



Adverse Event Following Immunization (AEFI) Case Report Form

								Panorama Data Entry Guidance	
C. IMMUNIZATION DATA									
Immunizing agent	Trade name	Manufacturer	Lot number	Dose #	Dosage/unit	Route	Site	<p>An immunization record is required to create an AEFI report.</p> <p>If the immunization record has not been entered in Panorama, you will first need to create it.</p> <p>Refer to the Panorama Panorama Immunization Data Entry Guide on how to create a new immunization record.</p>	
D. INFORMATION AT TIME OF IMMUNIZATION AND AEFI ONSET									
Province/Territory of immunization:				Age at onset:					<p>Use the section specific comment fields to report details in Panorama.</p> <p>Please refer to Panorama AEFI Data Entry Guide for more information on the types of details to report.</p> <p>If there is no medical history relevant to this event, enter "No medical history found" in comments (No. 17).</p> <p>Report "Unknown at time of report" or "Information not available" in comment field No. 17.</p>
Date vaccine administered: YYYY / MM / DD				(hr: am / pm)					
Health Care Provider who administered the vaccine:				Phone: ()					
Address: Unit # Street # Street Name City 									
<p>Did an AEFI follow a previous dose of any of the above immunizing agents listed in section B?</p> <input type="checkbox"/> No <input type="checkbox"/> Not applicable (no prior doses) <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (If yes , provide details in section G.)									
<p>Did this AEFI follow an incorrect immunization?</p> <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (If yes , choose all that apply and provide details in section G.): <input type="checkbox"/> Given outside the recommended age limits <input type="checkbox"/> Product expired <input type="checkbox"/> Dose exceeded that recommended for age <input type="checkbox"/> Wrong vaccine given <input type="checkbox"/> Incorrect route <input type="checkbox"/> Other, specify:									
<p>Medical history (up to time of AEFI onset). Check all that apply and provide details in section G.</p> <input type="checkbox"/> Concomitant medication(s) <input type="checkbox"/> Known medical conditions/allergies <input type="checkbox"/> Acute illness/injury <input type="checkbox"/> Unknown at time of report <input type="checkbox"/> Information not available									
E. AEFI DETAILS: Complete all sections as appropriate. For each check all signs/symptoms that apply. Item(s) with asterisk (*) should be diagnosed by a physician. If not, provide sufficient information to support the selected item(s). Use Section G for additional information including clinical details and test results.									
Local reaction at or near injection site								<p>Select a local reaction before selecting corresponding descriptors.</p> <p>For tips on reporting rash see Section I. Report 'localized rash at the injection site' as "Other, specify" and select "Rash" as a sign.</p> <p>For tips on reporting pain, redness, or swelling see Section I. Report 'Adenopathy/Lymphadenitis' as 'Lymphadenitis'.</p> <p>Specify Microbial results in comment box (No. 23).</p>	
Onset: Min. Hrs. Days from immunization to onset of 1 st symptom/sign									
Duration: Min. Hrs. Days from 1 st symptom/sign to resolution of all symptoms/signs				<input type="checkbox"/> Unresolved					
<input type="checkbox"/> Infected abscess*		<input type="checkbox"/> Sterile abscess*		<input type="checkbox"/> Cellulitis*		<input type="checkbox"/> Nodule <input type="checkbox"/> Rash			
<input type="checkbox"/> Pain, redness, or swelling extends past the nearest joint				<input type="checkbox"/> Adenopathy/Lymphadenitis*					
<input type="checkbox"/> Pain or redness or swelling persisting for 10 days or more				<input type="checkbox"/> Other, specify:					
<p>For any injection site reaction indicated above, check all that apply and provide details in section G:</p> <input type="checkbox"/> Swelling <input type="checkbox"/> Pain <input type="checkbox"/> Tenderness <input type="checkbox"/> Erythema <input type="checkbox"/> Warmth <input type="checkbox"/> Induration Specify largest diameter of vaccination site reaction (cm): _____ Site(s) of reaction (e.g., LA, RA): _____ <input type="checkbox"/> Palpable fluctuance <input type="checkbox"/> Fluid collection shown by imaging technique (e.g., MRI, CT, ultrasound) <input type="checkbox"/> Spontaneous/surgical drainage <input type="checkbox"/> Microbial results, specify <input type="checkbox"/> Lymphangitic streaking <input type="checkbox"/> Regional lymphadenopathy									



