



REPORTING & RECORDING OF AEFI CASES

National AEFI Secretariat,
Ministry of Health & Family Welfare, New Delhi



AEFI cases to be notified to health system-

Any AEFI that is of concern to the parents or to the health care worker should be notified

In particular, health workers should notify:

Any serious AEFI (death, hospitalization, cluster, disability)

Events associated with a newly introduced vaccines

Immunization error related events

Events causing significant parental/media or community concern.

Swelling, redness, soreness at the injection site, lasting for more than 3 days or swelling extends beyond nearest joint.



AEFI cases can be notified

- Using UIP and Non-UIP vaccines (Like anti Rabies, Yellow Fever, HPV etc.)
- In children and adults population
- By both public / private health care providers
- Following routine immunization or special immunization campaign



Channels of AEFI reporting are-

- AEFI Surveillance: Immediate report of AEFI cases through CRF to district;
 - (district to further share the CRF, PCIF, FCIF with state/national via SAFEVac and email to aefiindia@gmail.com)
- HMIS Report: Monthly routine immunization HMIS reporting for AEFI as death, abscess & others under section 9.6.1, 9.6.2, 9.6.3 respectively.
- VPD Surveillance: Weekly reporting of VPD H002 & D001 forms

Other channels include:

- PvPI- call centre number - 18001803024 – (Mon- Friday 9:30am to 5:30pm)
- Individual Case Safety Reports (ICSRs): generated by ADR Monitoring centres under Pharmacovigilance Program of India (PvPI)
- idsurv portal- developed by IAP for Private paediatricians (<http://www.idsurv.org/>)



AEFI :Types



Minor

- Usually occur within a few hours of injection.
- Resolve after short period of time and pose little danger.
- Local (includes pain, swelling or redness at the site of injection).
- Systemic (includes fever, malaise, muscle pain, headache or loss of appetite).



Severe

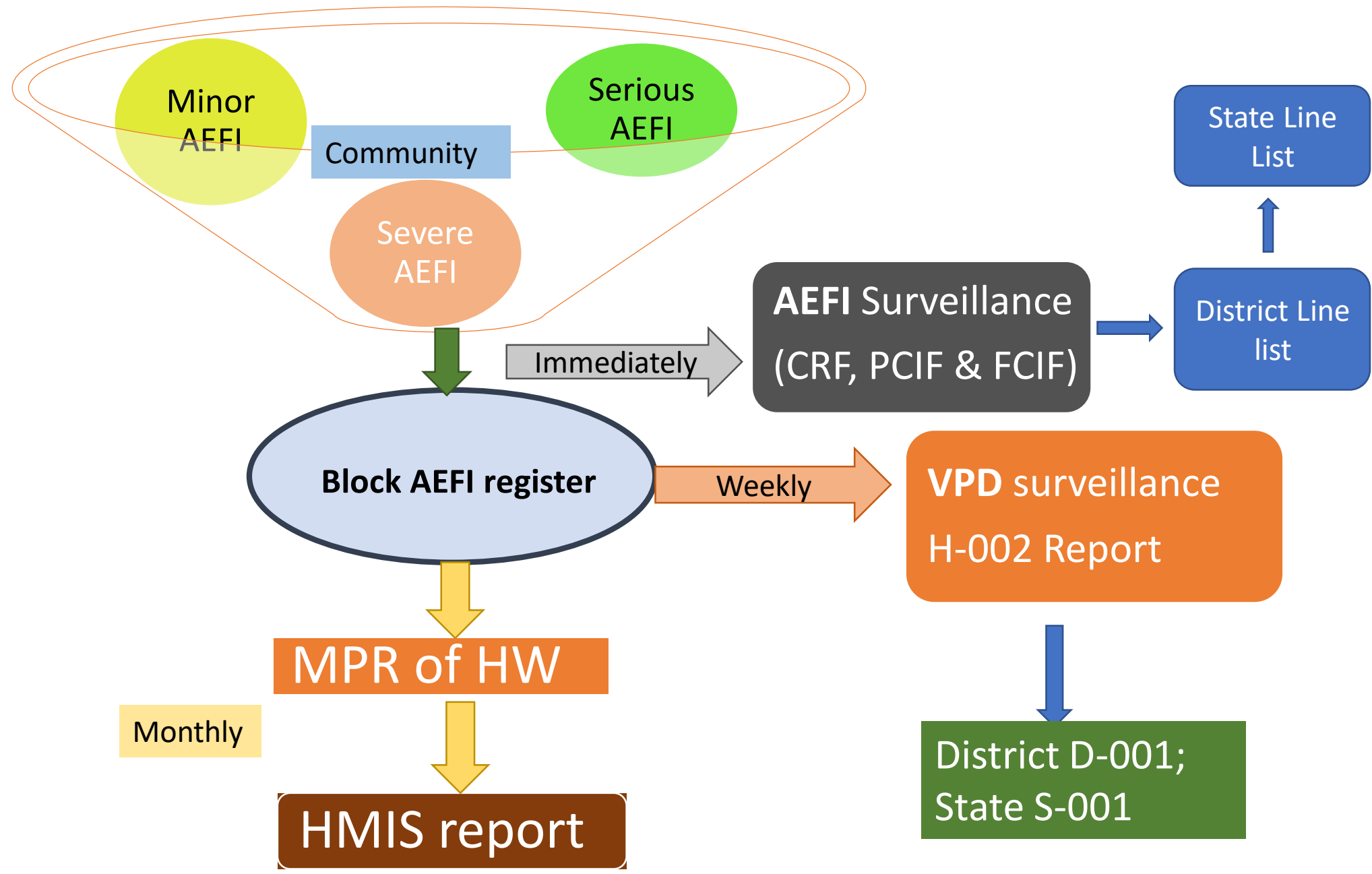
- Can be disabling and, rarely life threatening
- Most do not lead to long-term problems
- Must be reported
- Examples of severe reactions include
- Non - hospitalized cases of anaphylaxis that has recovered, high fever(>102 degree F), hypotonic hypo-responsive episodes, sepsis, etc.



