COVID-19 VACCINE UPDATE #27 FROM HALTON REGION PUBLIC HEALTH

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments, other Healthcare Providers

FROM: Dr. Joanna Oda, Associate Medical Officer of Health

DATE: April 13, 2021

RE: COVID-19 vaccine update 27: COVID-19 virtual Town Hall April 21 and AEFI reporting

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QUICK FACTS

- Register today for Public Health's upcoming virtual Health Care Provider Town Hall on Wednesday, April 21 from 5-6 p.m. We'll be discussing COVID-19 in the community, providing an update on the COVID-19 vaccination roll-out and answering your questions. Register and submit your questions online.
- All Adverse Events Following Immunization (AEFI) are reportable to public health under the Health Protection and Promotion Act of Ontario. Please don't ask patients to contact public health themselves. Complete the provincial reporting form (PDF here) and fax to Halton Region Public Health at 905-465-3403 or email to AEFI@halton.ca. Use the most recent AEFI form (2 pages) from January 2021 (attached).

REPORTING ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

- Please prioritize follow-up office appointments for patients who experienced an AEFI, especially for AEFIs associated with multi-dose vaccines and the series is incomplete.
- Do not direct your patients to call Halton Region Public Health to self-report AEFIs. It is the health care provider's responsibility to report an AEFI as you have more of the required information.
- Report adverse events when there is:
  - a temporal association with a vaccine;
  - urgent medical attention required or severe outcomes; or
  - unusual or unexpected effects.
- Not all reactions are AEFIs. You do not need to report the following:
  - Expected side effects of vaccination
    - Fever or chills not accompanied by another reportable adverse event
    - Headache
    - Muscle or joint pain
    - Fatigue
    - Pain, redness or swelling at the injection site lasting less than four days
  - Vasovagal syncope (without injury)
  - Adverse events related to administration of passive immunizing agents (eg. Immune globulin), tuberculin skin tests or other drug products
  - Immunization program errors (e.g. wrong dose) not associate with an adverse event.

ADDITIONAL RESOURCES

- Register for Halton Region Public Health's virtual Health Care Provider Town Hall, April 21, 2021
- Adverse Events of Special Interest (AESI) for COVID-19 Vaccines Surveillance, Public Health Ontario
- Adverse Event Following Immunization Reporting for Health Care Providers in Ontario, Public Health Ontario
- Who is currently eligible for COVID-19 vaccination in Halton Region, **halton.ca/COVIDvaccines**
- COVID-19 vaccine Frequently Asked Questions in Halton, **halton.ca/COVIDvaccines**

Please report all suspected/confirmed cases of Diseases of Public Health Significance to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE PROVIDE A COPY TO ALL PHYSICIANS IN YOUR OFFICE AND/OR POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES. IF YOU HAVE ANY ISSUES WITH THIS ATTACHMENT, PLEASE EMAIL DOCTORS@HALTON.CA.

Report of Adverse Event Following Immunization (AEFI)

Public Health Ontario | Santé publique Ontario

When completed, please send the form to your local Public Health Unit by a secure means.
For more information about AEFI reporting in Ontario visit the Public Health Ontario website.
The form should be used to capture AEFIs for all vaccines, including COVID-19 vaccines.

Case ID (for local use only):

1 - CLIENT INFORMATION

Client last name:	Given name(s):	Ontario Health Card #:	Date of Birth (yyyy/mm/dd):
Gender: ◯ Male ◯ Female ◯ Other ◯ Unknown	Parent/guardian/caregiver full name, as applicable:		Telephone #:
Address:	City:		Postal Code:
Reported to public health by:	Relationship with case:		Date of report (yyyy/mm/dd):
Form completed by:	Contact information (if different from above):		

2 - IMMUNIZATION INFORMATION For Pfizer-BioNTech COVID-19 vaccine **enter both vaccine and diluent information here.**

Date (yyyy/mm/dd)	Time (24hr - HH:MM)	Agent and Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Site	Route

Immunization error:	Previous history of AEFI:	Vaccine administered by:
◯ No ◯ Unknown ◯ Yes* Describe in Section 5	◯ No ◯ Unknown ◯ Yes* Describe in Section 5	

3 - ADVERSE EVENT INFORMATION (ALL VACCINES. FOR ADDITIONAL COVID-19 VACCINE SPECIFIC EVENTS SEE SECTION 4)

Report only events which cannot be attributed to co-existing conditions. Reactions marked with an asterisk (*) must be diagnosed by a physician. Record the **time to onset of the event** (time between vaccine administration and onset of each event) and the **duration** of each event in **minutes** or **hours** or **days**. If the interval / duration is less than one hour record in minutes, if less than 24 hours record in hours, if greater than or equal to 24 hours record in days.

