

Adverse Event Report

WAVSS

Standard AEFI ID:

W2205-016581

Submitted:

2/05/2022 1:52 PM by James Prendiville

Status:

Submitted

Last modified:

2/05/2022 1:52 PM by James Prendiville

Reporter Details

First Name:

Dr James

Organisation:

Mosman Park Family Practice

Surname:

Prendiville

Address:

2 Willis Street

Reporter Type:

Doctor

Suburb:

Mosman Park

Other:

State:

WA

Reporter Setting:

GP Practice

Postcode:

6012

Phone:

Mobile 0410845372

Email Address:

jamesprendiville1@gmail.com

Vaccinee Details (Child or Adult)

First Name:

Mr Reiley

Address:

Unit 16/2 Angwin Street

Surname:

Paterson

Suburb:

EAST FREMANTLE

Birth Date:

08/06/1987

State:

WA

Gender:

Male

Postcode:

6158

Medicare Number:

61992194741

Phone 1:

Mobile 0439929803

ATSI Status:

Neither

Phone 2:

Vaccinee Category:

None of the above

Email Address:

reileypaterson@hotmail.com

Parent/Guardian Name (if applicable)

First Name:

Surname:

Medical History:

Medication History:

Immunisation History:

Immunisation Provider Details

Unknown

Provider Setting:

Other:

First Name:

Dr James

Vaccination Venue:

Surname:

Prendiville

Organisation:

Mosman Park Family Practice

Provider Type:

Doctor

Address:

2 Willis Street

Other:

Suburb:

Mosman Park

Email Address:

jamesprendiville1@gmail.com

State:

WA

Postcode:

6012

Phone:

Mobile 0410845372

Vaccines Administered Related to AEFI

Vaccination Date: **24/04/2022**☐ Unknown☐ Antenatal Vaccination

Weeks of Gestation:

Vaccination Time: **03** : **08** **PM**
hour min AM/PM☐ Unknown

Vaccine	Dose	Type	Batch No (if known)	Injection Site
COVID Nuvaxovid (Novavax)	1		4301MF004	Left Deltoid

Description of the vaccines (if uncertain or not listed above):

Reaction

Time elapsed between the administration of the vaccine and onset of the symptoms: **0** mins **0** hours **1** days **0** weeks☐ Unknown☐ N/A (Drug/program error)

Detailed description of the event including time of AEFI onset as applicable:

Reiley had a Novovax (1st dose) on 24/02/22 - shortly after developed pleuritic chest pains, SOB, under the care of cardiology, fatigue, diarrhoea, cognitive impairment, migraines with aura, dizziness, sore throat, left arm lymphadenopathy, myalgia - Fluctuating low level since.

Treatment (tick one or more boxes)

Treatment: **Unknown**☐ None or symptomatic (e.g. paracetamol) only☐ Helpline☐ Nurse assessment☐ GP assessment☐ Paramedic attendance☐ Hospital emergency at☐ Hospital admission at
Days: ☐ Unknown☐ Other:

Details:

Outcome

How long did the symptoms last? -- mins -- hours -- days -- weeks

Unknown but OngoingDetailed description and timing of outcome: ☐ **Unknown**

Consent

I, the reporter, have obtained the following consent from the vaccinee, parent or guardian to report this AEFI and for their local public health unit or specialist immunisation clinic to contact them.

Date: **02/05/2022**

- ☒ Full consent **was obtained**
 - ☐ Consent to report but **NOT** to contact was obtained
 - ☐ Consent is **not required*/impracticable**
- *only in those jurisdictions where reporting is mandatory

