

# WAVSS/AEFI-CAN Online Registry Reporter Guide

**Note:** Online reporting can be used by the general public and health

professionals.

# **Steps**

## Create an account

1. Click on the *Register* link.

nical Assessment Network		AEFI-C	AN /
ut   Register   Login   VIC   WA	TAS   ACT   NT   SA   NSW   QLD	)	
<b>^</b>			
EFI-CAN: A national vac	cine safety collaboration		
elcome to the Adverse Events Follow etwork (AEFI-CAN) database for report	ing Immunisation - Clinical Assessme ing of adverse events and clinical visits.	nt	
EFI-CAN is a formal collaboration betwe inics and includes representatives from ur co-ordinated vaccine safety efforts a ealth, Canberra.	een state and territory-based vaccine saf 1 the Therapeutic Goods Administration 1re funded by AusVaxSafety via the Depa	fety (TGA). artment	Ala Queensland QCH
S & HAGONAL HELWOIK, ALLECAN WOIKS (	onaboratively to chinearly assess and me	anage	л Л 4 Минески ЈНСН
dividual patients following serious or u mmunisation. AEFI-CAN bridges the imp seessment and management. As such, utcomes and support investigation of p ay. he AEFI reporting portal is currently on ou are from one of the other regions pl ethods, as indicated below.	Inexpected adverse events following sortant link between surveillance and clin AEFI-CAN can assist in determining patie sossible safety signals in a real-time inte ly live in Victoria and Western Australia ease continue to report AEFI via your ex Reporting Service	nical ent grated a. If isting	Victoria
dividual patients following serious or u mmunisation. AEFI-CAN bridges the imp sessment and management. As such, utcomes and support investigation of p ay. he AEFI reporting portal is currently on ou are from one of the other regions pl ethods, as indicated below. State Australian Capital Territory	Inexpected adverse events following bortant link between surveillance and clin AEFI-CAN can assist in determining patie bossible safety signals in a real-time inte ly live in Victoria and Western Australi: ease continue to report AEFI via your ex Reporting Service ACT Health Department	nical ent egrated a. If iisting Phone 02 6205 2300	Website www.health.act.gov.au
dividual patients following serious or u mmunisation. AEFI-CAN bridges the imp sessment and management. As such, aucomes and support investigation of p ay. he AEFI reporting portal is currently on bu are from one of the other regions pl ethods, as indicated below. State Australian Capital Territory New South Wales	Inexpected adverse events following bortant link between surveillance and clin AEFI-CAN can assist in determining patie bossible safety signals in a real-time inte ly live in Victoria and Western Australi ease continue to report AEFI via your ex Reporting Service ACT Health Department Local Public Health Unit	nical ent :grated a. If isting Phone 02 6205 2300 1300 066 055	Website           www.health.act.gov.au           www.health.nsw.gov.au
dividual patients following serious or u mmunisation. AEFI-CAN bridges the imp seessment and management. As such, itcomes and support investigation of p ay. he AEFI reporting portal is currently on ou are from one of the other regions pl ethods, as indicated below. State Australian Capital Territory New South Wales Northern Territory	Inexpected adverse events following bortant link between surveillance and clin AEFI-CAN can assist in determining patie bossible safety signals in a real-time inte ly live in Victoria and Western Australia ease continue to report AEFI via your ex Reporting Service ACT Health Department Local Public Health Unit NT Department of Health	nical ent :grated a. If isting 02 6205 2300 1 300 066 055 08 8922 8044	Website         www.health.act.gov.au         www.health.nsw.gov.au         NT AEFI form
dividual patients following serious or u munisation. AEFI-CAN bridges the imp seessment and management. As such, utcomes and support investigation of p ay. he AEFI reporting portal is currently on ou are from one of the other regions pl ethods, as indicated below. State Australian Capital Territory New South Wales Northern Territory Queensland	Inexpected adverse events following bortant link between surveillance and clin AEFI-CAN can assist in determining patie bossible safety signals in a real-time inte ly live in Victoria and Western Australi ease continue to report AEFI via your ex ACT Health Department Local Public Health Unit NT Department of Health Queensland Health	nical ent egrated a. If iisting 02 6205 2300 1 300 066 055 08 8922 8044 07 3328 9888	Website           www.health.act.gov.au           NT_AEFI form           www.health.gld.gov.au
dividual patients following serious or u mmunisation. AEFI-CAN bridges the imp sessment and management. As such, aucomes and support investigation of p ay. The AEFI reporting portal is currently on bu are from one of the other regions pl ethods, as indicated below. State Australian Capital Territory New South Wales Northern Territory Queensland South Australia	Inexpected adverse events following bortant link between surveillance and clin AEFI-CAN can assist in determining patie bossible safety signals in a real-time inte ly live in Victoria and Western Australia ease continue to report AEFI via your ex ACT Health Department Local Public Health Unit NT Department of Health Queensland Health SA Department of Health	nical ent grated a. If isting 02 6205 2300 1300 066 055 08 8922 8044 07 3328 9888 1300 232 272	Website         www.health.act.gov.au         Www.health.nsw.gov.au         NT_AEFI form         www.health.gld.gov.au         www.sahealth.sa.gov.au

