## Report

# Cluster of two deaths and hospitalisations following vaccination with Measles and JE on October 8, 2014 from District Fatehpur, Uttar Pradesh

#### 1. Introduction

Newspapers reported two deaths and some hospitalizations following measles and JE vaccinations in district Fatehpur, Uttar Pradesh on 08<sup>th</sup> October 2014. FIRs of the two death cases were received at the Immunization Division, MOHFW on 11<sup>th</sup> October 2014. The same day, the Immunization Division requested that a team may investigate the cluster as soon as possible. Dr Panna Choudhury (Member, National AEFI Committee and Indian Academy of Paediatrics), Dr Jyoti Joshi Jain, Senior Advisor – AEFI and Dr Deepak Polpakara, Programme Manager – AEFI, Immunization Technical Support Unit (ITSU)-MOHFW visited Fatehpur and investigated the cluster on 14 October 2014.

### 2. Activities undertaken

The list of people met, places visited and activities conducted is given below:

Places visited	People met / interviewed	Activities
CMO Office	DIO;	Briefing by DIO, Fatehpur, UP on the initial
	CMO;	findings of the investigation conducted by the
	MOIC PHC, AS	district and state officials. List of beneficiaries
	ANM, Sub centre, Village M	obtained, clarifications sought on the number
		of reported AEFIs and sequence of events
		before, during and after the immunization
		session related to the reported cluster.
District Hospital	CMS	Details of admissions, clinical history, treatment
	Senior Paediatrician	and discharge of cases related to the cluster.
	Senior Paediatrician	Collected clinical records of admitted patients.
	EMO on duty	Obtained opinion of the doctors regarding
		diagnosis.
Village M	Parents of Child A (hospitalized, outcome- death), Child M (not hospitalized, outcome- death), Child M (hospitalised, discharged, healthy), relatives of Child AM (hospitalized for observation, discharged, healthy), Child SN (hospitalized for observation, discharged,	Sequence of events following vaccinations, clinical, personal, family history, health seeking behaviour, community investigation, current health status of more affected cases, etc.
	healthy)	
PHC AS (last cold	MOIC PHC AS	Inspection of ILR and DFs, temperature records,
chain point from		vaccine and logistics and daily issue register,
where vaccines		microplan, AVD plan, vials and ampoules of
were distributed		measles, JE vaccine and diluents used in
for the session)		session, etc.

## 3. Findings

A cluster of two AEFI deaths following measles and JE vaccination and 20 hospitalizations were reported in the media from Village M, Sub centre M, PHC AS, District Fatehpur, Uttar Pradesh on 8<sup>th</sup> October 2014. FIRs of the two death cases were received at the Immunization Division, MOHFW on 11<sup>th</sup> October 2014. In the following days, more FIRs, PIRs and hospital records, etc. and preliminary post mortem reports of the two death cases were received from the district.

Two villages – M and R– fall under PHC AS, District Fatehpur. Two separate immunization sessions was held in the two villages on 8<sup>th</sup> October 2014 conducted by two different ANMs.

The session of Village M was held at the Anganwari Centre. 14 children and some pregnant women were vaccinated. Of these 14, two boys and a girl fell ill within 12 hours of vaccination. One boy died at home without hospitalization (did not seek medical help). Another boy died in hospital. The girl was hospitalized, recovered and discharged. All three were from Village M. Due to these deaths and hospitalization, there was a lot of community concern. A state highway was blocked. District and block level administrative and health officials intervened. The next morning, ambulances took twelve children from Village M with fever or other symptoms to the District Hospital for observation and any treatment if needed. Four of these 12 hospitalized had not been vaccinated but were ill and were admitted. All were discharged by evening same day. FIR has been filled for the children who fell ill and died or hospitalized and recovered and for 8 others who had received the vaccine, suffered from mild effects, were hospitalized for observation and discharged after a few hours. Three of the 14 children vaccinated the same day did not have any side effects and were not hospitalized.

In the session of Village R, seven children were vaccinated that day. None had any serious AEFI. All were hospitalized for observation and discharged the same day. FIRs were filled for these seven cases.

In all 18 cases were reported for investigation. Details are given in Annexure 2.

#### **INDIVIDUAL CASE HISTORIES**

A) Case History – Child A, 10 months, male. Hospitalised, died.

