RENFREW COUNTY AND DISTRICT HEALTH UNIT

"OPTIMAL HEALTH FOR ALL IN RENFREW COUNTY AND DISTRICT"

PUBLIC HEALTH NOTES

NOVEMBER 2019 VOLUME 1, ISSUE 6

The Five W's of

Adverse Events Following Immunization (AEFI) Reporting

1 What

- An AEFI is an unexpected health effect that happens after someone is immunized, which may or may not be linked to the vaccine.
- It is known vaccines can cause rare, serious reactions such as anaphylaxis, which can occur in approximately one out of every 1 million doses of vaccine given.

2 Who

- All Health Care Providers (doctors, nurses, and pharmacist) are required by law to report an AEFI.
- Any client who is immunized may also self-report an AEFI.
- Public health units investigate AEFIs and provide support to immunizers, individuals, and their families.
- Provincial, federal, and international monitoring systems track vaccine safety after vaccines are in use.

3 Why

- Vaccine safety surveillance is essential to the success of immunization programs.
- When an AEFI is reported, the information received is used to help monitor vaccine safety.
- By reporting adverse events, possible vaccine safety issues can be detected early to lessen health effects on those who need vaccines.

4 When

- An AEFI should be reported after any event which may be related to receipt of a vaccine, especially when medical consultation is required, or unusual or unexpected events occur.

5 Where

- All AEFIs must be reported to Renfrew County & Disrict Health Unit using the Report of Adverse Event Following Immunization Reporting Form

USEFUL RESOURCES

- visit www.publichealthontario.ca/-/media/documents/factsheet-aefi-healthcare-providers.pdf?la=en
- AEFI Reporting Form, Public Health Ontario

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Radon Awareness for Health Care Providers (CME Credit Offered)

November is Radon Action Month and with a rising public interest in this radioactive gas, it's important to be prepared to discuss the risks of radon with your patients and to be ready to answer their questions.

For non-smokers, radon is the leading cause of lung cancer in Canada – it has been linked to causing the deaths of 3,200 Canadians every year. All homes have some level of radon and talking to your patients about the need to test their home is an important part of preventing radon-related cancer.

In order to better equip you to answer your patients' questions about radon and the need for at-home testing, McMaster University, together with Health Canada, the Ontario College of Family Physicians and the Clean Air Partnership, have designed a **free, certified program** to provide you and your colleagues with reliable, evidence- based information on radon.

1 Mainpro- M1 credit provided by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. (1.0 hours)

All homes, in all parts of Canada, have some level of radon. The only way to know what the levels are is to have your home tested. If a high level of radon is found in the home, a mitigation system should be installed by a professional. Luckily, these systems are quick and easy to install, affordable, and can reduce radon levels in the home by over 80%.

YOU CAN'T SEE IT,
SMELL IT, OR TASTE IT...
BUT YOU CAN TEST FOR IT!

For more information about radon, or to access the course, visit http://ow.ly/fjyQ50vMsV0

Public Health Ontario | Santé publique Ontario

ADVERSE EVENT FOLLOWING IMMUNIZATION REPORTING
FOR HEALTH CARE PROVIDERS IN ONTARIO

DO YOUR PART **TO MONITOR ADVERSE EVENTS!**

1 **Advise** patients to contact you or your team if they experience an adverse event after vaccination.

2 **Report** adverse events to your local public health unit, using Public Health Ontario's Report of Adverse Event Following Immunization Reporting Form.

3 **Contact** your local public health unit if you have any questions about AEFI reporting.

QUESTIONS & **ANSWERS**

What is an AEFI?

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.

Who should report an AEFI?

Health care providers (i.e. physicians, nurses and pharmacists) are required by law to report AEFIs. Reports should be made using the Ontario AEFI Reporting Form and sent to the local public health unit.

Vaccine recipients or their caregivers may also voluntarily report AEFIs to public health.

Why is it important to report an AEFI?

When you report an AEFI you provide vital information that is needed to monitor vaccine safety. This information is also used to report on vaccine safety to Ontarians, which contributes to the success of immunization programs.

What types of adverse events should be reported?

You should report any event which may be related to receipt of a vaccine, as outlined on the next page. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.