1.1 Enter your details and click on the *Register* button to save and submit. Please use your registered work email address.

A generic account can be created for use by all members within your

clinic/department. For generic accounts central emails should be used, for example

nurse@smartclinic.com.au or imm@dogsbayhealth.com





ut   Register   Login	VIC   WA   TAS   ACT   NT   SA   NSV	W   QLD
egister		
New Users		Existing Users
Email: *		Email: *
Password: *		Password: *
	Your password must be at least 8 characters long, with no spaces, and contain at least one letter (a-z) and one number (0-9)	Forgotten password?
Confirm password: *		Logi
First Name: *	🗸	
Surname: *		Adverse event reporting can only be done via this website if the vacc was administered in Victoria or Western Australia (reports will be follo
Type of Reporter: *	Select 🗸	up as usual by SAEFVIC or WAVSS respectively).
	Other:	If the vaccine was administered by a provider in ACT, NSW, NT, QLD, S TAS you must continue to report using your existing methods.
Organisation: *		
Address: *		
		children's SAEFVIC
Suburb: *	Select	M C R I institute
Suburb: * State: *		
Suburb: * State: * Postcode: *		
Suburb: * State: * Postcode: * Phone: *	Select V	C AusVax Safety

It is essential to select the correct state from the drop down menu to ensure your reports go to the correct jurisdiction. Mistakes are easily made so be sure to check before hitting the *Register* button.

Your password must contain the following: at least 8 characters including at least one number and one letter and no spaces.





 $\mathbf{J}$ 

# Start reporting

2.1 Login using your newly created password.

	porting <sup>vork</sup>	
About   Register   Logi	n   VIC   WA   TAS   ACT   NT   SA	NSW   QLD
Login		
Email: * Password: *	Eorgotten password?	<ol> <li>Register and set up your reporting account via the Register tab. This will only take a few minutes and your details we be saved and auto-populated into the reporter field each time you submit a new report.</li> <li>Log in to your account.</li> <li>Click on the Report Adverse Event tab and start reporting. Click on the Save and Next&gt; button to proceed through the report and then click Submit to complete.</li> <li>Consent must be sought for reporting and follow-up, unless it is impracticable (patient is deceased, not contactable, incapable or incompetent).</li> </ol>

2.2 At your first log-in check that your correct sate/territory shows. If it doesn't, you have accidentally selected the wrong one during registration. Please contact 1300 882 924 - option 1 to change your account details.