## History of present illness (source-mother of Child A) -

Child A was healthy and playing actively on  $08^{th}$  October 2014 morning. In the afternoon at 1:30 pm, he was vaccinated. Child A then slept for 1 and ½ hours when he started having high grade fever, shivering ('kampkapi' of entire body), vomiting and diarrhoea. High grade fever and diarrhoea continued since then throughout the night. The mother gave ¼ tablet of paracetamol, which was vomited and did not help. There were 7-8 episodes of vomiting which finally stopped in the evening by about 7:00 – 7:30 pm. Diarrhoea was initially yellowish then turned watery. The child was breastfed once (which he promptly vomited) since the fever, loose motions and vomiting started and till he died.

By around 7:00-7:30 pm, the child lost consciousness. The mother specifically stated that the child was unconscious, because he did not respond to pinching. They panicked and called the ANM who arranged for an ambulance to take the child to District Hospital Fatehpur, which is about an hours' travel by road from the village. The child was admitted to the Hospital at 10:30 pm and treatment in

the form of drips was started (IV fluids, Inj. Cefotaxime, Inj. Metrogyl, Inj. PCM, Inj. Diazepam). At around 12:30 am, the child had a fit ('daure padna'). The doctor ordered Inj. Epsolin, Inj. PCM with cold sponging to prevent further fits.

Following this, the relatives asked for a voluntary discharge to take the child for better treatment elsewhere. According to the mother, the child's lips had by then started turning blue. He was then taken to two private paediatricians in Fatehpur. The child was declared dead at around 2:00-2:30 am.

## Past Medical History: Insignificant.

There has been no significant history of illness except for boils in the head which were incised using blades with dressing (no drainage). The child is not expected to be malnourished or underweight as described by the mother and other relatives. The weight at birth and at the time of vaccination could not be ascertained.

**Family history / Socio-economic status**- The child has an elder brother who is 3 years old and is healthy. Family belongs to the lower economic status.

3.2 **Post mortem report** – Post mortem done on 09<sup>th</sup> October 2014. Height – 70 cms, weight – 8 kg. Average build. No external injuries. Mouth and eyes partially opened. Membranes and brain congested. Pleura, both lungs congested. Right side of heart full. Stomach- about 20 ml of liquid material present. Small intestine empty, Large intestine partially filled with faecal matter. Both kidneys, liver and spleen congested. Gall bladder full.

Cause of death: Could not be ascertained. Viscera is being preserved for chemical analysis.

- 3.3 **Vaccines used for immunization** Measles and JE (as per tally sheet). ANM also says that the child received Measles and JE vaccines.
- B) Child M, 10 months, Male. Not hospitalised. Died without seeking and receiving treatment.

## <u>History of present illness (source- mother of Child M) –</u>

According to mother, Child M was vaccinated at around 2:00 pm on 08<sup>th</sup> October 2014. He was apparently healthy before the vaccination. After around 15 minutes of the injection, he started vomiting (2-3 episodes in all) and had diarrhoea. She said there was no fever or shivering or fits. After the initial 2-3 episodes, vomiting stopped. She gave the child a biscuit and breast milk which the child vomited. She did not seek any treatment throughout the day and entire night as she was alone in the house and her father-in-law and husband were in the fields the whole night and returned the next morning at 5:00 am. Till then the diarrhoea continued. The child stopped passing urine in the night. At 5:30 am, the child died when he was being taken to the hospital for treatment. The mother alleges that she was not given even the paracetamol tablet for fever which is usually given to parents after the vaccination.

Past Medical History: Insignificant.

**Past history** - The child was apparently healthy at the time of vaccination and the mother claimed that he was not malnourished or underweight. This could not be ascertained due to non-availability of records.

**Family history / Socio-economic status** - The family is very poor, consisting of the child, his mother and father and grandfather. The child was the first born in the family. Even though the house is surrounded by other houses in the middle of the village, and the child was sick, the mother had not been able to seek help either from the neighbours or from the ASHA or the Anganwari who live close by.

**3.2 Post mortem report** – Post mortem done on 09<sup>th</sup> October 2014. Height – 60 cms, weight – 9 kg. Average build. No external injuries. Membranes and brain congested. Pleura, both lungs congested. Right side of heart full. Stomach- about 20 ml of yellow fluid present. Small intestine empty, Large intestine partially filled with faecal matter. Both kidneys, liver and spleen congested. Gall bladder full. Bladder half filled.

Cause of death: Could not be ascertained. Hence viscera is being preserved for chemical analysis.

