

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
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Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

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GUIDANCE MANUAL FOR PHARMACOVIGILANCE FOCAL POINTS IN NIGERIAN HEALTHCARE FACILITIES

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
-------------------	---	---

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Table of Contents

SN	Contents	Page
1.	Objective	3
2.	Scope	3
3.	Pharmacovigilance and patient safety	3
4.	Nomination and allocation of pharmacovigilance focal person	3
5.	Role of the pharmacovigilance focal person in healthcare facilities	5
	5.1 Pharmacovigilance focal person's role in preparing the PV policy and standard operating procedures (SOPs)	5
	5.2 Pharmacovigilance Focal person Role in the Drug Committee	6
	5.3 Pharmacovigilance focal personas a contact point inside and outside the healthcare facility	6
	5.4 Role of Pharmacovigilance focal person in the training of Healthcare professionals	7
	5.5 Follow-up and Documentation Mechanisms	8
	5.6 Role of Pharmacovigilance focal person in data analysis	9
6.	Required documents	10
7.	References	11

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

1. Objective

This manual aims to support pharmacovigilance practice in Nigerian healthcare facilities and ensure its consistency with international regulations, especially the requirements of the World Health Organization.

2. Scope:

- This manual is concerned with the pharmacovigilance system and processes within healthcare facilities but not the technical knowledge of pharmacovigilance
- For more details about pharmacovigilance, please refer to the official website of the National Agency for Food Drug Administration and Control for the Guidelines for detecting and reporting adverse reactions to Pharmaceutical products and Medical devices.

3. Pharmacovigilance role in patient safety

- The pharmacovigilance is one of the major pillars for patient and medication safety in healthcare facilities
- It falls on the shoulders of the healthcare facility management to ensure that all healthcare professionals within the facility are familiar with the principles and concepts of pharmacovigilance and reporting mechanisms. The management should also work towards increasing the awareness of medicine safety, as well as providing the necessary support to the pharmacovigilance focal points to carry out the tasks of monitoring and following up on adverse events within the healthcare facility.

4. Nomination and allocation of pharmacovigilance focal person

- 1) The hospital management shall allocate a qualified pharmacist or more to assume the pharmacovigilance responsibilities within the healthcare facility. It's preferred for the pharmacovigilance team to include two pharmacists, one as the primary focal person and supervisor of the pharmacovigilance work within the facility and the other shall work as a deputy and a team member, in accordance with the recruitment plan, workload and the size of the health facility.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- 2) The basic qualifications to be taken into consideration when selecting the focal points:
 - The preferred candidates should have technical competency, clinical pharmacy experience, and a pharmacovigilance specialist qualification from the West African Postgraduate College of Pharmacists or an advanced degree in pharmacovigilance (MSc or PhD).
 - Good knowledge of the programs (PowerPoint, Excel, and Word)
 - The focal points need to receive qualifying training in pharmacovigilance.
 - Effective communication skills.
 - Commitment and discipline.
- 3) An appointment letter shall be issued to designate a focal person in the healthcare institution, that shall be published via the various means of communication among the staff within the facility.
- 4) The hospital management shall ensure that the focal person is well known to the staff, with a clear and easy route of communication. The focal point's contact details (phone number, WhatsApp groups... etc.) should be published within the facility and well known among the staff members.
- 5) An announcement about pharmacovigilance in English targeting the healthcare facility could be placed in the drug dispensing area. The announcement shall include: (A simple definition of pharmacovigilance, what, when, and how to report adverse drug events).
- 6) The job performance of the focal person shall be evaluated periodically by the central pharmacovigilance coordinator (if any) or the facility's management. The evaluation result shall be documented.
- 7) The focal person needs:
 - Computer connected to the Internet;
 - Office; and
 - Printer + papers.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

5. Role of the pharmacovigilance focal person in healthcare facilities

5.1. Role of focal person in preparing the PV policy and the standard operating procedures (SOPs)

The focal points for pharmacovigilance shall formulate the pharmacovigilance policy and the pharmacovigilance the standard operating procedures (SOPs) within the healthcare facility. Ideally, the policy shall contain the following:

- The purpose
- Related pharmacovigilance definitions
- The scope
- The mechanism of detection and reporting of adverse events within the facility.
- Who can report?
- When to report?
- Adverse Events cases validation
- How to prevent preventable adverse events and implement corrective measures when needed.
- Follow up mechanism with healthcare professionals to complete the information of the reported cases when needed.
- A flow chart showing the steps from detecting adverse events to sending report to the national pharmacovigilance database in the National Agency for Food Drug Administration and Control. **(See annex (1))**
- Mechanism for classifying the adverse events into serious and non-serious and how to prioritize the work accordingly.
- The reporting timelines
- How to share the feedback and comments from the National Agency for Food Drug Administration and Control to the reporters and other healthcare professionals.
- The policy effective date update date.
- References and resources.
- Appendixes: Contain the forms to work with

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

5.2. **The pharmacovigilance focal person's role in the Drug Therapeutic Committee**

- The pharmacovigilance focal person or a representative shall attend the drug committee and discuss the topics related to pharmacovigilance and drug safety.
- Documenting the subject and the resulting recommendations and outcome in the committee meeting minutes.
- A clear communication channel shall be present between the focal person and the Drug Committee.
- The previous articles shall be explicitly stated in the committee's terms of reference or the pharmacovigilance SOPs.
- Documentation of the subject related to pharmacovigilance and drug safety presented to the committee and decisions taken by the Drug Committee. **(See template (2))**

5.3. **The role of the pharmacovigilance focal person as a contact point inside and outside the healthcare facility**

- The focal person shall receive all reports related to drug and patient safety from various sources (patients and healthcare professionals) within the healthcare facility.
- The focal person shall encourage and motivate patients and healthcare professionals to report drug and patient safety problems.
- The pharmacovigilance focal points shall work to clarify the pharmacovigilance scope within the health facility, which includes but is not limited to, suspicion of adverse events, quality issues associated with adverse events, lack of drug effect, and medication error associated with adverse events.
- Yellow forms shall be popularized among healthcare professionals and kept after filling them out.
- The focal person shall acknowledge the reporter and work to overcome obstacles or fears that would limit reporting.
- The focal point, in addition to the drug information center (if present), can answer patients' and healthcare professionals' safety and medicine-related inquiries.
- The qualified person for pharmacovigilance shall represent the drug and patient safety file within the Drug and Medicine Committee as well as he shall publish the procedures and activities approved by the committee.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- The qualified person for pharmacovigilance shall deliver the feedback/ comments (including the evaluation of causality) related to the report from the National Agency for Food Drug Administration and Control to the reporter.
- The focal person shall disseminate NAFDAC’s Newsletters, Safety alerts, and Direct Healthcare professional communications among healthcare professionals within the healthcare facility.
- The pharmacovigilance focal person shall work to increase awareness of precautions and preventive measures to assure patient safety. This can be achieved by preparing awareness flyers and disseminating them in available communication channels inside and outside the healthcare facility (WhatsApp and Facebook pages).
- If the need arises to carry out investigations, the National Agency for Food Drug Administration and Control may request the assistance of the healthcare facility focal person in information collection accurately and comprehensively after the coordination with the central coordinator (if present).
- The pharmacovigilance focal person shall participate in scientific conferences and publish what he deems appropriate based on the healthcare facility’s experience in the pharmacovigilance field.

5.4. Role of Pharmacovigilance focal person in the training of Healthcare professionals

5.4.1. The focal person training:

- The pharmacovigilance focal person shall receive adequate training from the National Pharmacovigilance Center - NAFDAC.
- The pharmacovigilance focal person should participate (if feasible) in the events and training offered by the National Agency for Food Drug Administration and Control.
- The pharmacovigilance focal person shall document the training received and events attended to keep up with the new developments in the pharmacovigilance field.

5.4.2. Pharmacovigilance focal person role in the training of staff members in healthcare facilities:

- The health facility’s training plan shall include training on pharmacovigilance concepts and reporting mechanisms within the facility.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- The pharmacovigilance focal person shall prepare an annual training plan targeting all the staff in the healthcare facility. **(See template (3))**.
- All training shall include the basic concepts of pharmacovigilance and reporting mechanisms within the health facility, in addition to other topics that health care professionals may need.
- Training on pharmacovigilance concepts shall be included in the new employees' training program/induction training and is provided within 1 month of employment.
- The pharmacovigilance focal person shall work in cooperation with the pharmacy team and the health facility management to establish the activities and events that address pharmacovigilance topics and measures that enhance patient safety.
- It's recommended for the healthcare facility to participate in events and activities directed to the community in general (for example: The Patient Safety Week, ... etc.).
- The pharmacovigilance focal person shall document all training activities through attendance sheets and photographs and retain them. It is preferable to conduct a pre- and post-training evaluation/test and document its results.

