

# Report of Adverse Event Following Immunization (AEFI)

When completed, please send the form to your local [Public Health Unit](#) by a secure means.

For more information about AEFI reporting in Ontario visit the [Public Health Ontario website](#).

The form should be used to capture AEFIs for all vaccines, including COVID-19 vaccines.

Case ID   
(for local use only):

1 - CLIENT INFORMATION						
Client last name:		Given name(s):		Ontario Health Card #:	Date of Birth (yyyy/mm/dd):	
Gender:	Male	Female	Other	Unknown	Parent/guardian/caregiver full name, as applicable:	Telephone #:
Address:			City:		Postal Code:	
Reported to public health by:			Relationship with case:		Date of report (yyyy/mm/dd):	
Form completed by:			Contact information (if different from above):			

2 - IMMUNIZATION INFORMATION							
Date (yyyy/mm/dd)	Time (24hr - HH:MM)	Agent and Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Site	Route
Immunization error: No    Unknown    Yes* Describe in Section 4			Previous history of AEFI: No    Unknown    Yes* Describe in Section 4			Vaccine administered by:	

### 3 - ADVERSE EVENT INFORMATION (ALL VACCINES. FOR ADDITIONAL COVID-19 VACCINE SPECIFIC EVENTS SEE SECTION 4)

Report only events which cannot be attributed to co-existing conditions. Reactions marked with an asterisk (\*) must be diagnosed by a physician. Record the **time to onset of the event** (time between vaccine administration and onset of each event) and the **duration** of each event in **minutes** or **hours** or **days**. If the interval / duration is less than one hour record in minutes, if less than 24 hours record in hours, if greater than or equal to 24 hours record in days.

	Specify minutes or hours or days			Specify minutes or hours or days	
<b>Local Reaction at the Injection Site</b>	<b>Time to onset of event</b>	<b>Duration of event</b>	<b>Allergic Reactions</b>	<b>Time to onset of event</b>	<b>Duration of event</b>
Pain/redness / swelling extending past nearest joint			Event managed as anaphylaxis		
Pain/redness / swelling lasting <b>4 days or more</b>			Oculorespiratory syndrome (ORS)		
Infected abscess*			Allergic reaction - skin (E.g. hives)		
Sterile abscess*			<b>Neurologic Events</b>	<b>Time to onset of event</b>	<b>Duration of event</b>
Nodule			Convulsions / seizure		
Cellulitis*			Encephalopathy / encephalitis*		
<b>Systemic Reactions</b>	<b>Time to onset of event</b>	<b>Duration of event</b>	Meningitis*		
Fever greater than 38.0°C (Only reportable in conjunction with another event)			Anaesthesia / paraesthesia*		
Rash			Paralysis*		
Adenopathy / lymphadenopathy*			Bell's Palsy*		
Hypotonic-hyporesponsive episode (HHE)*			Guillian-Barré Syndrome (GBS)*		
Persistent crying / screaming			Myelitis / Transverse Myelitis*		
Severe vomiting / diarrhea (3 episodes/24 hours)			Acute disseminated encephalomyelitis*		
Parotitis*			<b>Other events of interest</b>	<b>Time to onset of event</b>	<b>Duration of event</b>
			Thrombocytopenia*		
			Arthritis / arthralgia		
			Intussusception*		
			Kawasaki Disease*		
			Syncope (fainting) with injury		
			Other severe or unusual events		