- 3.3 **Vaccines used for immunization** Measles and JE (as per tally sheet). ANM also says that Mukesh received both Measles and JE vaccines.
- C) Child P, 10 months, Female. Hospitalised, recovered.

#### History of present illness (source-father of Child P)

According to the father, Child P did not have any complaints at the time of vaccination at around 1:30 pm on 08<sup>th</sup> October. He categorically states that the child received only one injection on the right arm and not two injections. The child started having fever, vomiting and diarrhoea two hours after receiving the vaccination. After a quarter tablet of PCM, the vomiting stopped but the diarrheoa continued. The child was admitted to the District Hospital at around mid-night.

## From bed head ticket notes -

On examination – General condition – low, increased temperature, Pulse-100/min., RR-22/min., CVS, CNS- NAD (paediatric reference, prognosis explained). Treatment prescribed- IV fluids, Inj. Gentamycin, Inj. Metrogyl, Inj. Aciloc, Inj. PCM.

At 1:15 am, the family Left Against Medical Advice, took her to another doctor (Dr. UM) and then to Dr RP who treated the child at 7:00 AM. He has prescribed ceftriaxone, aspirin, paracetamol, pseudoephedrine, racecadotril, ORS with probiotics and nebulization with levobuterol and budenoside. An injection was given, nebulization was done and he recommended some tests. The child recovered after this as the diarrhoea stopped and the fever was gone.

The child was readmitted on  $09^{th}$  October at 4:00-4:30 pm in the District Hospital. On examination, temperature was 99 degrees. Treatment given was IV fluids, Inj. PCM, Inj. Ceftriaxone, Inj. Amikacin, Inj. Perinorm, Inj. Aciloc. The next day ( $10^{th}$  October), Inj. Dexa was added. On examination temperature was raised. Test results show Hb-8.2 gm%, Malaria parasite negative, Widal test

negative, platelets – 1.2 lacs. The child was normal by evening and discharged in the morning the next day  $(11^{th} \text{ October})$ .

Past Medical History- Insignificant.

**Past history -** The child was apparently healthy at the time of vaccination. It was not malnourished or underweight.

**Family history/ Socioeconomic status** - The family is middle income. This is the first child of the couple. No previous history of any illness.

**Vaccines used for immunization**-Measles and JE (as per tally sheet). Only one vaccine (injection) given as per father. ANM also says only one vaccine given as requested by the parents.

## D) Child AM, 10 months, Male. No symptoms except fever. Hospitalised for observation, discharged.

#### History of present illness (source – from FIR and bed head ticket notes)

Child AM was apparently healthy on morning of 08<sup>th</sup> October. He received vaccination/s at 1:20 PM on 08<sup>th</sup> October. He had fever on morning of 09<sup>th</sup> October at 4:00 AM. **No other symptoms.** He was taken in an ambulance and admitted at 10:00 am in the District Hospital for observation as he was one of the recipients of vaccines on 08<sup>th</sup> October and two children who received vaccinations on that day had died.

#### From bed head ticket notes -

On examination – General condition – normal, increased temperature, Pulse-100/min., RR-20/min., CVS, CNS- NAD. Treatment prescribed- Syp. PCM, Syp. Cefadrox. Discharged in the evening the same day.

Past Medical History- Unknown

**Vaccines used for immunization**-Measles and JE (as per tally sheet). Only one vaccine (injection) given as per parents when contacted on telephone. ANM also says only one vaccine given.

## 3.4 Epidemiological investigation of other children

The rest of the 14 infants were found to be healthy with only a couple presenting with swelling at the site of injection. While interacting with parents of some of the children who had received more than one injectable vaccine as per the session tally sheet, it was revealed that the ANM was giving only one of the injectable vaccine but marking that both injectable vaccines were given in the tally sheet.

### 3.5 Observations of injection safety and cold chain management

At the PHC, the cold chain was found to be of good quality with proper storage practices and maintenance of stock registers. Adequate syringes were present. Vaccines were sent through Alternate vaccine delivery mechanism from PHC AS to Additional PHC BH which is about 3-4 kms from village M. The ANM would pick up the vaccine carrier from there at around 10:00-10:30 am and return it by 3:30 – 4:00 pm.

The date and time of reconstitution on the Measles and JE vaccines used in the session was 08<sup>th</sup> October and 11:30 and 11:35 am respectively.