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E. AEFI DETAILS <i>continued</i>		
Other defined events of interest		
Onset:	Min. Hrs. Days from immunization to onset of 1 st symptom/sign	
Duration:	Min. Hrs. Days from 1 st symptom/sign to resolution of all symptoms/signs <input type="checkbox"/> Unresolved	
<input type="checkbox"/> Hypotonic-Hyporesponsive Episode* (age <2 years): <input type="checkbox"/> Limpness <input type="checkbox"/> Pallor/cyanosis <input type="checkbox"/> Reduced responsiveness/unresponsiveness <input type="checkbox"/> Persistent crying (continuous and unaltered crying for ≥3 hours) <input type="checkbox"/> Rash: (Refer to Immunization Manual, Section IX for reporting criteria. For rash at injection site or rash in allergic reaction, use sections above.) <input type="checkbox"/> Generalized <input type="checkbox"/> Localized at non-injection site <input type="checkbox"/> Intussusception* <input type="checkbox"/> Hematochezia <input type="checkbox"/> Arthritis*: <input type="checkbox"/> Joint redness <input type="checkbox"/> Joint warm to touch <input type="checkbox"/> Joint swelling <input type="checkbox"/> Inflammatory changes in synovial fluid <input type="checkbox"/> Parotitis* (Parotid gland swelling with pain and/or tenderness) <input type="checkbox"/> Orchitis* <input type="checkbox"/> Thrombocytopenia*: <input type="checkbox"/> Platelet count <150×10 ⁹ /L <input type="checkbox"/> Petechial rash <input type="checkbox"/> Other clinical evidence of bleeding <input type="checkbox"/> Fever ≥38°C (Report only if fever occurs in conjunction with reportable event. For a neurological event use section above.) <input type="checkbox"/> Syncope with injury <input type="checkbox"/> Severe vomiting/diarrhea <input type="checkbox"/> Other serious or unexpected event(s) not listed above (Specify and provide details in section G):		For tips on reporting rash see Section I. Report: "Severe vomiting/diarrhea", "Orchitis", "Hematochezia", or "Syncope with injury" as "Other severe events" and specify in comment field No. 58 Report "Petechial rash" in comment section No. 58.
E. IMPACT OF AEFI, OUTCOME, AND LEVEL OF CARE OBTAINED		
Highest impact of AEFI (Choose one of the following): <input type="checkbox"/> Did not interfere with daily activities <input type="checkbox"/> Interfered but did not prevent daily activities <input type="checkbox"/> Prevented daily activities	Outcome at time of report (Choose one of the following): <input type="checkbox"/> Permanent disability/incapacity <input type="checkbox"/> Fully recovered <input type="checkbox"/> Not yet recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Death; specify date: _____ <div style="text-align: right; font-size: small;">YYYY/MM/DD</div>	See Section I if outcome is fatal. Report assessment in an emergency room setting without formal admission to hospital as "Emergency Visit".
Highest level of care obtained (Choose one of the following): <input type="checkbox"/> Emergency visit <input type="checkbox"/> Non-urgent visit <input type="checkbox"/> Telephone advice from a health professional <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Admitted to Hospital (days) OR <input type="checkbox"/> Resulted in prolongation of existing hospitalization (by days) Hospital name: _____ Hospital admission date: _____ Hospital discharge date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> YYYY / MM / DD YYYY / MM / DD </div>		Date fields for admission and discharge are visible when "Admitted to Hospital" or "Resulted in prolongation" are selected. Otherwise enter dates of care in comment field No. 63.
Treatment received: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (If yes , provide details of treatment, including self treatments, in section G.)		
F. PUBLIC HEALTH RECOMMENDATIONS (Provide comments. Use section G if extra space is required.)		
<input type="checkbox"/> No change to immunization schedule <input type="checkbox"/> Expert referral, specify: <input type="checkbox"/> Determine protective antibody level, specify: <input type="checkbox"/> Controlled setting for next immunization, specify: <input type="checkbox"/> No further immunizations, specify: <input type="checkbox"/> Active follow up for AEFI recurrent after next vaccine, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> No recommendations		See Section I for tips on the "Assigned to" section.
Name:	Professional status: <input type="checkbox"/> MOH/MHO <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Other, specify:	
Comments:		
Phone: () ext. Date Signature: <div style="text-align: center; font-size: small;">YYYY / MM / DD</div>		
Send a copy to: <input type="checkbox"/> BCCDC <input type="checkbox"/> Client's Physician <input type="checkbox"/> Other: _____		



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G. SUPPLEMENTARY INFORMATION

Please indicate the section number when providing details.

Provide details of any investigation or treatment for the recorded AEFI. Provide sufficient information to support the selected item(s). Append information on additional pages if required.

	In Panorama enter the comments into the AEFI details section of the reaction type, ie. Local, Allergic, etc. using the section-specific comment fields.



