Department of Health
COMMUNICABLE DISEASES PREVENTION UNIT
IMMUNISATION SECTION

Tasmanian Government

Adverse Event Following Immunisation (AEFI) and Vaccine Administration Error (VAE)
Reporting Form

Vaccinated Person Details		
First Name:	Surname:	DOB: / /
Address:	Suburb:	Postcode:
Email:	Mobile:	Gender: ☐ Male ☐ Female ☐ Other
Indigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither		

Parent/Guardian Details (if applicable)	
First Name:	Surname:
Email:	Mobile:

Person Reporting Details				
Report Date: / /				
Relationship to Vaccinated Person:	☐ Self (as above)	☐ Parent/Guardian (as above)	☐ Doctor	☐ Nurse/Midwife
	☐ Pharmacist	☐ Other (please specify):		
First Name:	Surname:	Email:		
Organisation Name:		Phone:		

Consent
By submitting this report, you give consent for the CDPU immunisation team to contact any/all the individuals listed in the report (including the immunised person, parent/guardian, provider, and reporter)

Immunisation Provider Details						
Location:	☐ GP	☐ Council	☐ Aboriginal Health	☐ Hospital	☐ School	☐ State Run Clinic
	☐ RACF	☐ Unknown	☐ Pharmacy	☐ Other (please specify):		
Who provided the vaccine:	☐ Doctor	☐ Nurse/Midwife	☐ Pharmacist	☐ Unknown		
	☐ Other (please specify):					
First Name:	Surname:	Phone:				
Organisation:						

Medical History	
Illness at the time of vaccination?	☐ Yes ☐ No ☐ Unknown
Received any other vaccine in the last 4 weeks?	☐ Yes ☐ No ☐ Unknown
• If yes, please list:	
Any <u>important</u> pre-existing medical conditions, including severe allergies?	☐ Yes ☐ No ☐ Unknown
• If yes, please list:	
Pregnant at the time of vaccination? ☐ Yes ☐ No ☐ N/A ☐ Unknown **Gestation** (if known): weeks	

Vaccines Administered

☐ **Tick if you do not know which vaccine was administered, and skip to "Adverse Event Description"**

Date of Vaccination: / /			Time of Vaccination: (24hr clock)	
Vaccine Name	Dose No. (if known)	Batch Number (if known)	Route of Administration*	Site*
			☐ IM ☐ Oral ☐ SC ☐ ID ☐ Unknown	☐ LA ☐ RA ☐ LL ☐ RL ☐ O ☐ Unknown
			☐ IM ☐ Oral ☐ SC ☐ ID ☐ Unknown	☐ LA ☐ RA ☐ LL ☐ RL ☐ O ☐ Unknown
			☐ IM ☐ Oral ☐ SC ☐ ID ☐ Unknown	☐ LA ☐ RA ☐ LL ☐ RL ☐ O ☐ Unknown
			☐ IM ☐ Oral ☐ SC ☐ ID ☐ Unknown	☐ LA ☐ RA ☐ LL ☐ RL ☐ O ☐ Unknown

**IM = Intramuscular, SC = Subcutaneous, ID = Intradermal, LA = Left Arm, RA = Right Arm, LL = Left Leg, RL = Right Leg,*

*O = Other Site (please specify):*___________________________

Type of Report

Are you completing this form to report a Vaccine Administration Error (VAE)? ☐ Yes ☐ No

Are you completing this form to report an Adverse Event Following Immunisation (AEFI)? ☐ Yes ☐ No

Please complete the relevant section below

Vaccine Administration Error (VAE) Description

Type of error:

☐ incomplete dose administered ☐ multiple/repeat dose ☐ administration route error

☐ administration after incorrect storage/handling ☐ expired vaccine administered ☐ unapproved age group

☐ SIRVA ☐ diluent only administered ☐ incorrect dose interval

☐ Other (please describe in next section)

Details of event, including factors that contributed to the VAE: *(be as descriptive as you can)*

How was this vaccine administration error identified?

Has the vaccine recipient been informed of the error? ☐ Yes ☐ No

What actions have been taken to prevent an error such as this from occurring in the future?

Adverse Event Following Immunisation (AEFI) Description

Onset Date: / / Onset Time (if known): (24hr clock)

Time from vaccination to onset of symptoms: days hours minutes

Outcome of event: ☐ Recovered ☐ Ongoing ☐ Recovered with complications ☐ Fatal ☐ Unknown

Recovery Date (if relevant): / /

Details of event: *(be as descriptive as you can)*

Treatment Details

Treatment Type	☐ Self (did not seek medical assistance)	☐ Helpline	☐ Nurse	☐ GP
	☐ Hospital Emergency	☐ Specialist Outpatient Clinic ☐ Allied Health	☐ Unknown ☐ N/A	
	☐ Hospital Admission: Number of days Admitted: Date of discharge: / /			

Treatment Received:

Organisation Name:	

***Once completed please email this form to: tas.aefi@health.tas.gov.au**

The information collected in this report will be reviewed by staff in Public Health Services (Tasmanian Department of Health) to provide advice for immunisation providers and consumers reporting AEFI. To assist in post-market safety monitoring of vaccines, all reports of AEFI are shared with the Therapeutic Goods Administration (TGA) for assessment.