Serious

- Death.
- Inpatient hospitalization
- Results in persistent or significant disability.
- AEFI cluster
- Parental/
- Community / media concern

Flow Of Information From Block AEFI Register





Key Channels Of Reporting

S. No.	Reporting Channel	Frequency	Categories of vaccine reactions to be reported
1	AEFI surveillance (CRF, PCIF & FCIF)	Immediate	Serious and Severe
2	Block AEFI Registers	Weekly	All Minor, Serious and Severe
3	VPD surveillance (H-002 & D-001)	Weekly	Serious and Severe
4	HMIS	Monthly	Serious, Severe and Minor (Death, Abscess and others)



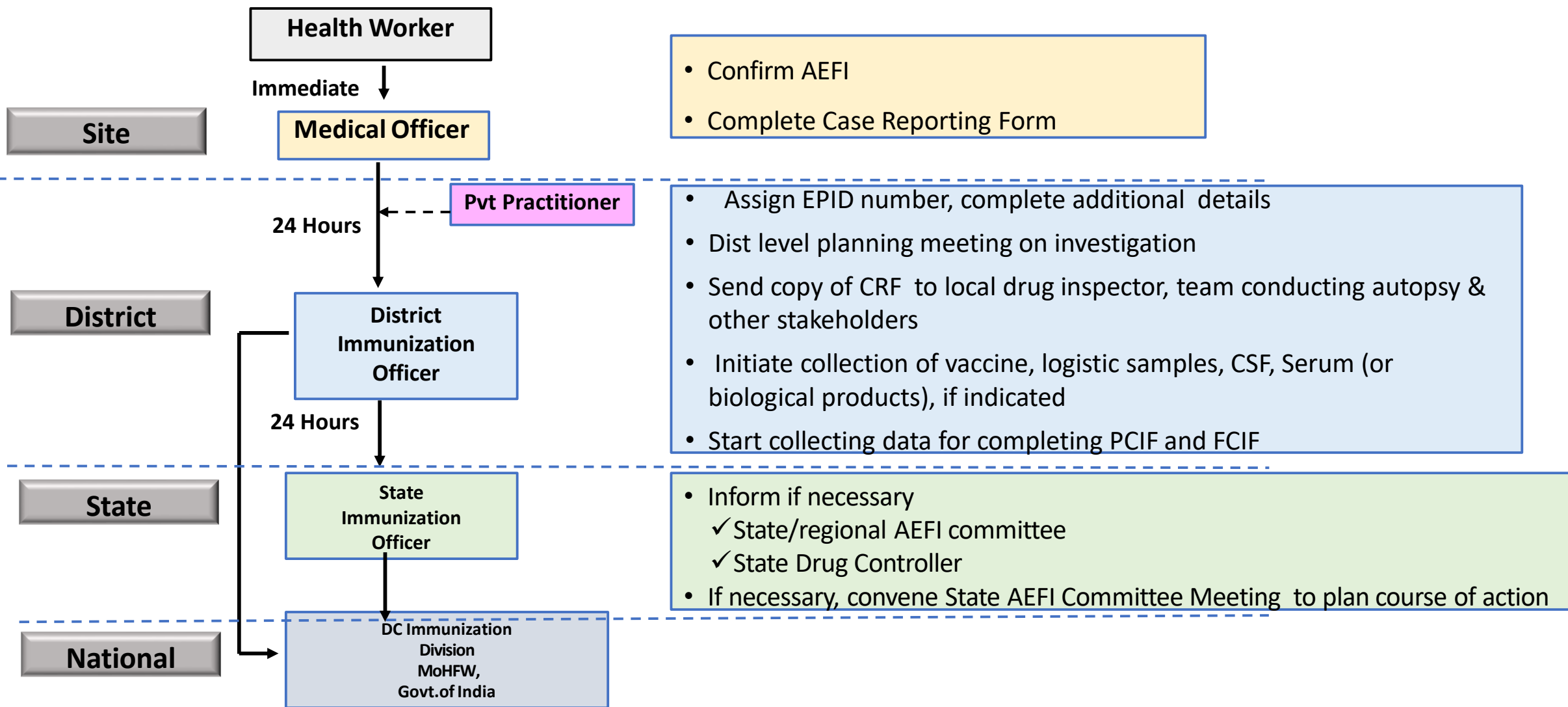
Steps in AEFI Surveillance

- **Identification:** AEFI cases to be identified at community after vaccination by HW/ASHA/AWW.
- **Notification:** AEFI becoming aware by the health care system. Usually by ANM to the MO.
- **Reporting:** Informing of the AEFI to the district and documentation of the same in the Case Reporting Form (CRF). **Usually by MO** to the district.
- **Investigation:** Site visit and documentation in the Preliminary Case Investigation Form (PCIF) & Final Case Investigation Form (FCIF) by the **district AEFI committee**.
- **Causality Assessment:** Systematic assessment of information to determine the likelihood of the vaccine/s causing the event. Conducted **by state/ national AEFI committee**
- **Submission** of Causality assessment report by state AEFI Committee
