

## Examples of AEFI case definitions and treatments

Adverse event	Case definition	Treatment
<b>Anaphylactic reaction (Acute hypersensitivity reaction)</b>	Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterised by one or more of the following: <ul style="list-style-type: none"> <li>wheezing and shortness of breath due to bronchospasm</li> <li>laryngospasm/laryngeal oedema</li> <li>one or more skin manifestations, e.g. hives, facial oedema, or generalised oedema.</li> </ul> <b>Less severe allergic reactions do not need to be reported.</b>	Self-limiting; anti-histamines may be helpful.
<b>Anaphylaxis</b>	Severe immediate (within 1 hour) allergic reaction leading to circulatory failure with or without bronchospasm and/or laryngospasm/laryngeal oedema (See Annex B).	Adrenaline injection (See Annex B)
<b>Encephalopathy</b>	Acute onset of major illness characterised by any two of the following three conditions: <ul style="list-style-type: none"> <li>seizures</li> <li>severe alteration in level of consciousness lasting for one day or more</li> <li>distinct change in behaviour lasting one day or more.</li> </ul> Needs to occur within 48 hours of DTP vaccine or from 7 to 12 days after measles or MMR vaccine, to be related to immunization.	No specific treatment available; supportive care.
<b>Fever</b>	The fever can be classified (based on rectal temperature) as mild (38 to 38.9°C), high (39 to 40.4°C) and extreme (40.5°C or higher). Fever on its own does not need to be reported.	Symptomatic; paracetamol.
<b>Injection site abscess</b>	Fluctuant or draining fluid-filled lesion at the site of injection. <b>Bacterial</b> if evidence of infection (e.g., purulent, inflammatory signs, fever, culture), <b>sterile</b> abscess if not.	Incise and drain; antibiotics if bacterial.
<b>Seizures</b>	Occurrence of generalised convulsions that are not accompanied by focal neurological signs or symptoms. <b>Febrile seizures:</b> if temperature elevated >38°C (rectal) <b>Afebrile seizures:</b> if temperature normal	Self-limiting; supportive care; paracetamol and cooling if febrile; rarely anticonvulsants.
<b>Sepsis</b>	Acute onset of severe generalised illness due to bacterial infection and confirmed (if possible) by positive blood culture. Needs to be reported as possible indicator of programme error.	Critical to recognise and treat early. Urgent transfer to hospital for parenteral antibiotics and fluids.
<b>Severe local reaction</b>	Redness and/or swelling centred at the site of injection and one or more of the following: <ul style="list-style-type: none"> <li>swelling beyond the nearest joint</li> <li>pain, redness, and swelling of more than 3 days duration</li> <li>requires hospitalisation.</li> </ul> <b>Local reactions of lesser intensity occur commonly and are trivial and do not need to be reported.</b>	Settles spontaneously within a few days to a week. Symptomatic treatment with analgesics. Antibiotics are inappropriate.
<b>Thrombocytopenia</b>	Serum platelet count of less than 50,000/ml leading to bruising and/or bleeding	Usually mild and self-limiting; occasionally may need steroids or platelet transfusion.
<b>Toxic shock syndrome (TSS)</b>	Abrupt onset of fever, vomiting and watery diarrhoea within a few hours of immunization. Often leading to death within 24 to 48 hours. Needs to be reported as possible indicator of programme error.	Critical to recognise and treat early. Urgent transfer to hospital for parenteral antibiotics and fluids.

Source:

[http://www.who.int/immunization\\_safety/publications/aefi/en/AEFI\\_measles\\_campaigns.pdf](http://www.who.int/immunization_safety/publications/aefi/en/AEFI_measles_campaigns.pdf)