever above 39°C, Malaise, Headache, persistent screaming.... etc)*

Specify:

☐ **CNS adverse events:**
- ☐ Acute paralysis
- ☐ Meningitis
- ☐ Encephalopathy
- ☐ Seizures (febrile or afebrile)
- ☐ Encephalitis
- ☐ Others (specify) .....

☐ **Allergic Reactions:**
- ☐ Generalized urticaria
- ☐ Breathing difficulty
- ☐ Anaphylactic shock
- ☐ Acute hypersensitivity reaction (anaphylactoid)
- ☐ Toxic-shock syndrome
- ☐ Disseminated BCG-adenitis
- ☐ Hypotension
- ☐ Other (specify) .....

☐ Other Adverse Reactions (specify): *eg. Osteitis, Osteomylitis, Arthralgia etc.*

.....

➢ Immunization History – attach photocopy of child health card

➢ If the child admitted – attach the discharge summary sheet