Instructions	Download Reporter Guide Report an Adverse Eve
Welcome to Adverse Events Following Immunisation - Clinical Asses visits. Adverse event reporting can only be done via this website if t by SAEFVIC or WAVSS respectively). Please note this is the same syst	sment Network (AEFI-CAN) database for reporting of adverse events and clinica the vaccine was administered in Victoria or Western Australia (reports followed tem as previously used by adverse event reporters.
If the vaccine was administered by a provider in ACT, NSW, NT, QLD	, SA, TAS or WA you must continue to report using your existing methods.
What is an Adverse Event?	
Adverse Event Following Immunisation (AEFI) can be any unexpected be due to:	d or serious outcome that happens following administration of a vaccine. AEFI
<ul> <li>A problem with the vaccine</li> <li>A problem with the system delivering the vaccine (from vaccin</li> <li>Coincidence, ie. an event that would have happened if no imm</li> </ul>	ne distribution through to injection technique). munisation was given.
Who can report an AEFI?	
An AEFI can be reported by the patient, patient's guardian or immur GP, local Emergency Department, or call 000 if immediate assistance	nisation provider. Note that AEFI-CAN is not an emergency contact. Please see e is required.
What AEFI should be reported?	
Any event felt to be significant following immunisation should be re any vaccine reaction which has affected a family's confidence in futu	ported. You do not need to report common/minor/expected reactions, howeve are immunisation can and should be reported.
What happens following an AEFI report to AEFI-CAN?	
Where consent has been obtained, advice will be provided to the pat (Surveillance of Adverse Events Following Vaccination In the Commu required) if deemed appropriate.	tient and immunisation provider and/or reporter as appropriate by either SAEF inity). Expert clinical consultation at a participating hospital will be offered (re
(Surveniance of Adverse Events Following Vaccination in the Commu required) if deemed appropriate.	inity). Expert clinical consultation at a participating hospital will be offered (re



# 2.3 Create the report by clicking on the *Report Event* or *Report an Adverse Event* tabs.

Complete each page and click on the **Save and Next** > button to navigate through the report.

- Fields marked with \* are compulsory and must have data entered into them in order
- to proceed through the report.
- Hover mouse over each field for details of what is required.
- You must hit the **Save and Next >** button on the bottom right of each page to save
- your data before proceeding to the next page.

AEFI-CAN Reporting - (Western Au Clinical Assessment Network	ustralia)
Instructions   My Profile   Report Event   Search Reports   Ad	Iministration
<b>^</b>	
Instructions	Download Reporter Guide Report an Adverse Event
Welcome to Adverse Events Following Immunisation – Clinical A visits. Adverse event reporting can only be done via this websi by SAEFVIC or WAVSS respectively). Please note this is the same	assessment Network (AEFI-CAN) database for reporting of adverse events and clinical te if the vaccine was administered in Victoria or Western Australia (reports followed up e system as previously used by adverse event reporters.
If the vaccine was administered by a provider in ACT, NSW, NT,	QLD, SA, TAS or WA you must continue to report using your existing methods.
What is an Adverse Event?	
Adverse Event Following Immunisation (AEFI) can be any unexp be due to:	ected or serious outcome that happens following administration of a vaccine. AEFI may
<ul> <li>A problem with the vaccine</li> <li>A problem with the system delivering the vaccine (from v</li> <li>Coincidence, ie. an event that would have happened if no</li> </ul>	/accine distribution through to injection technique). 5 immunisation was given.
Who can report an AEFI?	
An AEFI can be reported by the patient, patient's guardian or in GP, local Emergency Department, or call 000 if immediate assis	nmunisation provider. Note that AEFI-CAN is not an emergency contact. Please see your itance is required.
What AEFI should be reported?	
Any event felt to be significant following immunisation should any vaccine reaction which has affected a family's confidence in	be reported. You do not need to report common/minor/expected reactions, however 1 future immunisation can and should be reported.
What happens following an AEFI report to AEFI-CA	N?
Where consent has been obtained, advice will be provided to th (Surveillance of Adverse Events Following Vaccination In the Co required) if deemed appropriate.	e patient and immunisation provider and/or reporter as appropriate by either SAEFVIC mmunity). Expert clinical consultation at a participating hospital will be offered (referral

#### 2.4 Complete the **Reporter Details** section

The account holder details are auto-populated each time you log-in. If you are using a group account and you are not the reporter whose details auto-populate then type in your details.