- **Taking action** at state and national level





Case Reporting Form- Routing, timeline, actions





Examples of reportable AEFI

Reportable AEFI

- **Anaphylactoid reaction (acute hypersensitivity reaction)**
- **Anaphylaxis**
- **Persistent (more than 3 hours) inconsolable screaming**
- **Hypotonic hypo responsive episode (HHE)**
- **Toxic shock syndrome (TSS)**
- **Severe local reaction**
- **Sepsis**
- **Injection site abscess (bacterial/sterile)**
- **Seizures, including febrile seizures (after measles/MMR; DTP pentavalent)**
- **Encephalopathy (after Measles/MMR; DTP/ Pentavalent)**



Examples of reportable AEFI

Reportable AEFI

- Acute flaccid paralysis (OPV recipients and contacts)
- Brachial neuritis (after tetanus containing vaccine)
- Intussusception (after rotavirus vaccines)
- Thrombocytopaenia (after measles/MMR)
- Lymphadenitis
- Disseminated BCG infection
- Osteitis /Osteomyelitis
- Death
- Hospitalization
- Disability
- Any other severe and unusual events that are thought by health workers or the public to be related to immunization



Format For Block/ PHC Planning unit AEFI Register

Block/Planning unit AEFI recording register

Week no.	Name of the Sub Centre	Name of the vaccinee	Father's Name	Age	Date of vaccination	Name of vaccines given	Batch no. of vaccines given	AEFI noted (symptoms)	Category (serious/ Severe/Minor)	Case seen by MO i/c (yes/no)	Entered in case reporting form (Yes/no)