5.5. Follow-up and documentation mechanisms

5.5.1. Follow up with the reporter:

- The pharmacovigilance focal person shall follow up with the reporter to complete the case's important information.
- The pharmacovigilance focal person shall update the case reports with the additional obtained information.
- The pharmacovigilance focal person shall follow up with the central coordinator (if present) concerning reported cases.
- The pharmacovigilance focal person shall provide the initial causality assessment to the reporter.

5.5.2. Comprehensive follow-up of progress in pharmacovigilance in the healthcare facility:

- The pharmacovigilance focal person shall create a tracker -an Excel sheet- for follow-up of reported cases in the healthcare facility. **(See template (4))**.
- The tracker shall contain the following:

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- The Case code in the healthcare facility (**See template (5)**).
- The case ID is the national adverse events database of the National Pharmacovigilance Center
 - The reporter.
 - Date of report
 - Report type (adverse event, or quality issue, ...etc.).
 - Report seriousness
 - The case narrative (complete sequence and context of the adverse effect).
- The feedback/ comments on the case report including the causality assessment.

5.5.3. The importance of documentation:

- In general, it is necessary and fundamental in the pharmacovigilance policy to document all pharmacovigilance-related details, procedures, activities, and events.
- The pharmacovigilance focal shall monitor and document how the pharmacovigilance activity participates in rationalizing the pharmaceutical practices in the healthcare facility.

5.6. The Role of Pharmacovigilance focal person in data analysis

- It is recommended that the pharmacovigilance focal person conduct an initial analysis of the reported cases at the facility level using the available files and template to answer the following questions:
 - Number of serious cases reported monthly and annually.
 - Number and classification of reports submitted monthly and annually.
 - Number of reports that have already been sent to the national database of pharmacovigilance.
 - Number of reports that have not been sent and the reasons for that.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- Number of communications with the National Pharmacovigilance Center and the used mechanisms.
 - The number of inquiries received regarding the safety of the medicine and patient monthly and annually.
 - The pattern/trends of recurring problems, analysis of their causes, and the possibility for prevention.
- The pharmacovigilance focal points shall review the results and proposals produced by this analysis of collected data and shall present those during the Drug Committee meetings periodically or upon request.
 - Proposing prevention and corrective measures for problems raised to the Drug Committee along with methods and mechanisms for implementing those measures to enhance patient safety.

6. Required documents

Accordingly, the pharmacovigilance focal person at the healthcare facility is required to have the following documents ready when required:

- pharmacovigilance focal person CV.
- The administrative decree assigning the focal person to work in pharmacovigilance.
- Certificates, training records, and evidence proving that the focal person received the required training.
- The Pharmacovigilance policy within the healthcare facility.
- A flow chart for pharmacovigilance activities in the healthcare facility.
- Keeping/archiving the yellow cards after filling them out.
- The tracker (Excel) for tracking reports at their various phases.
- The terms of reference of the Drug Committee.

ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
------------	--	---

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Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

- Meeting Minutes of Drug Committee meetings that discussed medicine safety in the healthcare facility.
- Health facility’s pharmacovigilance training plan.
- The new employees’ training program/induction training.
- Awareness flyers.
- A combined file of the inquiries received and answered by the focal person at the healthcare facility. **(See template (6))**
- Training records/ list of attendees and evidence of training plan implementation in a combined file showing the trainees and their specializations. **(See template (7)).**
- Photographs documenting activities and events.

References:

1. WHO: Interim manual for the performance evaluation of regulatory authorities seeking the design as WHO-listed Authorities.

