REPUBLIC OF REGANDA

AEFI Reporting ID Number:K-HIN-1407

REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

***Patient name: Ahmed Alabi** ***Patient's full Address:** **22 Bulawango Street** **Hinandi** **Telephone: +049346 12 2130** **Sex:** ☒ M ☐ F ***Date of birth (DD/MM/YYYY): 15 / 05 / 2008** *OR Age Group:* ☐ *< 1 Year* ☐ *1 to 5 Years* ☐ *> 5 Years*	***Reporter's Name: Dr Shia Radini (Hinandi Hospital)** **Institution / Designation, Department & address:** **Ossenta Health Centre** **Ossenta Rd 2** **Hinandi** **RegandaTelephone & e-mail:** **+049346 12 3268** **Date: 05/04/2012 Signature: Dr Radini**

Name of health facility (or vaccination centre):

***Name of Vaccines Received**	***Date of vaccination**	***Time of vaccination**	**Dose** (e. g. 1st, 2nd, etc.)	***Batch/ Lot number**	**Expiry date**
Klinigen MMR vaccine	6.4.2012	09:00		U-5773	Oct 2012
Easydil	6.4.2012	09:00		SR-2788	July 2013

***Adverse event (s):**

☐ Local reaction ☐ *>3 days* ☒ *beyond nearest joint*
☐ Fever≥38° C
☒ Seizures ☒ *febrile* ☐ *afebrile*
☐ Abscess
☐ Sepsis
☐ Toxic shock syndrome
☐ Thrombocytopenia
☐ Anaphylaxis
☐ Other (specify).....

Date & Time AEFI started (DD/MM/YYYY)**:**
06 / 04 / 2012 . 15 Hr 00 Min

Was the patient hospitalized? ☒Yes ☐No
Date event was notified to health system (DD/MM/YYYY):
07 / 04 / 2012

Describe AEFI (Signs and symptoms):

***Outcome:**
☐ Recovering ☐ Recovered ☐ Recovered with sequelae ☒ Not Recovered ☐ Unknown
☒ Died If died, date of death (DD/MM/YYYY): 09 / 04 / 2012 Autopsy done: ☐Yes ☐No ☒Unknown

Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases)**.** *Previously immunized with MMR. No previous medical history.*

First Decision making level to complete:

Investigation needed: ☒ Yes ☐ No — If yes, date investigation planned (DD/MM/YYYY): 12 / 04 / 2012

National level to complete:

Date report received at national level (DD/MM/YYYY): ☐☐ / ☐☐ / ☐☐☐☐	AEFI worldwide unique ID **:**
Comments:	

**Compulsory field*