# Suspected anaphylaxis event following administration of COVID-19 vaccines: minimum dataset required

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| **Reporter Details** | | | |
| Name |  | Role |  |
| Telephone |  | | |
| Email |  | | |

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| **Service Provider** | | | |
| Name of service provider |  | Type of Provider *(eg. vaxx centre, trust, GP)* |  |
| Date of Vaccination |  | Make of vaccine |  |
| Batch no: |  | Dose number (1/2) |  |
| Date of report to RVOC |  | Incident Code /  RVOC Code |  |
| Notified to MHRA?  /Yellow Card | Yes No | MHRA record no: |  |

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| **Patient Details** | | | |
| Last Name: |  | First Name(s): |  |
| DOB: |  | Sex: |  |
| NHS No: |  | | |

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| **Symptoms (tick all symptoms that were present)** | | | |
| Date of onset of reaction | |  | |
| Time from vaccine to onset of symptoms | |  | |
| **Airway & Breathing** | **Circulation** | | **Skin / mucosal changes** |
| Stridor (inspiratory)  Upper airways swelling  Bilateral wheeze  Respiratory distress  (2 or more of tachypnoea, use of accessory respiratory muscles, recession, cyanosis, grunting)  Difficulty breathing without wheeze or stridor  Persistent dry cough  Throat tightness  Hoarse Voice | Documented hypotension  Shock  (at least 3 of tachycardia, capillary refill >3secs, reduced central pulse volume, decreased conscious level)  Reduced peripheral circulation  (at least 2 of tachycardia, Cap refill >3secs without hypotension, Confusion, decreased conscious level) | | Generalised urticaria (hives)  Generalised erythema  Localised angioedema  Generalised angioedema  Generalised itch without skin rash  Generalised “prickle” sensation  Urticaria limited to injection site  Red, itchy eyes |
| **Any other symptoms:**  Diarrhoea  Abdominal pain / Nausea / Vomiting  Rhinitis (hay fever symptoms)  Other: | | | |

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| **Treatment Given (tick all that apply)** | | | | |
| IM Adrenaline |  | Total number of doses of IM adrenaline given: | |  |
| IV Adrenaline infusion |  |  | |  |
| IV Fluids |  | Total volume given: | |  |
| Oxygen |  |  | | |
| Chlorphenamine (chlorpheniramine) / other antihistamines | | |  | |
| Hydrocortisone / other steroids | | |  | |
| Required hospitalisation | | | Yes No | |
| If any other treatment given, please give details | | |  | |

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| **Any previous allergic reaction?** Yes  No If yes, please give further details below. | |
| **Allergen (state if allergen unknown)** | **Previous anaphylaxis to this allergen? (Y/N)** |
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| **Any other significant past medical history? Please give details below** | |
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| Any history of “mast cell disease” | Yes No |

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| **Investigations** | |
| Has mast cell tryptase been collected?[[1]](#footnote-1) | Yes No |

1. Resuscitation Council UK guidelines (2008) state that mast cell tryptase should be collected at the following timepoints:

   1. Minimum: one sample at 1-2 hours after the start of symptoms.
   2. Ideally: Three timed samples:
      1. Initial sample as soon as feasible after resuscitation has started – do not delay resuscitation to take sample.
      2. Second sample at 1-2 hours after the start of symptoms
      3. Third sample either at 24 hours or in convalescence (for example in a follow-up allergy clinic). This provides baseline tryptase levels - some individuals have an elevated baseline level.

   Serial samples have better specificity and sensitivity than a single measurement in the confirmation of anaphylaxis. [↑](#footnote-ref-1)