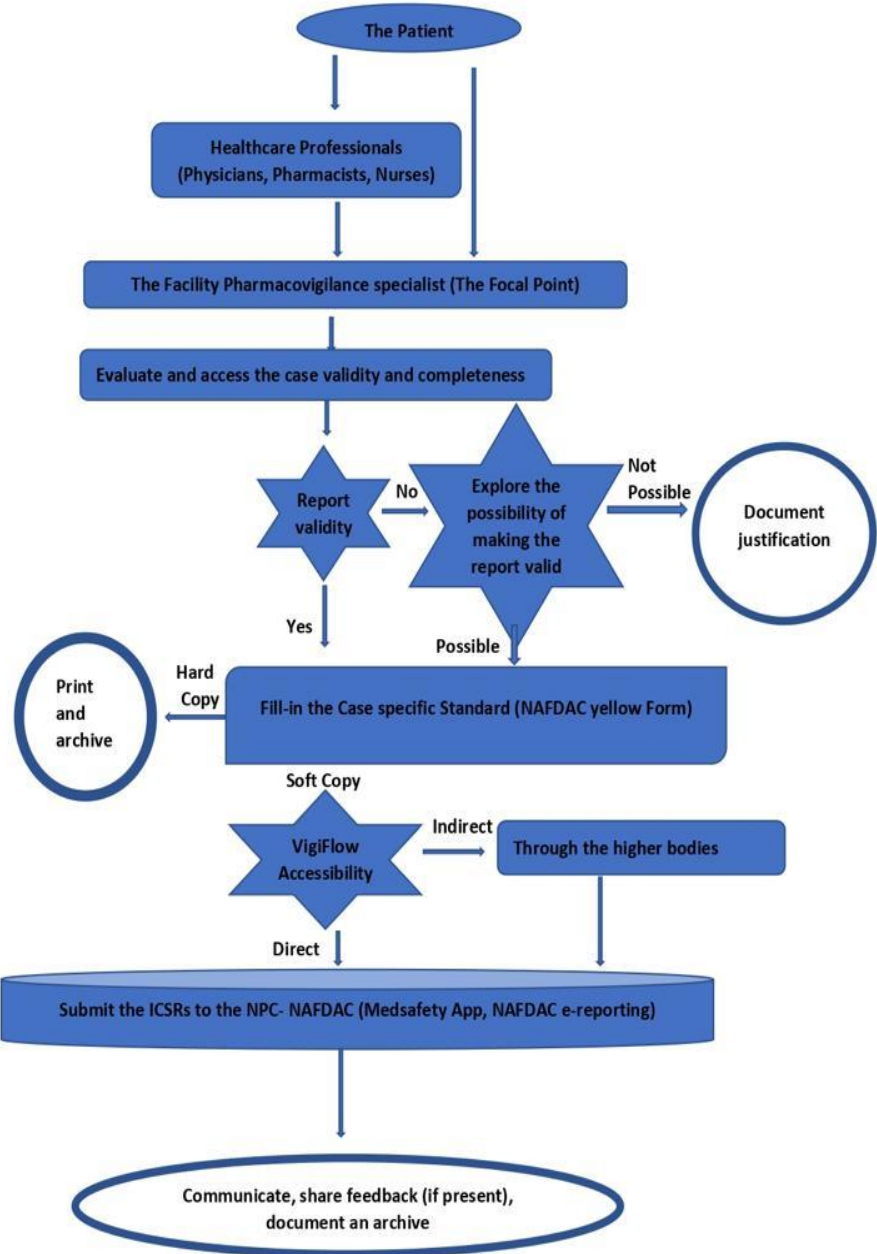
2. Guidance Manual for Pharmacovigilance focal points in Healthcare facilities in the Arab Republic of Egypt (Adapted)

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (1): Pharmacovigilance Process – Facility Flowchart



ANNEXURE-9	NAFDAC SOP Ref. No.: NAFDAC-QMS-002-03	TITLE OF ANNEXURE: TEMPLATE FOR GUIDELINES
-------------------	---	---

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (2) DTC pharmacovigilance-related activities documentation form:

