

Adverse Event After Immunization (AEFI) Report Form

ZIMBABWE REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

MCAZ Reference Number: AEFI12/2017

Patient first name *Liberty Reporter's nameLiberty

Patient Surname *CHirinda **Designation**3

Patient next of KinMM **Department**Pharmacy

Patient's physical address *106 baines avenue Address106 baines

DistrictAvenues Patient's telephone+263772145191

Gender *Male **Province**

Date of Birth *--**Reporter phone**+263772145191

OR Age at onset: Days Reporter emailIchirinda@mcaz.co.zw

Name of vaccination centerpvct

Vaccines Add +

N	ame *	Date and Time of Vaccination * Format dd-mm-yyyy hh24:minute	Dose (1st, 2nd)	Batch/Lot number	Expiry date
1	MMR	02-11-2017 17:39	1st	14526	29-11-2017

Diluents Add +

Na	me *	Date and Time of reconstitution	Batch/Lot number	Expiry date	
1	water for inuection	02-11-2017 17:41	12563	29-11-2017	-

Adverse Event(s) *:

Severe local reaction0 **Anaphylaxis**0 Other (specify)0

Describe AEFI (Signs and Seizures0 Fever≥38°C0 If other, specify symptoms) kgSVksdgVksdVbsd

Abscess1

Date & Time AEFI started29->3 days0 Sepsis0 11-2017 17:41 febrile0 ${\bf Encephalopathy} 1$ Date patient notified event beyond nearest joint() to health system Toxic shock syndrome0 29-11-2017 afebrile0 Thrombocytopenia0 Treatment providedYes Serious?Yes If yes, Hospitalization **Outcome**Recovered If died, date of death Autopsy doneYes Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases). Do you have files that you would like to attach? click on the button to add them: Add 🛨 # **FILE DESCRIPTION OF CONTENTS** (http://45.79.130.91/) 1 Autopsy report First decision making level to complete (District level): Investigation neededYes Date report received at district level 23-11-2017 If yes, date investigation planned 25-11-2017 National level top complete: Date report received at national level 28-11-2017

Comments:

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