

Line list for all AEFI

Source e.g. Private or Public sector					
Province					
District					
EPID number or Reference number					
Patient Name and Surname					
ID number					
Date of Birth (YYYY/MM/DD)					
Sex (M/F)					
Pregnant (Y/N)					
Lactating (Y/N)					
Vaccine Generic Name					
Vaccine Brand Name					
Vaccine Manufacturer					
Vaccine Batch No					
Diluent Batch No					
Adverse Event					
Place of vaccination (Fixed site - Health , Mobile site- Health, Temporary vaccination site, Institution-School, congregate setting)					
Date of Vaccination (DOV)					
Date of onset (DOO)					
Date of Notification (DON)					
Date of Reporting (DOR)					
Serious (Y/N)					
Reason for Serious					
Investigation Done (Y/N)					
Outcome (Recovered, Recovering, Died)					
Autopsy conducted in case of death (Y/N/NA)					
Reported by (Healthcare worker, Vaccinee, Caregiver, Manufacturer)					
Date report recd. at Natl Level					
Final Diagnoses					
Part of a Cluster (Y/N)					
Classification					
Pending					
NISEC Classification					
Description					
Result					
Summary					
Corrective action					
Date requested from province					
Date all information received by NDOH					
Provincial comment field					