What does NOT need to be reported?

Some common or mild events do not need to be reported. These include:

- fever that is not accompanied by any other symptoms
- injection site reactions that last less than 4 days
- vasovagal syncope (without injury)
- events that are clearly attributed to other causes.

IF YOU ARE UNSURE WHETHER TO REPORT AN AEFI, BE **PROACTIVE** AND **REPORT** THE **EVENT**.

TYPES OF ADVERSE EVENTS TO **REPORT**

The table below lists the types of adverse events that you should report to your local public health unit. For each event there are estimated timelines between vaccination and onset of symptoms (i.e., temporal criteria). Other events not listed below can also be reported if they are clinically significant. If you are unsure, be proactive and report.

Adverse event type	TEMPORAL CRITERIA for Non-live vaccines	TEMPORAL CRITERIA for Live vaccines
Injection site reactions	**Non-live vaccines**	**Live vaccines**
Pain, redness or swelling lasting 4 days or more OR extending beyond the nearest joint	**0 to 48 hours**	**0 to 48 hours**
Infected abscess	**0 to 7 days**	**0 to 7 days**
Sterile abscess	**0 to 7 days**	**0 to 7 days**
Nodule	**0 to 7 days**	**0 to 7 days**
Cellulitis	**0 to 7 days**	**0 to 7 days**
Systemic reactions	**Non-live vaccines**	**Live vaccines**
Rash	**0 to 7 days**	**5 to 42 days**
Adenopathy/lymphadenopathy	**0 to 7 days**	**5 to 42 days**
Severe vomiting/diarrhea	**0 to 72 hours**	**0 to 42 days**
Parotitis	**N/A**	**5 to 30 days**
Hypotonic-hyporesponsive episode (HHE); under 2 years of age only	**0 to 48 hours**	**0 to 48 hours**
Persistent crying/screaming; under 2 years of age only	**0 to 72 hours**	**0 to 72 hours**
Allergic reactions	**Non-live vaccines**	**Live vaccines**
Event managed as anaphylaxis (i.e., epinephrine administered)	**0 to 24 hours**	**0 to 24 hours**
Oculorespiratory Syndrome (ORS)	**0 to 24 hours**	**0 to 24 hours**
Allergic skin reaction (e.g., hives)	**0 to 48 hours**	**0 to 48 hours**
Neurologic events	**Non-live vaccines**	**Live vaccines**
Convulsions/seizure	**0 to 72 hours**	**5 to 42 days**
Encephalopathy/encephalitis	**0 to 15 days**	**5 to 42 days**
Meningitis	**0 to 15 days**	**5 to 42 days**
Anaesthesia/paraesthesia	**0 to 15 days**	**0 to 42 days**
Paralysis	**0 to 15 days**	**5 to 42 days**
Myelitis/acute disseminated encephalomyelitis	**0 to 15 days**	**5 to 42 days**
Guillian Barré Syndrome (GBS)	**1 to 8 weeks**	**1 to 8 weeks**
Bell's palsy	**0 to 3 months**	**0 to 3 months**
Other events of interest	**Non-live vaccines**	**Live vaccines**
Arthritis/arthralgia	**0 to 15 days**	**1 to 3 weeks**
Intussusception	**N/A**	**0 to 42 days**
Thrombocytopenia	**0 to 30 days**	**0 to 30 days**
Syncope (fainting) with injury	**0 to 30 minutes**	**0 to 30 minutes**
Other severe/unusual events	**Reportable regardless of timeline**	**Reportable regardless of timeline**

For questions about AEFI reporting, contact your **local public health unit**.

PublicHealthOntario.ca/VaccineSafety

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

Public Health Ontario | Santé publique Ontario

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.

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

Parent/guardian last name	Parent/guardian first name	Telephone no.

Address	City	Postal Code

Event reported by	Relationship with case

Reporting source contact information (If different from above)	Date of report (yyyy/mm/dd)

Form completed by	Contact information (if different from above)

2. IMMUNIZATION INFORMATION

Date / time (yyyy/mm/dd)	Agent/vaccine given	Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Dosage/unit	Site	Route

Immunization error	Previous history of AEFI	Vaccine administered by
☐ No ☐ Unknown ☐ Yes* *Describe in Section 4	☐ No ☐ Unknown ☐ Yes* *Describe in Section 4	

3. ADVERSE EVENT (REACTION) INFORMATION

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.

