

Appendix 47. Reporting form for AEB during a vaccination campaign (2025)

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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

First and last name: _____

Date of birth: _____

Address and contact: _____

Description of the AEB

Place where AEB occurred: _____

Date: _____ Hour: _____

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 needle size: _____

At the time 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 NoPrescribed Yes No

If no, give a reason: _____

Time between the AEB and start of treatment :

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

Other (specify) : _____

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

Laboratory monitoring

Can the following test be done with 8 days of exposure ?

HIV test Yes NoHVC test Yes NoHVB test Yes No

If no, give a reason: _____

Comments

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

Reporting date and location: _____

Name and signature of reporting doctor: _____