**Suspected stroke 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 / Antigen/ 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** |
| Rapidly developing disturbance of cerebral function | Yes/No/Unsure |
| PLUS Vascular origin | Yes/No/Unsure |
| PLUS Unknown Aetiology | Yes/No/Unsure |

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| **Clinical Features** |
| Time from onset to peak symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ischaemic/ Intracerebral haemorrhage/ Other- specify: |
| For Ischaemic stroke, select: Type: TACS/ PACS/POCS/ Lacunar/ Spinal Suspected Aetiology: Large artery thrombosis/ Small penetrating artery thrombosis/ Cardiogenic & embolic/ Crytptogenic/ Other- specify: |
| CNS location: Unifocal/ Multifocal | Right-sided/ Left-sided/ Bilateral |
| CNS location (select all that apply): frontal lobe/ temporal lobe/ parietal lobe/ occipital lobe/ basal ganglia/ thalamus/ cerebellum/ brainstem/spinal cord/ other- specify: |
| Limb weakness with upper motor neuron signs: Yes/ No/ UnsureAffected limbs (select): RUL/ LUL/ RLL/ LLL |
| Abnormal tendon reflexes: Yes/No/UnsureAffected reflexes (indicate R/L): |
| Sensory disturbance: Paraesthesia/Hypoesthesia/ No/ UnsureModality affected: Light touch/ vibration/ proprioception/ pinprick/ temperature Please describe distribution: |
| Visual disturbance: Yes (select below)/ No/ UnsureReduced visual acuity/ RAPD/ Visual field defect- specify: \_\_\_\_\_/ Diplopia |
| Unilateral facial weakness: Yes/No/UnsureDysphagia: Yes/ No/ UnsureDysphasia: Expressive/ Receptive/ Both/ No/ UnsureDysarthria: Yes/ No/ Unsure |
| Cerebellar signs: Yes/ No/ UnsureNystagmus/ Ataxia/ Intention tremor/ / Other- specify: |
| Other relevant symptoms and signs, including systemic features: |
| Has the patient experienced a similar neurological event before? Yes/No/UnsureIf Yes, please provide details, including the date and suspected aetiology: |

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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 cerebrovascular or small vessel diseaseHistory of atherosclerotic disease elsewhereAtrial fibrillationClinical suspicion of a cardio-embolic sourceHypercoaguable state (e.g. sickle cell diseae, pregnancy, coagulopathy) | Yes/ No/ UnsureYes/ No/ UnsureYes/ No/ UnsureYes/ No/ UnsureYes/ No/ Unsure |
| **Laboratory studies** |
| HbA1cLipid profileUrea and ElectrolytesThrombophilia screen\*ESRVasculitis screen\*HomocysteineHIV serologyQuantiferon-TB or alternativeSyphilis serologyCOVID-19 serology or PCR | 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/ Abnormal |
| \*Please list tests comprising vasculitis and thrombophilia screen: |
| CSF Biochemistry**:** CSF Protein: \_\_\_\_\_\_\_ Serum:CSF Glucose Ratio: \_\_\_\_\_\_\_\_\_CSF RCC: \_\_\_\_\_\_\_\_\_ CSF WCC: \_\_\_\_\_\_\_\_ CSF differential: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |
| CSF Microscopy & cultureCSF Virolology\*\* | Normal/ Unknown/ Not Done/ AbnormalNormal/ Unknown/ Not Done/ Abnormal |
| \*\*Please list the pathogens tested with the CSF panels: |
| Any other relevant laboratory results: |
| **Radiological studies** |
| CT BrainMRI BrainCT-Angiogram/ MR-AngiogramMRI SpineEchocardiogramBubble EchocardiogramUS Doppler of the carotid arteries | 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/ Abnormal |
| **Extended cardiac rhythm recording** (min. 24h) | 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 stroke 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: |