

Appendix 47. Reporting form for AEB during a vaccination campaign

Confidential form to be completed by the doctor treating the person exposed, in duplicate (one copy for the person exposed and one copy for the reporting doctor).

Person exposed

Last and first name: _____

Date of birth: _____

Address and contact: _____

Description of the AEB

Place where AEB occurred: _____

Date: _____ Time: _____

Type of contact (*needle stick, other*):

Circumstances of the AEB:

Description of the injury (*e.g., single stick, multiple sticks*):

In case of accident with a needle, specify the size of the needle: _____

At the time of the accident:

Wearing gloves? Yes No

(*If yes, specify: latex, work gloves*) _____

Wearing protective glasses? Yes No

Status of the source person

Person known? Yes No

Serological status known? Yes No

If yes, results: Negative Positive

If no, result of medical evaluation:

Management

First aid (*specify*): _____

Prophylactic treatment:

Offered? Yes No

Prescribed? Yes No

If no, give the reason: _____

Time between the AEB and start of treatment:

< 4 hours 4 to 24 hours > 24 hours ≤ 72 hours

Other (*specify*): _____

Drug(s) prescribed and dosage (*give the name and dosage of each drug, and duration*):

Laboratory monitoring

Can the following tests be done within 8 days of the exposure?

HIV test Yes No

HCV test Yes No

HBV test Yes No

If no, give the reason: _____

Comments

Is the person exposed on disability leave? Yes (*specify the duration*) _____
 No

Reporting date and location: _____

Name and signature of reporting doctor: _____