1. Kindly follow the AFP Surveillance calendar to identify week no.
2. Information on serious & severe AEFI should be shared weekly with the district along with the H-002 form
3. The details of Minor AEFI are to be maintained at Block /Planning unit level & monthly cumulative data to be entered in HMIS report



Minor AEFI Monthly Report- Block / PHC level

**Assessment of Minor AEFI at Block PHC/ Planning unit
(Format to be shared in the first week of every month to DIO)
To be filled by the in-charge Block Medical Officer**

Month				Year				
Name of the Block PHC/Planning unit In charge: Phone number:			Block Name: District:		Date:			
Following table need to be filled up after reviewing block AEFI recording register of respective month. Tabulate the data for minor AEFIs listed in the respective month.								
Name of PHC/Sub Centre	Distribution of Minor AEFIs line listed in AEFI recording register as per their clinical presentation							
	Fever <39 degree	Local swelling	Localized pain	Localized redness	Irritability	Malaise	Systemic symptom	Any other
Total								
Any aggregation or clustering (tick on appropriate)				Possible reason		Action proposed		
1. Antigen wise & batch wise, if antigen wise, does it exceed expected reaction rate. Refer table no. 1 in AEFI Guideline 2015 (Yes/No)								
2. Subcenter wise/ Vaccinator wise								
3. Dose wise (first, second, booster etc.)								
4. Any other(e.g. unusual minor event)								
Name of the medical officer						Signature		



Filled Block/PHC AEFI Register

Week No.	Name of sub-centre	Name of vaccine recipient	Father's Name	Age	Date of vaccination	Name of vaccines given	Batch number of vaccines given	AEFI noted (symptoms)	Category (minor/serious/severe)	Case seen by MO i/c (yes/no)	CRF filled? (yes/no)
10	HSC1	Monika	Prabakaran	1 days	07-03-2018	BCG, Hep B, OPV	BCG 037G5041 Hep B 3421A91 OPV S-151	Abscess	severe	Yes	Yes
10	HSC2	Hari Prasanth	Sathiya Prakash	20 months	07-03-2018	DPT, Measles	DPT TA627B/14 Measles 003F5084	Fever, local Pain & swelling	minor	Yes	No
10	HSC3	Shanthi	Subramani	1.5 months	07-03-2018	Penta, OPV	TA651A/14	seizures, febrile	severe	Yes	Yes
11	HSC2	Kavitha	Suresh	3.5 months	07-03-2018	Penta, OPV	TA651A/14	Mild fever	minor	No	No
11	HSC1	Rajesh	Sridhar	2.5 months	07-03-2018	Penta, OPV		Fever (>102° F)	severe	Yes	No
11	HSC3	Hamsaveni	Baskar	9 months	07-03-2018	Measles		Local skin rash	minor	Yes	No
12	HSC3	Mayura	Madhavan	20days	07-03-2018	BCG, OPV		Death	serious	Yes	Yes
12	HSC2	Preetham	Ravikumar	18months	07-03-2018	Measles		Fever, local Pain & swelling	minor	No	No
12	HSC1	Baby of Kavitha	Venkatesh	1 day	14-03-2018	BCG, OPV	BCG 037G5041 OPV 63AS10115201	Localised skin redness	minor	Yes	No
13	HSC1	Sabari	Raja	0 days	14-03-2018	BCG, Hep B, OPV	BCG 037G5041 Hep B 3421A91 OPV S-151	Abscess	severe	Yes	Yes



Summary

- All serious and severe AEFI cases
 - are to be immediately notified to Medical officer (MO)
 - MO to fill case reporting form and submit it to DIO (within 24 hours)
- Channel of reporting of AEFI include-
 - AEFI Surveillance (immediately for all serious and severe cases)
 - VPD Surveillance: Weekly reporting in VPD H002 (block level) & D001 (district level)
 - HMIS Report- Monthly reporting for all AEFI cases under -death, abscess & others
- Steps in AEFI surveillance are-
 - Block level – Identification, Notification, Reporting
 - District level – Case Investigation and submission of preliminary and final case investigation form with appropriate case records
 - State level and National level- Causality Assessment
- All AEFI cases (minor, severe & serious) are to be recorded in Block/PHC AEFI register on weekly basis
- Medical officer to analyse and review AEFI register for suspected clustering of cases



Thank you