No.	Date	Kind of activity	Purpose of activity

Template (3) PV Unit Annual training plan

Plan set before the beginning of the year						Filled during the proceeding and implementation of the plan		
Month	Subject	Targeted audience	Trainer	Training mechanism (lecture or awareness session)	Expected date for implementation	Actual date for implementation	Number of attendees	Documentation and notes
January	Vigilance concepts & reporting mechanism	Physicians & Pharmacist	Focal person	Lecture	During the first week of the month	Jan. 3 rd , 2023	15 Physicians & Pharmacists	records of attendees attached
	Vigilance concepts & reporting mechanism	Nurses		Awareness session	During the second week of the month	Jan. 9 th , 2023	7 intensive care nurses	records of attendees attached
February								
March								
April								
May								
June								
July								
September								
August								
October								
November								
December								

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (4) Reporting Tracker:

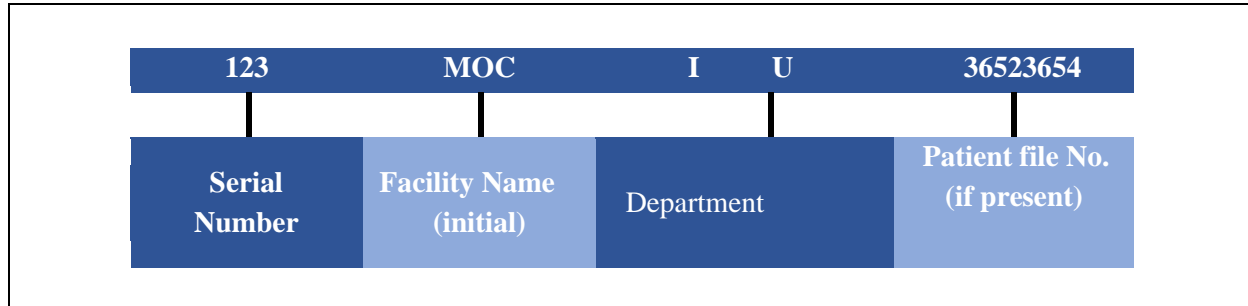
Report internal code	Vigi. Flow ID	Initial Reporter	Date of report	Report type (ADRs/ Quality/ ME)	Report Seriousness	Case Narrative	Feedback (Yes / No)	Causality Assessment

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (5) Health facility – Report internal code structure (guide):



Template (6): Drug information safety-related request (collective Form)

Requester (HCP or Patients)	Phone Number	Department	Date	The Question	The answer	References

Template (7): Training Tracker sheet (for HCPs)

No.	Date	Training topic	Training Purpose	Target audiences	Number of attendees	Presented by

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (8): The Adverse Drug Reaction Reporting Form

ANNEXURE 1	PVPMS-003-01	SERIAL NO: _____
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National Agency for Food and Drug
Administration and Control (NAFDAC),
Corporate Headquarters,
Plot 2032 Olusogan Obasanjo Way
Wuse Zone 7, Abuja



