



CASE REPORTING FORMAT



SAFE - VAC

Surveillance and Action For Events following vaccination

- Online application for AEFI surveillance in India.
- All the formats and documents related to serious, severe AEFI cases are to be uploaded to SAFE-Vac along with being mailed to aefiindia@gmail.com
- Data entry is done at the office of the DIO.
- Ensures continuity of data, gives real-time picture of AEFI surveillance in the given state/district, prevents data loss.

Date of Vaccination*: ___ / ___ / _____ Time of Vaccination: ___ : ___ AM/PM										Address of session site*: Village / Block/ District												
Session: Routine (including SIW)* Campaign (SIA)-IPPI/MR/JE/Others (Specify): _____ Other _____										Place of Vaccination*: Govt. Health Facility /Outreach / Private Health Facility/ Other _____												
Name of vaccines received (write vaccine & diluent details in separate rows)*	Dose no. (zero/ 1 st /2 nd /etc.*	Name of Manufacturer*	Batch / Lot No.*	Manufacturing date	Expiry date*	Date of opening of vial	No. of OTHER beneficiaries who received vaccine from SAME vial															
Date of first symptom*			D	D	M	M	Y	Y	Y	Y	Time of first symptom				H	H	M	M	(AM	PM)
Hospitalization*: No/ Yes - Date			D	D	M	M	Y	Y	Y	Y	Time of hospitalization				H	H	M	M	(AM	PM)
Name and address of hospital (if hospitalized):																						

Section B: District Immunization Office to complete and forward to state and national level within 24 hours of receiving the above information

Date case reporting form received at the district: ___ / ___ / _____

Investigations needed: Yes No Reason : _____

If yes, date investigation planned: ___ / ___ / _____

DIO/ District Nodal Person (*Officer forwarding this report*)

Name Date.....Designation.....Mobile

No* Landline (with STD code)..... Fax No.

Email id* Complete Office address (with Pin code).....

.....
.....Signature/ Seal

To be sent to : State Immunization Officer &
Deputy Commissioner (UIP),
Immunization Division of Govt. of India, MOHFW,
Nirman Bhawan, New Delhi – 110108. Fax No. – 011 23062728 / **e mail:** aefiindia@gmail.com

Section C: State level to complete

Date report received at state level - ___ / ___ / _____

Remarks:

Section D: National level to complete

Date report received at national level - ___ / ___ / _____

Remarks:



Case Study- Anchal -1

Day 1- 25/10/2012

- Dr Anand, a paediatrician at the private Dinaram Hospital was called to the casualty at 9:45 pm on 25/10/2012 to manage a two months old girl child named Anchal Thomas. The child was febrile and the parents reported that she had two episodes of seizures since morning. They also reported that the child had received vaccinations in the morning at 9:25 am in the sub centre located in their village. The child was vaccinated with DPT, Hep B and OPV first dose.
- At around 2:30 pm, the child was found to have high grade fever. The mother gave the child paracetamol syrup as advised by the ANM and cold sponging. At that time the child started having tonic clonic movement of all limbs for a few minutes with up rolling of eyes. The child was quiet after that and was not easily responding to the mother as before. The fever came down after about an hour.
- At around 8:00-8:30 pm the fever started increasing and at around 9:00, she again had the same episode as in the afternoon.



Case Study- Anchal - 2

- On examination, Dr Anand found the child was having high-grade fever of 103o C. He admitted the child for treatment. He administered antipyretics and antibiotics intravenously. Continuous temperature charting was advised and the parents were asked to continue cold sponging to ensure the fever was not too high.
- Dr Anand then called Dr Raghavendra Yadav, DIO of the district and informed him of the case and the details as given by the father. The child was born on 22/08/2012 at PHC Regharpura. The child stays with her parents (Vishal Thomas and Annie Thomas) in village Sabarvihar, Block Jangdiwadi, Palam - 889217.
- Dr Yadav thanked Dr Anand for reporting the case and noted the case details. He requested Dr Anand to inform him before the child gets discharged. He said that he will send a junior doctor with a blank reporting format to help him report the case the next day.

Date of Vaccination: 25 /10/2012 Time of Vaccination: 09 : 25 AM/PM										Address of session site: SABARVIHAR HSC									
Session: Routine (including SIW)* Campaign (SIA)-IPPI/MR/JE/Others (Specify): RI Other _____										Place of Vaccination: Govt. Health Facility /Outreach / Private Health Facility/ Other : HSC									
Name of vaccines received (write vaccine & diluent details in separate rows)		Dose no. (zero/ 1 st /2 nd /etc.		Name of Manufacturer				Batch / Lot No.		Manufacturing date		Expiry date		Date of opening of vial		No. of OTHER beneficiaries who received vaccine from SAME vial			
DPT		1		UMSA BIOTECH LTD				UBL048/12		JAN-12		DEC-13				7			
OPV		1		ZONTEC PHARMA				P186		JAN-12		DEC-14				2			
HEPATITIS-B		1		SHAINA BILOGICALS				HBV004A12		FEB-12		JAN-14				4			
Date of first symptom		2	5	1	0	2	0	1	2	Time of first symptom		1	4	3	0		PM)
Hospitalization: Yes - Date		2	5	1	0	2	0	1	2	Time of hospitalization		2	1	4	5		PM)
Name and address of hospital (if hospitalized): DINARAM HOSPITAL																			



Case Study-b/o Jameson

- 3 day old (date of birth: 27/04/2013) female baby of Jameson, resident of village Champer, block Gola, district Ramgarh, state Cita, received BCG on 29/04/2013 at 9:15 am at subcenter. After that 1 hr baby went home with mother. The child was fine subsequently. According to mother, she breast fed the child as usual and child slept after feeding. At around 3 am mother noticed that child was not moving and apparently dead.
- The case was informed by ANM Sulekha Kumari on 30/04/2013 to medical officer (Dr Toppo) of PHC at Champer. No post mortem was done.
- The vaccine BCG given was manufactured by Sab India Ltd., batch no. 0034S1077, manufacturing date- March 2012 with expiry date of Feb 2014. The BCG diluents used was manufactured by Zoya Laboratories, ABC, batch no. B122998, manufacturing date- oct 2012 with expiry of sept 2015.
- Medical officer also informed DIO, Dr Prasad about the case.



Summary

- CRF to be filled by MO in all cases of serious and severe AEFI within 24 hours of notification
- Filled CRF to be shared with District Immunization officer.
- Starred (Mandatory) fields to be filled by collecting relevant information.
- MO to assist in investigation by collecting the following information for the filling of PCIF and FCIF by the district:
 - vaccines administered,
 - history, examination of the patient,
 - cold chain,
 - vaccination practices,
 - community information
 - Any hospital/ investigation records, post mortem reports, Verbal Autopsy reports are to be collected and shared with district



Thank you

AEFI reports to aefiindia@gmail.com