During interaction with the ASHA of the village, Ms. B, it was apparent that the ANM had conducted two sessions on 08<sup>th</sup> October. The first one was the originally planned one at Anganwari Centre K where she was sitting for about one-two hours and the second one at Anganwari Centre S which she conducted post 1:00 pm approximately. The session at Centre S was missed due to SNIDs on 18<sup>th</sup> September. The same vaccine carrier with same reconstituted vials was used in both sessions.

The ANM revealed that she would keep the frequently used vaccine vials (DPT, OPV, Hep B) outside on the ice pack while the less commonly used vials such as Measles and JE were kept inside the vaccine carrier and taken out whenever needed.

#### Interview with ANM KS

On October 08<sup>th</sup>, 18 sessions were to be held in the area under PHC AS as per the microplan. One of the sessions was at Anganwari Centre K in village M. As per the due list and the requirement of vaccines and syringes, a vaccine carrier with 1 vial each of Measles (with one diluent), JE (with one diluent), DPT, OPV, BCG (with one diluent), Hepatitis B vaccines and 30 0.5 ml AD syringes, 10 0.1 ml AD syringes and 3 reconstitution syringes (5 ml) were supplied through AVD to PHC BH from PHC AS. The ANM, Ms KS picked up the vaccine carrier from PHC BH at around 10:00 AM and reached AWC K in village M at around 11:00 AM. She got ASHA B to mobilise the children and pregnant women as per the due list and started vaccinations around 11:30 am.

According to ANM KS, she filled the details of the beneficiaries in the session tally sheet (Annexure 1) in the same sequence as the children and pregnant women got vaccinated. She claims to record some more details separately in her diary (Annexure 2). As per the tally sheet, the first child to arrive received DPT, HEP B and OPV. The second child to arrive was Child P who was to receive Measles 1<sup>st</sup> dose and JE 1<sup>st</sup> dose. She reconstituted Measles vaccine at 11:30 am and JE vaccine at 11:34 am. In the interview, the ANM said that she administered Measles vaccine to Child P but did not administer JE vaccine to her as her parents did not want the child to receive two vaccines on the same day. But ANM KS recorded in the session tally sheet that she gave both Measles and JE vaccines to Child P. This is corroborated by P's parents too that she received only one injection. Following this, she vaccinated some more children and pregnant women with DPT, TT, BCG, Hep B and OPV. Then Child M (10 m/M) arrived to receive Measles and JE vaccines probably around 12:30 pm. She administered both vaccines and sent him home.

At around 12:30 pm, KS claims to have moved to another session site at AWC, S in the interior of the village where some more children to be vaccinated. One of them was Child AM (9m/M) who was to receive Measles and JE vaccines but was administered only Measles vaccine by the ANM as the mother did not want her child to get both vaccines on the same day. In this case too, the ANM recorded that the child received both Measles and JE vaccines. The last to receive vaccines on that day was child A (9m/M) who received both Measles and JE vaccines. According to the ANM, this was just before 1:30 pm when she was returning from the second session site to AWC, K and passed in front of the first session site. She administered the JE vaccine as two hours had not passed since the vial was reconstituted. She stayed in the village for about an hour or hour and a half at the AWC, K till 3:00 pm and then left with the vaccine carrier to PHC BH to drop the vaccine carrier by 4:00 pm when this vaccine carrier alongwith other vaccine carriers would be taken back to PHC AS.

The ANM also said that she kept vaccines in the vaccine carrier in the zipper bag all the time and would take them out as per requirement. When a lot of beneficiaries came for a particular vaccine, she would take an ice pack out and place the vaccine vial on the ice pack. The measles and JE vaccines were mostly kept in the vaccine carrier as there were only 2-4 beneficiaries for them.

#### Other information

Due to the deaths of two children and hospitalization of another, there was panic in the village. The road was blocked. A lot of administrative and health officials intervened. Ambulances took 16 children who had fever or other symptoms from Village M and neighbouring villageR to the District Hospital for observation and any treatment if needed (Annexure 3 – List of cases vaccinated and hospitalised cases). Of the 16, seven were from Village R and 11 from Village M. All were fine except a few with fever. Some of them did not receive any vaccine but were ill and were still admitted. All were discharged by evening same day.