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H. ADVERSE EVENTS FOLLOWING IMMUNIZATION – TEMPORAL CRITERIA

The length of time between vaccine administration and onset of symptoms is an important consideration in causality assessment. Temporal criteria guidelines in this table are generally agreed upon approximate timelines.

Reaction Type	Adverse Event Following Immunization	Temporal Criteria	
		Inactivated Vaccines	Live Attenuated Vaccines
Local Reactions at Injection Site	Infected Abscess	0-7 days	
	Sterile Abscess	0-7 days	
	Cellulitis	0-7 days	
	Nodule	0-7 days	
	Pain or Redness or Swelling	0-48 hours	
Systemic Reactions	Adenopathy/Lymphadenopathy	0-7 days	MMR: 5 - 30 days Varicella: 5 - 42 days
	Fever	Timing in conjunction with other reportable adverse events	
	Hypotonic-Hyporesponsive Episode (HHE)	0-48 hours	
	Parotitis	Not applicable	MMR: 5-30 days
	Orchitis	Not applicable	MMR: 5-30 days
	Rash	0-7 days	MMR: 0 - 30 days Varicella: 0 - 42 days
	Screaming/Persistent crying	0-72 hours	
	Severe Vomiting/Diarrhea	0-72 hours	Rotavirus: 0-7 days
Allergic Reactions	Anaphylaxis	0-24 hours	
	Oculo-respiratory Syndrome (ORS)	0-24 hours	
	Other Allergic Reactions	0-48 hours	
Neurological Events	Anaesthesia/Paraesthesia	0-15 days	MMR: 0 - 30 days Varicella: 0 - 42 days
	Bell's Palsy	0-3 months	
	Convulsion/Seizure	0-72 hours	MMR: 5 - 30 days Varicella: 5 - 42 days
	Encephalopathy or Encephalitis or Acute Disseminated Encephalomyelitis (ADEM)	0-42 days	MMR: 5 - 30 days Varicella: 5 - 42 days
	Guillain-Barré syndrome (GBS)	0-8 weeks	
	Meningitis	0-15 days	MMR: 5 - 30 days Varicella: 5 - 42 days
	Subacute sclerosing panencephalitis (SSPE)	Not applicable	Up to 10 years following a measles-containing vaccine
	Paralysis	0-15 days	OPV: 5 - 30 days Varicella: 5-42 days
Other Events of Interest	Arthritis	0-30 days	MMR: 5 - 30 days Varicella: 0 - 42 days
	Intussusception or Haematochezia	Not applicable	Rotavirus: 0-42 days
	Syncope with injury	0-30 minutes	
	Thrombocytopenia	0-30 days	
	Other severe or unusual	A temporal association to immunization and for which there is no other known cause and not covered under the other categories	



I. PANORAMA DATA ENTRY DETAILS

Localized rash at the injection site: Local reaction at or near injection site > Other, Specify > Rash

Localized allergic rash: Anaphylaxis and other allergic events > Skin/mucosal > Localized > Select "At injection site" or "Non-injection site" > Specify rash in comment field No. 34

Generalized allergic rash: Anaphylaxis and other allergic events > Skin/mucosal > Generalized > Select "At injection site" and/or "Non-injection site" > Specify rash in comment field No. 34

Generalized rash: Other defined events of interest > Rash > Generalized

Localized rash at non-injection site: Other defined events of interest > Rash > Localized a non-injection site

Pain, redness, or swelling only reportable if meets one or both of the following:

- A) Pain, redness, or swelling extends past the nearest joint
- B) Pain or redness or swelling persists 10 days or more

Report A) as: Local reaction at or near injection site > Reaction crosses joint > Select appropriate symptoms.

Report B) as: Local reaction at or near injection site > Other local, specify > Select appropriate symptoms.

Also ensure that Duration and Highest Impact of AEFI are provided.

If the **outcome is fatal**, record as follows.

Outcome at time of report: Death

Outcome Date: Date of death (if known) or date at which user found out about fatal outcome (if date of death unknown)

Also enter date of death in client's demographics in Panorama.

After recording the outcome, inactivate the client in the Personal Information screen (under Subject > Client Details on the left hand navigation) following routine procedures/standards.

Section 10.0 'Assigned to'

The "Assigned to" section must be submitted in order to move to the "11.0 Public Health Recommendations" section. See Panorama AEFI Data Entry Guide for more information.

If the medical health officer requires a consultation from BCCDC Immunization Programs and Vaccine Preventable Diseases Service, email Dr. Monika Naus (monika.naus@bccdc.ca) and include the client ID and Adverse Event ID in your email; do not use the 'assigned to' function within Panorama for this purpose.

NOTE: Additional relevant training materials and data standards are available on the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).