



## REPORT OF SUSPECTED ADVERSE REACTION TO VACCINES

*(List of notifiable conditions on reverse)*

**Patient ID (compulsory):**

**Date of Birth:** ...../...../.....

**Sex:** M / F     **Weight:** ..... Kg

**Date of Onset:** ...../...../.....

**Adverse Reaction Description:**

Vaccines Given Prior to Adverse Reaction <i>(please use brand names)</i>	Date Given <i>(e.g. 1 Jan 00)</i>	Dose Number <i>(e.g. DTP1)</i>	Batch Number

**OUTCOME**

<b>Recovered:</b>	<input type="checkbox"/>	Date of Recovery:	...../...../.....
<b>Not yet recovered:</b>	<input type="checkbox"/>		
<b>Fatal:</b>	<input type="checkbox"/>	Date of Death:	...../...../.....
<b>Unknown:</b>	<input type="checkbox"/>		
<b>Sequelae:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Description:	
<b>Severity:</b>	Life threatening: <input type="checkbox"/>	Hospitalised: <input type="checkbox"/>	Required visit to Doctor: <input type="checkbox"/>
<b>Comments:</b> (e.g. relevant history, allergies, previous exposure to these vaccines):			

**REPORTING DOCTOR, NURSE, ETC:**

<b>Name:</b>	
<b>Address:</b>	<b>Postcode:</b>
<b>Phone:</b>	
<b>Signature:</b>	<b>Date:</b> ...../...../.....

Mail or Fax this page only to:

**Communicable Disease Control Directorate**  
PO Box 8172  
Perth Business Centre  
WA 6849  
Fax No: (08) 9388 4877

## LIST OF NOTIFIABLE ADVERSE REACTIONS TO VACCINES

The following conditions should be notified to the Department of Health if they are associated with vaccination.

- No time limit has been set for notifying these conditions since adverse reactions associated with vaccination could occur years after vaccination.
- The inclusion of conditions in the following list does not imply a causal association with vaccination. These conditions may occur coincidentally following vaccination.
- Medical practitioners or other health professionals should use their clinical judgement and common sense to decide which adverse reactions to notify.

Abscess	<input type="checkbox"/>	Lymphadenitis (includes suppurative lymphadenitis)	<input type="checkbox"/>
Acute flaccid paralysis	<input type="checkbox"/>	Meningitis – diagnosis must be made by a physician	<input type="checkbox"/>
Allergic reaction	<input type="checkbox"/>	Orchitis	<input type="checkbox"/>
Anaphylaxis	<input type="checkbox"/>	Osteitis	<input type="checkbox"/>
Arthralgia	<input type="checkbox"/>	Osteomyelitis	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Parotitis	<input type="checkbox"/>
Brachial neuritis	<input type="checkbox"/>	Rash (severe or unusual)	<input type="checkbox"/>
Death	<input type="checkbox"/>	Screaming (persistent)	<input type="checkbox"/>
Disseminated BCG	<input type="checkbox"/>	Seizure	<input type="checkbox"/>
Encephalopathy	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	Subacute sclerosing panencephalitis	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Thrombocytopenia	<input type="checkbox"/>
Guillain-Barre Syndrome (GBS)	<input type="checkbox"/>	Toxic shock syndrome	<input type="checkbox"/>
Hypotensive-hyporesponsive episode (Shock, Collapse)	<input type="checkbox"/>	Vaccine associated paralytic poliomyelitis	<input type="checkbox"/>
Local reaction (severe)	<input type="checkbox"/>	Other severe or unusual events	<input type="checkbox"/>

Medical practitioners or other health professionals are free to report any adverse reactions that concern them but that are not included in the notifiable conditions above. They should be reported as '*Other reactions*', including a full description of the adverse reaction. This will enable new and unexpected adverse reactions following immunisation to be identified. In general, minor reactions do not need to be notified.