

## Types of Adverse Events Following Immunizations (AEFI) to Report

When completing the [Adverse Event Following Immunization Form](#) please estimate the time from vaccination to the onset of symptoms to determine if the reported event falls within the Temporal Criteria as indicated below.

Description of Reaction		Temporal Criteria		Duration	Comments	
		Non-live/Inactivated Vaccines	Live Vaccines			
Local Reaction	Physician Diagnosed					
		Pain / Redness / Swelling lasting 4 days or more OR extending beyond the nearest joint	0 to 2 days	0 to 7 days	> 4 days	Swelling must involve visible enlargement of a limb at the site of injection.
	*	Infected Abscess	0 to 7 days	0 to 7 days	N/A	
	*	Sterile Abscess	0 to 7 days	0 to 7 days	N/A	
	*	Nodule Cellulitis	0 to 7 days 0 to 7 days	0 to 7 days 0 to 7 days	N/A N/A	<b>Must include at least 3</b> of the following 4 symptoms: localized pain to touch, erythema, induration or swelling, warm to touch
Systemic Reactions		Rash	0 to 7 days	0 to 42 days	N/A	Skin changes occurring only at/near injection site should be reported under local reaction. Report urticarial rash (hives) under Allergic Reaction – skin
	*	Adenopathy / Lymphadenopathy	0 to 7 days	0 to 42 days	N/A	Can include: Regional adenopathy, lymphadenitis, or lymphangitic streaking
	*	Hypotonic-Hyporesponsive Episode (HHE)	0 to 2 days	0 to 2 days	N/A	Under 2 years of age only
		Persistent crying / Screaming	0 to 3 days	0 to 3 days	N/A	Infants and young children only
		Severe Vomiting / Diarrhea	0 to 3 days	0 to 42 days	N/A	Three or more episodes in 24 hours
Allergic Reaction		Parotitis	N/A	0 to 30 days	N/A	Only reportable following receipt of mumps-containing vaccine (i.e., epinephrine administered)
		Event Managed as Anaphylaxis	0 to 24 hours	0 to 24 hours	N/A	
	*	Oculo Respiratory Syndrome (ORS) Allergic Reaction- Skin (urticaria, hives, erythema, pruritus, tingling, localized or generalized edema and deep layers of skin, subcutaneous tissues or mucosa lining in throat, airways and gut)	0 to 24 hours 0 to 2 days	0 to 24 hours 0 to 2 days	N/A N/A	
Neurologic		Convulsions / Seizure	0 to 3 days	0 to 42 days	N/A	
	*	Encephalopathy / Encephalitis	0 to 42 days	0 to 42 days	N/A	
	*	Meningitis	0 to 15 days	0 to 42 days	N/A	
	*	Anesthesia/ Paresthesia	0 to 42 days	0 to 42 days	24 hours or more	
	*	Paralysis	0 to 42 days	0 to 42 days	N/A	
	*	Bell's Palsy	0 to 3 months	0 to 3 months	N/A	
	*	Guillain Barre syndrome (GBS)	1 to 8 weeks	1 to 8 weeks	N/A	
	*	Myelitis / Transverse Myelitis	0 to 42 days	0 to 42 days	N/A	
Other		Acute Disseminated Encephalomyelitis (ADEM)	0 to 42 days	0 to 42 days	N/A	
	*	Thrombocytopenia	0 to 42 days	0 to 42 days	N/A	Platelet count 150 X 10 <sup>9</sup> /L or less
		Arthritis / Arthralgia	0 to 30 days	0 to 42 days	24 hours or more	
	*	Intussusception	N/A	0 to 42 days	N/A	Related to rotavirus vaccine only please see additional requirements linked below**
		Syncope with injury	0 to 30 mins	0 to 30 mins	N/A	Only syncope (fainting) with injury is reportable
	Kawasaki disease	0 to 42 days	0 to 42 days	N/A		
	Other severe or unusual events	Reports of other severe or unusual events following immunization for which there is no other known cause, and which are not covered under the categories listed above, usually requiring medical attention. This includes death within one month of immunization and pregnancy-related events**				

**Please Note:** An AEFI is any medical occurrence in a vaccine recipient which follows immunization that **CANNOT** clearly be attributed to other causes. Other adverse events of special interest for COVID-19 vaccine have been added to [the Ontario AEFI Reporting Form](#). Please refer to the form for a complete list of types of adverse events to report.

### References

- [Adverse Events Follow Immunization Reporting for Health Care Providers in Ontario](#) (Public Health Ontario)
- [Ministry of Health Infectious Disease Protocol Appendix B: Provincial Case Definitions for Diseases of Public Health Significance. Disease: Adverse Event Following Immunization \(AEFI\)](#) (Ministry of Health) \*\*

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