Results of assessment will be shared to the relevant parties at the discretion of the MOHMS. Recommendations for implementation will be

shared to MOHMS as well.

The National
Committee that will
be tasked with
carrying out Causality
Assessment to be
determined by the
Chief Medical Advisor

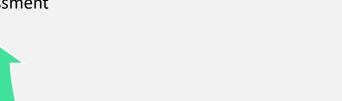
AEFI/ ADR SURVEILLANCE AND REPORTING PROCESS

Feedback and ADR/AEFI Detection



Notifier (Client/ Caregiver/ Relative/ Colleague/ Friend/ Health Care Worker) suspects the occurrence of an AEFI/ ADR and informs a Health Care Professional

Causality Assessment



Notification

HCP receives the complaint and fills in the relevant form and submission to the subdivisional, divisional and PV Officer within 24 hours



Reports are classified into:

- I. SERIOUS: results in hospitalization OR disability/ permanent damage OR lifethreatening OR results in congenital defect/ birth defect OR results in death
- I. IMPORTANT MEDICAL EVENT:

 are events that occur in

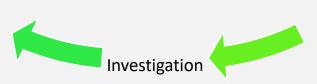
 clusters OR cause significant

 parental/ public concern OR

 events not reported earlier/

 unknown for a given drug
- II. MINOR: all other reports

Analysis



Carried out at the health facility/community, within a week Investigation team members:

- 1. Divisional Medicine Specialist
- 2. SDMO
- 3. Other personnel nominated by SDMO
- 4. SDNM
- 5. IPC
- 6. Zone Nurse/ MCH Nurse

Reporting

AEFI/ ADR Report is received by the PV Officer who uploads the information to the VigiFlow (as soon as possible), verifies the reports, and awaits results of investigation.

**Vigiflow is the PV database which supports the collection, processing, analyzing, and sharing of ADR and AEFI reports