Specify minutes or hours or days

Local Reaction at the Injection Site	Time to onset of event	Duration of event
☐ Pain/redness / swelling extending past nearest joint		
☐ Pain/redness / swelling lasting **4 days or more**		
☐ Infected abscess*		
☐ Sterile abscess*		
☐ Nodule		
☐ Cellulitis*		

Systemic Reactions	Time to onset of event	Duration of event
☐ Fever greater than 38.0ºC (Only reportable in conjunction with another event)		
☐ Rash		
☐ Adenopathy / lymphadenopathy*		
☐ Hypotonic-hyporesponsive episode (HHE)*		
☐ Persistent crying / screaming		
☐ Severe vomiting / diarrhea (3 episodes/24 hours)		
☐ Parotitis*		

Specify minutes or hours or days

Allergic Reactions	Time to onset of event	Duration of event
☐ Event managed as anaphylaxis		
☐ Oculorespiratory syndrome (ORS)		
☐ Allergic reaction - skin (E.g. hives)		

Neurologic Events	Time to onset of event	Duration of event
☐ Convulsions / seizure		
☐ Encephalopathy / encephalitis*		
☐ Meningitis*		
☐ Anaesthesia / paraesthesia*		
☐ Paralysis*		
☐ Bell's Palsy*		
☐ Guillian-Barré Syndrome (GBS)*		
☐ Myelitis / Transverse Myelitis*		
☐ Acute disseminated encephalomyelitis*		

Other events of interest	Time to onset of event	Duration of event
☐ Thrombocytopenia*		
☐ Arthritis / arthralgia		
☐ Intussusception*		
☐ Kawasaki Disease*		
☐ Syncope (fainting) with injury		
☐ Other severe or unusual events		

4 - COVID-19 ADVERSE EVENT(S) OF SPECIAL INTEREST

In addition to the adverse events listed on the page one, please indicate occurrence of any of the following reactions associated with administration of COVID-19 vaccine. These reactions should only be used for AEFIs reported following receipt of COVID-19 vaccine.

COVID-19 AESI	Specify minutes or hours or days: Time to onset of event	Specify minutes or hours or days: Duration of event
☐ Vaccine-associated enhanced disease		
☐ Multisystem inflammatory syndrome in children		
☐ Acute respiratory distress syndrome		
☐ Acute cardiovascular injury		
☐ Coagulation disorder		

COVID-19 AESI	Specify minutes or hours or days: Time to onset of event	Specify minutes or hours or days: Duration of event
☐ Acute kidney injury		
☐ Acute liver injury		
☐ Anosmia and / or ageusia		
☐ Chilblain like lesions		
☐ Single organ cutaneous vasculitis		
☐ Erythema multiforme		

5 - COMMENTS FURTHER DESCRIBING THE ADVERSE EVENT(S)

Please provide a detailed description of the event including all signs and symptoms, medical history (e.g. immunocompromised, chronic illness/underlying medical conditions), concomitant medications, investigation, treatment, hospitalization details and description of previous history of AEFI or immunization error if indicated in Section 2.

6 - HEALTH CARE UTILIZATION & OUTCOME

Please provide information about health care utilization related to the event. Outcome to be updated by the Public Health unit when the investigation is complete.

Medical consultation (non-urgent) ◯ Yes ◯ No Date (yyyy/mm/dd)

Seen in emergency department ◯ Yes ◯ No Date (yyyy/mm/dd)

Admitted to hospital because of event ◯ Yes ◯ No Admission Date (yyyy/mm/dd)

Discharge Date (yyyy/mm/dd)

Name and address of health professional attending the event

Name and address of facility where the event was attended to (e.g., hospital name)

OUTCOME ☐ Recovered ☐ Not yet recovered (describe below) ☐ Permanent disability / incapacity (describe below) ☐ Unknown ☐ Death (describe below)

Describe:

Date of outcome: (yyyy/mm/dd)

7 - MEDICAL OFFICER OF HEALTH (MOH) RECOMMENDATIONS

For Public Health Unit use only. To be completed by the MOH or designate.

Check all that apply:

- ☐ No recommendation
- ☐ No change to immunization schedule
- ☐ Determine protective antibody levels (Specify)
- ☐ Active follow-up for AEFI recurrence after next vaccine
- ☐ Controlled setting for next immunization
- ☐ Expert referral (Specify)
- ☐ No further immunization (Contraindication or series complete - Specify)
- ☐ Other (Specify)

MOH recommendation comments:

Medical Officer of Health (MOH) or Designate

Name:

Date (yyyy/mm/dd)

Signature:

The personal health information provided on this form is collected under the authority of the *Health Protection and Promotion Act* and O. Reg 569. The personal health information is used to signal adverse events that may require more in-depth investigation and to ensure the continued safety of vaccines on the Canadian market by monitoring adverse events following immunization with vaccines. The information collected may be shared with the Public Health Agency of Canada. If you have questions about the collection of this personal health information please contact your local public health unit.

Health Care Provider Town Hall – COVID-19 and COVID-19 vaccination II

Hosted by Halton Region Public Health

Date: Wednesday, April 21, 2021
Time: 5-6 p.m.
Register: Online (registration form)

Join Halton Region Public Health for an update on COVID-19 in Halton and the local COVID-19 vaccination rollout.

Submit your questions in advance through the registration form. The Town Hall will also have a live question and answer session.

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Dr. Joanna Oda
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