

DMID 20-0024
Memory Aid v2.0 14 FEB 2022

PTID: _____

Date of Meningococcal vaccination: _____

Post Vaccination Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Date (dd/MMM/yyyy)								
Solicited systemic reactions								
Axillary temp (°C)								
Temperature severity grade								
Irritability								
Drowsiness/Lethargy								
Decrease Eating/Anorexia								
Vomiting								

Enter the severity grade for each solicited systemic reaction based on the following grading scale:

Systemic (Subjective)	Mild (Grade 1)	Moderate (Grade 2)	Severe (Grade 3)	Potentially Life-Threatening (Grade 4)
Irritability	Causes no or minimal interference with usual social & functional activities with no intervention indicated	Causes greater than minimal interference with usual social & functional activities with intervention indicated	Causes inability to perform usual social & functional activities with intervention or hospitalization indicated	Inability to perform basic self-care function AND hospitalization indicated
Drowsiness/ Lethargy				
Decrease Eating/Anorexia				
Vomiting	Transient or intermittent AND no or minimal interference with oral intake	Frequent episodes with no or mild dehydration	Persistent vomiting resulting in orthostatic hypotension OR aggressive rehydration indicated (e.g., IV fluids)	Life-threatening consequences (e.g., hypotensive shock)
Fever (Axillary)	38.0 to <38.6°C	≥38.6 to <39.3°C	≥39.3°C to <40.0°C	≥40.0°C

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Meningococcal vaccine injection site: Right anterolateral aspect of the thigh
(Location of local assessment) Left anterolateral aspect of the thigh

Solicited local reactions (meningococcal vaccination site only)								
Post Vaccination Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Is a vaccine-related erythema or induration visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erythema/redness largest diameter (cm)								
Erythema/redness % surface area								
Erythema/redness Severity grade								
Induration/swelling largest diameter (cm)								
Induration/swelling % surface area								
Induration/swelling severity grade								
Pain/tenderness severity grade								

Enter the severity grade for each solicited local reaction based on the following grading scale:

Local Reaction	Mild (Grade 1)	Moderate (Grade 2)	Severe (Grade 3)	Potentially Life-Threatening (Grade 4)
Pain/tenderness	Causes no or minimal limitation of use of limb	Causes greater than minimal limitation of use of limb	Inability to perform usual social & functional activities with the limb	Inability to perform basic self-care function OR hospitalization indicated
Swelling/induration	≤2.5 cm in diameter	>2.5 cm in diameter with <50% surface area of the extremity segment involved (e.g., thigh)	≥50% surface area of the extremity segment involved (e.g., thigh) OR ulceration OR secondary infection OR phlebitis OR sterile abscess OR drainage	Potentially life-threatening consequences (e.g., abscess, exfoliative dermatitis, necrosis involving dermis or deeper tissue)
Erythema/Redness	≤2.5 cm in diameter	>2.5 cm in diameter with <50% surface area of the extremity segment involved (e.g., thigh)	≥50% surface area of the extremity segment involved (e.g., thigh)	Potentially life-threatening consequences (e.g., abscess, exfoliative dermatitis, necrosis involving dermis or deeper tissue)

Comments on solicited local and systemic reactions: _____