NAFDAC
National Pharmacovigilance Centre

NAFDAC USE ONLY

<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">A. PATIENT INFORMATION</div> <p>1. Patient's Full Name or Initials (In Confidence) _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">2. Age _____</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">4. Weight (kg) _____</td> </tr> </table> <p>Or Date of Birth (e.g. 03 May 1925) ____ - ____ - ____</p> <p>Hospital/Treatment Centre _____ Patient Record No. _____</p> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">B. ADVERSE EVENT</div> <p>1. Describe Event _____ _____</p> <p>2. Seriousness of Adverse Event (Check all that apply)</p> <p><input type="checkbox"/> Death Include date (dd-mmm-yyyy) _____</p> <p><input type="checkbox"/> Life threatening</p> <p><input type="checkbox"/> Hospitalization <input type="checkbox"/> Initial <input type="checkbox"/> Prolonged</p> <p><input type="checkbox"/> Disability or Permanent Damage</p> <p><input type="checkbox"/> Congenital Anomaly/Birth Defects</p> <p><input type="checkbox"/> Required intervention to Prevent Permanent Impairment or Disability (Devices)</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p>3. Outcomes</p> <p><input type="checkbox"/> Recovered fully</p> <p><input type="checkbox"/> Recovering</p> <p><input type="checkbox"/> Fatal</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Others (Specify) _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">4. Onset Date of Event (dd-mmm-yyyy) ____ - ____ - ____</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">5. Stop Date of Event (dd-mmm-yyyy) ____ - ____ - ____</td> </tr> </table> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">C. SUSPECTED DRUG (Including Biologicals, Traditional/Herbal Medicines & Cosmetics)</div> <p>1. Product Details (Name and other details; attach product label/ product sample if available)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Brand Name: _____</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Batch No: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Generic Name: _____</td> <td style="border: 1px solid black; padding: 2px;">NAFDAC No: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Name and Address of Manufacturer: _____</td> <td style="border: 1px solid black; padding: 2px;">Expiry Date: _____</td> </tr> </table>	2. Age _____	3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Weight (kg) _____	4. Onset Date of Event (dd-mmm-yyyy) ____ - ____ - ____	5. Stop Date of Event (dd-mmm-yyyy) ____ - ____ - ____	Brand Name: _____	Batch No: _____	Generic Name: _____	NAFDAC No: _____	Name and Address of Manufacturer: _____	Expiry Date: _____	<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">2. Indications for Use (Diagnosis)</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">Dosage _____</td> <td style="width: 30%; border: 1px solid black; padding: 2px;">Frequency _____</td> <td style="width: 40%; border: 1px solid black; padding: 2px;">Route of Administration _____</td> </tr> </table> <p>3. Date Medication Started (dd-mmm-yyyy) _____ 4. Date Medication Stopped (dd-mmm-yyyy) _____</p> <p>5. Reaction Stopped or Reduced After Drug Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't apply</p> <p>6. Reaction Reappeared After Drug Reintroduction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't apply</p> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">D. CONCOMITANT MEDICINES</div> <p><small>(All medicines taken within the last 3 months, including herbal and self-medication)</small></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Brand or Generic Name</th> <th style="width: 10%;">Dosage</th> <th style="width: 10%;">Route</th> <th style="width: 10%;">Date Started</th> <th style="width: 10%;">Date Stopped</th> <th style="width: 30%;">Reason for Use</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">E. RELEVANT TESTS / LABORATORY DATA WITH DATES</div> <p> </p> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">F. OTHER RELEVANT HISTORY</div> <p>Including Preexisting Medical Conditions:</p> <p><input type="checkbox"/> Pregnancy <input type="checkbox"/> Alcohol use</p> <p><input type="checkbox"/> Smoking <input type="checkbox"/> Liver problems</p> <p><input type="checkbox"/> Kidney Problems</p> <p>Allergies: _____</p> <p>Others (Specify) _____</p> <div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">G. REPORTER</div> <p>1. Name and Address</p> <p>Last Name: _____ First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Date: _____</p> <p>Phone No: _____ Email: _____</p> <p>2. Health Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Occupation: _____</p>	Dosage _____	Frequency _____	Route of Administration _____	Brand or Generic Name	Dosage	Route	Date Started	Date Stopped	Reason for Use																								
2. Age _____	3. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Weight (kg) _____																																											
4. Onset Date of Event (dd-mmm-yyyy) ____ - ____ - ____	5. Stop Date of Event (dd-mmm-yyyy) ____ - ____ - ____																																												
Brand Name: _____	Batch No: _____																																												
Generic Name: _____	NAFDAC No: _____																																												
Name and Address of Manufacturer: _____	Expiry Date: _____																																												
Dosage _____	Frequency _____	Route of Administration _____																																											
Brand or Generic Name	Dosage	Route	Date Started	Date Stopped	Reason for Use																																								

* MANDATORY FIELDS

FORMS ARE AVAILABLE AT www.nafdac.gov.ng AND CAN BE SENT TO npcadr@nafdac.gov.ng

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (9): Template for Reporting Adverse Events Following Immunization

Adverse Events Following Immunization Form

FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH

Identification number / ____ - ____ - ____ - ____ / to be assigned by the LGA DSNO
Country code – State code – LGA code – Year – Case number

REPORTING FORM

ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

This form should be filled by the health worker in charge of the patient and sent to the LGA DSNO
Fill this form for ALL (serious and non serious AEFI)

1. REPORTING

Date of reporting ____/____/____	Full Names of the person reporting	Designation of person reporting <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Other (specify)	Date of report : ____/____/____	Telephone number/email	Signature of the person reporting
State : _____		LGA _____	Ward _____	Health Facility/Vaccination Center	

2. PATIENT'S IDENTIFICATION

First / Last name	Full Address (with landmarks)	Birth-date ddmm/yyyy ____/____/____	Age ____ years ____ months	Sex (tick) <input type="checkbox"/> M <input type="checkbox"/> F
Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases). Use additional sheet if needed:				

