**Suspected Optic Neuritis/Neuropathy following administration of COVID-19 vaccine\***

Local Identification Number: Adverse Event Reference Number:

Patient Initials: Patient Age: Patient Sex:

Ethnicity:

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| **Source of information** |
| Name of the person reporting |  | Position (e.g. specialty and grade) |  |
| Hospital / Practice |  | Email address |  |

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| **Patient Background** |
| Past Medical History: |
| Regular and recent medications: |
| Infectious illness in the last six weeks:  | Yes/ No/ Unsure |
| Other vaccination received in the last six weeks: | Yes/ No/ Unsure |
| Previous adverse neurological reaction to a vaccine: | Yes/ No/ Unsure |
| History of neurological disease (previous or current): | Yes/ No/ Unsure |
| Immunosupression at the time of vaccination: | Yes/ No/ Unsure |
| If Yes to any above, please provide details: |

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| **Patient’s Covid-19 Status** |
| Previous diagnosis of Covid-19: | Yes, once/Yes, more than once/ No/ Unsure |
| If Yes, date of onset: | Date: |
| If Yes, means of diagnosis:  | PCR/ Antibody / Clinical |

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| **Vaccination Details** |
| 1st vaccination: Pfizer-BioNTech/ Oxford- AstraZeneca/ Moderna/ Sinopharm/ Sinovac/ Sputnik V/ Other- specify:Lot number: \_\_\_\_\_ Dose: \_\_\_\_ Route of administration:  | Date:  |
| 2nd vaccination: Pfizer-BioNTech/ Oxford- AstraZeneca/ Moderna/ Sinopharm/ Sinovac/ Sputnik V/ Other- specify:Lot number: \_\_\_\_\_ Dose: \_\_\_\_ Route of administration: | Date: |
| Date of neurological symptoms onset | Date: |

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| **Case Definition** |
| Acute visual disturbance secondary to optic nerve impairment | Yes/ No/ Unsure |
| PLUS Unknown Aetiology | Yes/ No/ Unsure |

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| **Clinical Features** |
| Time from onset to peak symptoms (hrs / days): |
| Select affected eye | R eye | L eye |
| Visual acuity | 6/\_\_\_\_/ counting fingers/hand motion/ light perception/ no light perception | 6/\_\_\_\_/ counting fingers/hand motion/ light perception/ no light perception |
| RAPD  | Yes/ No/ Unsure | Yes/ No/ Unsure |
| Eye Pain | Yes/ No/ Unsure | Yes/ No/ Unsure |
| Loss of colour vision | Yes/ No/ Unsure | Yes/ No/ Unsure |
| Photopsia | Yes/ No/ Unsure | Yes/ No/ Unsure |
| Visual field defect- describe: |  |  |
| Fundoscopy/ slit lamp- describe: |  |  |
| Other relevant symptoms and signs, including other neurological deficits and systemic features: |
| Has the patient experienced a similar neurological event before? Yes/No/UnsureIf Yes, please provide details, including the date and suspected triggers: |

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| **Assessment and investigations to exclude other causes** (please indicate which of the following have been considered, and give details at the bottom) |
| **Clinical assessment** (give details at the bottom) |
| Is there history of:* Radiation to the brain or orbits
* Exposure to medications or substances known to cause optic neuropathy
 |  Yes/ No/ UnknownYes/ No/ Unknown |
| **Laboratory investigations** (if abnormal give details at the bottom) |
| FBCHbA1cLipid profileCRPESRANA, anti-ds DNA, SS-A (Ro), SS-B (La), ANCA, complementAnticardiolipin antibody, Lupus anticoagulantB12, folate and methylmalonic acidThiamine (Vitamin B1)Angiotensin converting enzymeAQP-4 antibodySyphilis serologyHIV serologyLyme serologyCOVID-19 serology/ PCRQuantiFERON-TB or alternative | Normal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ Abnormal |
| CSF Biochemistry:CSF Protein: \_\_\_\_\_\_\_ Serum:CSF Glucose Ratio: \_\_\_\_\_\_\_\_\_CSF RCC: \_\_\_\_\_\_\_\_\_ CSF WCC: \_\_\_\_\_\_\_\_ CSF differential: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ |
| CSF Oligoclonal bandsCSF CytologyCSF Microscopy & cultureCSF Virology\* | Normal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ Abnormal |
| \*Please list the pathogens tested within the virology panel: |
| Any other relevant laboratory results: |
| **Radiological studies** (if abnormal give details at the bottom) |
| MRI HeadMRI Optic NervesOptical Coherence TomographyCXR/ CT Chest | Normal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ Abnormal |
| **Visual evoked potentials** | Normal/ Unknown/ Not Done/ Abnormal |
| **Genetic testing** | Normal/ Unknown/ Not Done/ Abnormal |
| **Details of any abnormal findings:** |
| **Please describe if any of the findings could explain the aetiology of the event:** |

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| **Treatment** (including dose and duration) |
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| **Patient outcome** |
| Date of last follow-up (if none, write none): |
| Maximum level of care required:Outpatient/ Medical Inpatient/ High Dependency Unit/ Intensive Care Unit |
| Patient alive at last follow-up: Yes/ NoIf No, was the optic neuritis included on the death certificate: Yes/ No/ UnknownIf relevant, date of death: |
| Outcome at least follow up (circle): Complete resolution / Incomplete resolution / No improvement / Re-occurrence / Other sequalaeIf relevant, time to complete resolution:\_\_\_\_\_\_\_\_\_\_ |
| Modified Ranking Scale: Before adverse event:\_\_\_\_\_\_\_ At the last follow-up: \_\_\_\_\_\_ |
| Details: |

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| **Subsequent COVID-19 Vaccinations** |
| Has this patient received any further COVID-19 vaccines after the development of the neurological adverse event?  | Yes/ No/ Unsure  |
| If Yes: Pfizer-BioNTech/ Oxford- AstraZeneca/ Moderna/ Sinopharm/ Sinovac/ Sputnik V/ Other- specify:Lot number: \_\_\_\_\_ Dose: \_\_\_\_ Route of administration: | Date: |
| If Yes, Outcome: No adverse event/ Re-occurrence of the same adverse event/ Development of another neurological adverse event/ Worsening of previously unresolved neurological adverse event/ Other sequelaeDate the outcome was last known: |
| Other details: |

\* This reporting form is based on Behbehani R. Clinical approach to optic neuropathies. Clinical Ophthalmology (Auckland, NZ). 2007 Sep;1(3):233.