#### Discussion

- 1. In Village M, the ANM conducted two sessions on the same day using the same vaccine carrier and vaccines for both sessions. The distance from one session site to the other is about a kilometre.
- 2. Both measles and JE vaccines were reconstituted at 11:30 11:35 am.
- 3. Three children (Child A, Child M and Child P) suffered from high grade fever, vomiting and diarrheoa and all three needed hospitalization and treatment. They were three of the four children who received Measles and JE vaccines on that day as per the tally sheet.
- 4. As per the tally sheet, another child AM also received Measles and JE vaccine, but nothing happened to him.
- 5. All other children who received vaccines other than Measles and JE on that day were fine.
- 6. Cold chain and vaccine safety could have been compromised as the reconstituted vials were kept inside the vaccine carrier and taken out whenever needed.
- 7. On checking the vials, it was found that JE vaccine
- 8. As per parents of Child P, A, M and AM, their children were vaccinated after 1:00 pm on that day.
- 9. The ANM stated that she administered only one vaccine (at the request of parents who did not want more than one injectable vaccine to be administered on the same day), but showed that two vaccines were given.
- 10. The ANM claims that of the four children some received both JE and Measles injections and some received only Measles (refer to ANM's diary note Annexure 2). It is not conclusively clear who received which injection and when as some of the mothers / respondents do not have watches/mobiles and may be speculating. In case of Child P, the parents claim that she was vaccinated at around 2 2:30 pm, whereas she is 2<sup>nd</sup> in the list of beneficiaries and should have been vaccinated at around 11:40 am. Child A, who died first was the last to receive the vaccines on that session day as per the tally sheet. M who also died, received the vaccines at around 1:00 pm before AM. But nothing happened to AM who may have received the injection/s at around the same time but a little later.
- 11. The symptoms are suggestive of Toxic Shock Syndrome (diarrhoea, vomiting and high grade fever, rapid onset) with poor cold chain and vaccine safety practices, it could be concluded

that the AEFIs occurred due to programme error. However, it is difficult to say which vaccine could have caused the Toxic Shock Syndrome. It is also difficult to say conclusively which child received only measles vaccine and who received both measles and JE vaccines.

	Child A	Child M	Child P	Child AM
Sequence of receiving	Last (No.22 on tally sheet)	Second	First	Third (no. 17 in
vaccines as per tally		(No. 9 in	(no.2	tally sheet)
sheet		tally	in tally	
		sheet)	sheet)	
Time of receiving	1:30 pm	2:00 pm	1:30	1:20 pm
vaccines as per parents			pm	
Time of receiving	1:30 pm	12:30 pm	11:45	1:00 pm
vaccines as per ANM			am	
and tally sheet				
No. of injections as per	One	One but	One.	One. Sure.
parents		cannot be	Very	
		sure	sure.	
Vaccines given as per	His name is written twice –	Measles	Measle	Name not in the
ANM	Against one "No JE" is	and JE	s only.	diary. Probably
	written and against	both.		only Measles.
	another "yes' is written.			

## **List of documents:**

Annexure 1 – List of children who received vaccines/were hospitalised from Village M and R on October  $08^{th}$  and  $09^{th}$  2014