3. VACCINES ADMINISTERED

Name of Vaccines Received within last 30 days	Date of vaccination	Time of vaccination	Dose (e.g. 1 st , 2 nd ...)	Administration		Batch/ Lot number
				Route	Site	
						Vaccine
						Diluent
						Vaccine
						Diluent
						Vaccine
						Diluent
						Vaccine
						Diluent

Intervention: Routine immunization SIA Other prescription (specify) _____
Strategy: Fixed Outreach Mobile

4. ADVERSE EVENTS

Describe the AEFI (signs and symptoms)	Date & Time AEFI started (DD/MM/YYYY): ____ / ____ / ____ . ____ Hr ____ Min Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date patient notified event to health facility (DD/MM/YYYY): ____ / ____ / ____
Treatment(s) received	Was this a serious AEFI? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No - <input type="checkbox"/> Hospitalised - <input type="checkbox"/> Incapacitated - <input type="checkbox"/> Life Threatening - <input type="checkbox"/> Death
Outcome: <input type="checkbox"/> Recovering <input type="checkbox"/> Recovered Completely <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Not Recovered <input type="checkbox"/> Unknown <input type="checkbox"/> Died Date of latest information on the outcome (DD/MM/YYYY): ____ / ____ / ____	

Toll free numbers 08031230415 / 0803120416 * Send free sms to 20543 (PRASCO)

DOCUMENTATION AT STATE LEVEL :

Date AEFI report received from the LGA

Quality score of the report: Q0 Q1 Q2 Q3 Q4
If data is incomplete, state the areas of gap:

State actions taken :

Effective Date: 10-10-2024

Doc. Ref. No. PV- GDL-026-00

Review Date: 09-10-2029

Template (10): Template for Reporting Medical Device Incidents



MEDICAL DEVICE INCIDENT USER REPORT FORM

I. Patient Information:	
Name/Initials:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Weight: Age:
II. Medical Device Information:	
Name Of Medical Device:	Type Of Medical Device:
Manufacturing Date:	Expiry Date:
Reference/Registration Number:	Code/Mode No:
Catalogue No:	Lot/Batch No:
Manufacturer Name:	Supplier Name:
Address:	Address:
Phone:	Phone:
Quantity Defective (Number):	Current Location:
Has the manufacturer/supplier been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Keep the device till the supplier requests it. Please Do not discard the device or related consumables & packing. Do not send medical devices to NPC/NAFDAC unless you have been specifically asked to do so)	
III. Incident Information:	
Incident Description/Nature of Device Defect (includes any action by patient, career or healthcare professional, or by the manufacturer or supplier):	
Action Taken:	
Type of injury: <input type="checkbox"/> Death <input type="checkbox"/> Serious <input type="checkbox"/> Non-Serious <input type="checkbox"/> None	Date of Incident:
IV. Reporter Information (Will Be Kept Confidential)	
Reporter's Name:	Position/Occupation:
Organisation:	Address:
Phone/Mobile No:	Email:
V. Other Comments:	
Headquarters: National Pharmacovigilance Center National Agency for Food and Drug Administration and Control Address: NAFDAC Corporate Headquarters Plot 2032, Olusegun Obasanjo Way Zone 7, Wuse, Abuja, Nigeria. For Enquires: 0700-1-NAFDAC (0700-1-623322) +234(0)-1-4609750 Email: pharmacovigilance@nafdac.gov.ng Website: www.nafdac.gov.ng	North Central Zonal Pharmacovigilance Centre Office: University of Ilorin Teaching Hospital, Ilorin Kwara State. North West Zonal Pharmacovigilance Centre Office: Ahmadu Bello University Teaching Hospital Zaria, Kaduna State. North East Zonal Pharmacovigilance Centre Office: University of Maiduguri Teaching Hospital, Borno State. South-South Zonal Pharmacovigilance Centre Office: University of Benin Teaching Hospital, Edo State. South West Zonal Pharmacovigilance Centre Office: Lagos University Teaching Hospital Lagos State. South East Zonal Pharmacovigilance Centre Office: Federal University Teaching Hospital Owerri, Imo State.