LOCAL REACTION AT THE INJECTION SITE

	Time to onset of event (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Pain/redness/swelling extending past nearest joint		
☐ Pain/redness/swelling lasting 4 days or more		
☐ Infected abscess*		
☐ Sterile abscess*		
☐ Nodule		
☐ Cellulitis*		

SYSTEMIC REACTIONS

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Fever greater than 38.0 °C (Only reportable in conjunction with another event)		
☐ Rash		
☐ Adenopathy / lymphadenopathy*		
☐ Hypotonic-hyporesponsive episode (HHE)*		
☐ Persistent crying / screaming		
☐ Severe vomiting / diarrhea (3 episodes/24 hours)		
☐ Parotitis*		

ALLERGIC REACTIONS

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Event managed as anaphylaxis		
☐ Oculorespiratory syndrome (ORS)		
☐ Allergic reaction - skin (E.g. hives)		

NEUROLOGIC EVENTS

	Time to onset (Specify minutes, hours or days)	Duration of event (Specify minutes, hours or days)
☐ Convulsions / seizure		
☐ Encephalopathy / encephalitis*		
☐ Meningitis*		
☐ Anaesthesia / paraesthesia*		
☐ Paralysis*		
☐ Bell's Palsy*		
☐ Guillian-Barré Syndrome (GBS)*		
☐ Myelitis*/acute disseminated encephalomyelitis*		

OTHER EVENTS OF INTEREST

	Time to onset (Specify minutes or hours or days)	Duration of event (Specify minutes or hours or days)
☐ Thrombocytopenia*		
☐ Arthritis / arthralgia*		
☐ Intussusception*		
☐ Syncope (fainting) with injury		
☐ Other severe / unusual events		

Describe all events in Section 4 on reverse

4. COMMENTS FURTHER DESCRIBING THE ADVERSE EVENT(S)

Please provide a detailed description of the event including all signs and symptoms, medical history (e.g. immunocompromised, chronic illness/underlying medical conditions), concomitant medications, investigation, treatment, hospitalization details and description of previous history of AEFI or immunization error if indicated in Section 2.

5. HEALTH CARE UTILIZATION & OUTCOME

Please provide information about health care utilization related to the event. Outcome to be updated by the Public Health unit when the investigation is complete.

Medical consultation (non-urgent) ☐ Yes ☐ No Date (yyyy/mm/dd)

Seen in emergency department ☐ Yes ☐ No Date (yyyy/mm/dd)

Admitted to hospital because of event ☐ Yes ☐ No Admission date (yyyy/mm/dd)

Discharge date (yyyy/mm/dd)

Name and address of health professional attending the event

Name and address of facility where the event was attended to (e.g. hospital name)

OUTCOME ☐ Recovered ☐ Not yet recovered (describe below) ☐ Permanent disability / incapacity (describe below) ☐ Unknown ☐ Death (describe below)

Date of outcome (yyyy/mm/dd)

6. MEDICAL OFFICER OF HEALTH (MOH) RECOMMENDATIONS

For Public Health Unit use only. To be completed by the MOH or designate.

Check all the apply

- ☐ No recommendation
- ☐ No change to immunization schedule
- ☐ Determine protective antibody levels (Specify)
- ☐ Active follow-up for AEFI recurrence after next vaccine
- ☐ Controlled setting for next immunization
- ☐ Expert referral (Specify)
- ☐ No further immunization (Contraindication or series complete - specify)
- ☐ Other (Specify)

MOH recommendation comments

Medical Officer of Health (MOH) or Designate

Name Signature Date (yyyy/mm/dd)

The personal health information provided on this form is collected under the authority of the *Health Protection and Promotion Act* and O. Reg 569 135/18. The personal health information is used to signal adverse events that may require more in-depth investigation and to ensure the continued safety of vaccines on the Canadian market by monitoring adverse events following immunization with vaccines. The information collected may be shared with the Public Health Agency of Canada. If you have questions about the collection of this personal health information please contact your local public health unit.

Updated April 2018