No.	Name	Se x	Village where session held	Vaccine received as per due list	Age	Time of Vaccinati on (08th October)	Date and time of onset of symptoms	Date of hospita lization	Time of admi ssion	Symptoms	Outc ome	Date and time of death	Date of discharg e	Clinical diagnosis	
												09-10-		Diarrheoa, vomiting, dehydration with	
							08-10-2014;	08-10-		Fever, vomiting, loose		2014,		pyrexia with	
1	Α	М	M	Measles, JE	10 m	13:30	18:00	2014	22:45	motions	Death	01:00		convulsions	
				,								09-10-			
							08-10-2014,			Fever, vomiting, loose		2014,			
2	М	М	М	Measles, JE	10 m	13:00	19:00			motions	Death	05:00			
							08-10-2014,	09-10-		Fever, loose motions,	Recove		11-10-	Acute diarrhoea with	
3	Р	F	M	Measles, JE	10 m	12:00	10:00	2014	00:30	vomiting	red	NA	2014	dehydration	
							09-10-2014,	09-10-			Dischar		09-10-		
4	AM	М	M	Measles, JE	10 m	13:20	04:00	2014	10:00	Fever	ged	NA	2014		
_		_		DPT, Hep-B,	F										
5	LK	F	M	OPV	5 m		Vaccinated in session but no symptoms, were not hospitalised so no FIR								
6	НА	М	М	DPT, Hep-B, OPV	8 m										
0	TIA	IVI	IVI	OFV	0 111		09-10-2014,	09-10-			Dischar		09-10-		
7	PR	F	М	DPT, OPV	5 m	12:20	04:00	2014	10:01	Fever, pain at injection site	ged	NA	2014		
				BCG, DPT,	J	12.20	09-10-2014,	09-10-	10.01	. ever, pain at injection one	Dischar		09-10-		
8	JU	F	M	Hep B, OPV	2 m	12:25	05:00	2014	11:25	Fever	ged	NA	2014		
										H/o loose motions two					
										days prior to vaccination-					
				DPT, Hep B,	1.5			09-10-		under treatment. No	Dischar		09-10-		
9	SH	М	M	OPV	m	12:30	Not available	2014	11:20	symptoms now.	ged	NA	2014		
4.0	65			DPT, Hep B,	_			., .					_		
10	SE	М	M	OPV	7 m		00.40.2044		iated in ses	sion but no symptoms, were no		sed so no FI			
11	ко	F	M	DPT, Hep B, OPV	6 m	12:50	09-10-2014, 05:00	09-10- 2014	12:00	Fever, pain at injection site	Dischar ged	NA	09-10- 2014		
11	NO.	-	IVI	DPT, Hep B,	1.5	12.30	08-10-2014,	09-10-	12.00	r ever, pain at injection site	Dischar	IVA	09-10-		
12	SA	М	М	OPV	m	13:10	23:00	2014	11:48	Fever, pain at injection site	ged	NA	2014		
<del></del>				DPT, Hep B,		3	09-10-2014,	09-10-		Fever, pain at injection	Dischar		09-10-		
13	GE	F	М	OPV OPV	3 m	13:15	05:00	2014	11:50	site, vomiting	ged	NA	2014		
				DPT, Hep B,			09-10-2014,	09-10-		<u> </u>	Dischar		09-10-		
14	BU	F	М	OPV	2 m	13:25	04:00	2014	11:59	Fever, pain at injection site	ged	NA	2014		
				DPT, Hep B,			09-10-2014,	09-10-			Dischar	_	09-10-		
15	DE	М	R	OPV	10 m	11:45	03:00	2014	15:40	Fever, allergic rash	ged	NA	2014		
		_	Village	Vaccine		Time of	Date and	Date of	Time of		_	Date			
l	l	Se	where	received as	١.	Vaccination	time of onset	hospitaliz	admissi		Outco	and	Date of	0	
No.	Name	Х	session	per due list	Age	(08th	of symptoms	ation	on	Symptoms	me	time of	discharge	Clinical diagnosis	

			held			October)						death		
				DPT, Hep B,			09-10-2014,	09-10-			Dischar		09-10-	
16	A/M	М	R	OPV	4 m	11:15	05:00	2014	15:10	Fever	ged	NA	2014	
				DPT, Hep B,	2.5		08-10-2014,	09-10-		Fever, vomiting (3-4	Dischar		09-10-	
17	Al	М	R	OPV	m	12:10	21:00	2014	14:20	episodes)	ged	NA	2014	
				DPT, Hep B,			09-10-2014,	09-10-			Dischar		09-10-	
18	AS	М	R	OPV	3 m	12:25	04:00	2014	14:55	Fever	ged		2014	
							09-10-2014,	09-10-			Dischar		09-10-	
19	AH	М	R	Measles, JE	9 m	12:35	05:00	2014	15:50	Fever, pain at injection site	ged		2014	
				DPT, Hep B,			09-10-2014,	09-10-			Dischar		09-10-	
20	SH	М	R	OPV	4 m	12:40	04:00	2014	14:00	Fever, pain at injection site	ged		2014	
					1		09-10-2014,	09-10-			Dischar		09-10-	
21	SU	М	R	Measles, JE	year	13:00	06:00	2014	14:10	Fever, pain at injection site	ged		2014	
				Not	3.5			09-10-	11:52		Dischar		09-10-	
22	PA	F	M	vaccinated	m		NA	2014	AM	Fever	ged		2014	
				Not	9.5			09-10-	9:55		Dischar		09-10-	
23	AD	М	M	vaccinated	m		NA	2014	AM	Fever	ged		2014	
				Not				09-10-	11:56		Dischar		09-10-	
24	S	F	M	vaccinated	3 m		NA	2014	AM	Fever	ged		2014	
				Not				09-10-	12:00		Dischar		09-10-	
25	SO	М	M	vaccinated	6 m		NA	2014	PM	Fever	ged		2014	