AEFI CASE INVESTIGATION FORM

A. PATIENT INFROMATION

A.1. Name of the patient: Hospital registration No.:

A.2. Address:

A.3 Date of birth: Gender: Male/Female

B. Past Illness

B1. PRESENT ILLNESS / OUTCOME:

B1. What is the AEFI reported? …….. B2. Date of onset ---------- B3. Where was the patient treated? □ 1. Hospital □ 2. PHCs	B4. Was patient admitted to hospital Yes □ No □ Unknown □ B5. If yes, date of admission: ---------- B6. Name of hospital/PHCs:	B7. Outcome of the case Recovered □ Died □ Unknown □ B8. Date of discharge, Refer or death: B9. If referred name of hospital

C. CLINICAL DATA

(Case definition: An adverse event following immunization is any untoward medical occurrence which follows immunization which does not necessarily have caused relationship with the usage of vaccine

C1. Symptoms and signs	C2. Date of onset	C3. Laboratory investigation	C4. Treatment
□ Fever □ Inconsolable cry □ Painful swelling at the injection site □ Enlarged tender axillary lymph nodes □ Convulsions □ Altered sensorium Any other symptoms and signs:	…… …… …… …… …… ……		

D. PAST MEDICAL AND FAMILY HISTORY

		Yes	No	Unknown	if yes (specify) No and Place
D1.	Existing congenital disease	□	□	□	……
D2.	Persisting underlying disease	□	□	□	……
D3.	Previous history of significant illness	□	□	□	……
D4.	Family history of similar event	□	□	□	……
D5.	Previous history of similar event	□	□	□	……

E. OTHER RELEVANT HISTORY

		Yes	No	Specify
E1	Delays in taking patient to the hospital	☐	☐	……
E2	Delays in transferring patient to the hospital for specialized hospital	☐	☐	……
E3	Delays in receiving treatment	☐	☐	……

F. IMMUNIZATION HISTORY

F1. Date of immunization: Time of immunization:

F2. Place of immunization: Hospital/PHC/ORC

F3. Type of vaccine (please √ appropriate box)	F4. Dose	F5. Expiry Date	F6. Batch No.	F7. Manufacture	F8. Diluents Batch No. & Expiry date
☐BCG ☐OPV ☐Penta ☐MR ☐DPT ☐IPV ☐Td ☐Hep.B ☐HPV	☐1st ☐2nd ☐3rd ☐4th	……			

G. INFORMATION ON COLD CHAIN /STORAGE / VACCINATION TECHNIQUE

G1. Vaccines and diluents stored in the ☐ Refrigerator ☐Others (specify) ……	G2. Vaccine transported in a ☐Vaccine carrier ☐Cold box ☐Others (specify) ……	G3. Status of the data lodger for 1 month period prior to the date of the immunization: Maximum temperature …… Minimum temperature ……	G4. Failure to maintain the cold chain as indicated in the G4.1. VVM stage…… ☐ G4.2. Thermometer at the main compartment of the refrigerator ☐

At the time of the observation of the immunization	Satisfactory	Unsatisfactory	Not observed
G5. Maintenance of cold chain			
1. Packing of vaccine	☐	☐	☐
2. Maintenance of cold chain in unopened/opened vials during immunization	☐	☐	☐
G6. Vaccination procedure	☐	☐	☐
1. Reconstitution	☐	☐	☐
2. Drawing of vaccine	☐	☐	☐
3. Injection technique			
G7. Please √ the appropriate box Reusable ☐ Disposable ☐ AD syringes ☐			

H. AEFI IN THE CLINIC CENTRE / FIELD

Any history of similar events reported among those vaccinated		No	Yes	Unknown
H1.	At the same clinic session	☐	☐	☐
H2.	Using same vaccine at previous clinic session at the same clinic center	☐	☐	☐
H3.	Using same vaccine at the other clinic centre	☐	☐	☐
H4.	History of similar events reported among those unimmunized	☐	☐	☐

I. CONCLUSION AS TO THE CAUSE OF AEFI

Immunization errors related reaction Event caused by an error in vaccine preparation handling or administration	Vaccine product related reaction Event caused by the inherent properties of the vaccine	Vaccine quality defect of the related reaction Event caused due to quality defects of the vaccine product	Immunization anxiety related reaction Event from anxiety about or pain from the injection itself rather than the vaccine	Coincidental events Event that happens after immunization but not caused by the vaccine- a chance association	Unknown
If possible, describe the cause in below given area					

Other information: Type of delivery: Birth weight during delivery:
Place of delivery:
Nos. of children immunized same day with same vaccine:

Corrective action taken ……

Remarks ……

Signature ……

Name ……..

Designation …….

Date……