**Suspected Generalised Seizure 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** | |
| Sudden loss of consciousness | Witnessed/ Unwitnessed / No / Unsure |
| PLUS Motor manifestations  (generalized, tonic, clonic, tonic-clonic, atonic or other) | Yes/ No/ Unsure |
| PLUS Unknown Aetiology | Yes/ No/ Unsure |

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| **Clinical Features** | |
| Time from vaccination to seizure (hrs/min) |  |
| Motor manifestations | Generalised/ Tonic/ Clonic/ Tonic-clonic/ Atonic/ Other- specify |
| Multiple seizures:  If Yes, provide number of seizures:  Duration of the longest event: | Yes / No / Unknown  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Status epilepticus | Yes / No / Unknown |
| Prodrome | Yes / No / Unknown |
| Post ictal confusion | Yes / No / Unknown |
| Other relevant symptoms and signs: | |
| Has the patient experienced a similar neurological event before? Yes/No/Unsure  If 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** | |
| History of epilepsy  If history of epilepsy, medication non-compliance  History of significant head injury  Fever (>38ºC) immediately prior  Cerebral hypoxia  Drug intoxication or withdrawal  Clinical suspicion of psychogenic seizure  Clinical suspicion of syncope | Yes / No / Unknown  Yes / No / Unknown  Yes / No / Unknown  Yes / No / Unknown  Yes / No / Unknown  Yes / No / Unknown  Yes / No / Unknown |
| **Laboratory** | |
| Glucose  Urea and Electrolytes  Liver function tests  Calcium studies and Magnesium  Thyroid function tests  Toxicology screen  COVID-19 serology/ PCR  CSF Microscopy & culture  CSF Virology\* | Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal |
| CSF Biochemistry**:** CSF Protein: \_\_\_\_\_\_\_ Serum:CSF Glucose Ratio: \_\_\_\_\_\_\_\_\_  CSF RCC: \_\_\_\_\_\_\_\_\_ CSF WCC: \_\_\_\_\_\_\_\_ CSF differential: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | |
| \*Please list the pathogens tested within the CSF panels: | |
| Any other relevant laboratory results: | |
| **Neuroimaging** | |
| CT Head  MRI Head | Normal / Unknown / Not done / Abnormal  Normal / Unknown / Not done / Abnormal |
| **Electrophysiology** | |
| ECG  EEG | Normal / Unknown / Not done / Abnormal  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/ No  If No, was the seizure or epilepsy included on the death certificate: Yes/ No/ Unknown  If relevant, date of death: |
| Outcome at least follow up (circle): Complete resolution / Incomplete resolution / No improvement / Re-occurrence / Other sequalae  If 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 sequelae  Date the outcome was last known: | |
| Other details: | |

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| **Case Classification (Level of Diagnostic Certainty)** | |
| *This will be completed by the assessors based on The Brighton Collaboration Guidance.* | |
| **Level 1** | 1. Witnessed sudden loss of consciousness ***AND***  2. Generalized, tonic, clonic, tonic-clonic, or atonic motor manifestations |
| **Level 2** | 1. History of unconsciousness ***AND***  2. Generalized, tonic, clonic, tonic-clonic, or atonic motor manifestations |
| **Level 3** | 1. History of unconsciousness ***AND***  2. Other generalised motor manifestations |
| **Level 4** | Reported generalized convulsive seizure with insufficient evidence to meet the case definition |
| **Level 5** | Not a case of generalized convulsive seizure |

\*This reporting form is based on the The Brighton Collaboration Guidelines (Bonhoeffer et al, *Vaccine* 2004; 22: 557-562).