al Assessment Networ	orting - (Western Au	stralia) 🖌 🗼	avss /	Welcome, <u>Logo</u> u
tions   My Profile	Report Event   Search Reports   Adm	ninistration		
auton Datalla				
orter Details				
oorter Vaccinee Im	munisation Provider Vaccines Administe	ered Reaction and Treatment Su	ubmission	
eporter Details				
st Name: *	Dr 🔽 Billy	Organisation: *	Department of Health	×
	Bloggs	Address: *	227 Stubbs Tce	
name: *				
name: * oe of Professional: *	Doctor	Suburb: *	Shenton Park	
name: * pe of Professional: *	Other:	Suburb: *	Shenton Park WA	V
name: * pe of Professional: * porter Setting:	Doctor Other:	Suburb: * State: * Postcode: *	Shenton Park WA 6008	Y

#### 2.5 Complete Vaccinee Details.

If the reporter is also the vaccinee then click on the Same as Reporter Details button to

auto-populate this field (in some states vaccinees can report themselves).

Please include the vaccinee's contact number if follow up is required.

ictions   My	Profile	Report Event Sea	rch Reports   A	dministratio	1		
accinee I	Detail	s					
	V						
leporter Va	ccinee	Immunisation Provider	Vaccines Admini	stered Rea	ction and Treatment	Submission	
Vaccinee D	etails ((	Child or Adult)					
Same as Re	porter L	Details					
First Name: *		Dr 🔽 Billy			Medical History:		~
urname: *		Bloggs					$\overline{\mathbf{v}}$
irth Date:		3/06/2007		12	Medication History	r. [	
Gender: *		🖲 Male 🔿 Female	Neither 🔿 U	Inknown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Aedicare Nun	nber:						V
ATSI Status: *		Unknown		$\checkmark$	Immunisation Hist	ory:	^
							$\sim$
Address: *		227 Stubbs Tce			Parent / Guardian	Details:	
Suburb: *		Shenton Park			First Name:	🗸	
State: *		WA		~	Surname:		
ostcode: *		6008					
hone 1: *		Landline 🗸 (	08) 9388 4876				



#### 2.6 Complete Immunisation Provider Details.

If the provider is also the reporter, click on the **Same as Reporter Details** button to autopopulate this field.

ictions   My Profile	Report Event Sear	ch Reports   Administ	ration		
nmunisation P	rovider Detail	s			
	•				
Reporter Vaccinee I	mmunisation Provider	Vaccines Administered	Reaction and Treatment	Submission	
Same as Reporter D	etails Unk	nown	Vaccination Venue:		
Same as Reporter D	etails Unk	nown	Vaccination Venue:		
Same as Reporter D	GP Other:	nown	Vaccination Venue: Organisation:	Department of Health	
Same as Reporter D	GP Other:	nown	Vaccination Venue: Organisation: Address:	Department of Health	
Same as Reporter D Type of Provider: First Name:	GP Other: Dr V Kay	nown	Vaccination Venue: Organisation: Address: Suburb:	Department of Health SHENTON PARK	
Same as Reporter D Type of Provider: First Name: Surname:	GP Other: Dr V Kay Drop		Vaccination Venue: Organisation: Address: Suburb: State:	Department of Health SHENTON PARK WA	
Same as Reporter D Type of Provider: First Name: Surname: Type of Professional:	GP Other: Dr V Kay Drop Doctor		Vaccination Venue: Organisation: Address: Suburb: State: Postcode:	Department of Health SHENTON PARK WA 6008	
Same as Reporter D Type of Provider: First Name: Surname: Type of Professional:	GP Other: Dr V Kay Drop Doctor Other:		Vaccination Venue: Organisation: Address: Suburb: State: Postcode: Phone:	Department of Health SHENTON PARK WA G008 Landline V 08 9999 7899	

## 2.7 Complete the Vaccines Administered page

ines Administered Related to AEFI Intion Date: 21/08/2019 I Antenatal Vaccination Unknown Weeks of Cestation:	
Intes Administered Kelated to AEFI Internation Date: 21/06/2019 Internation Content Co	
Lation Date: 21/06/2019 Internation Antennatal Vaccination	
Unknown Weeks of Gestation:	
lation lime: D8 V : 13 V AM V hour min AM/PM	
Unknown	
ne * Dose No * Batch No (if known) Injection Site	
ix hexa 🗸 4	
ect V	
ect 🔽 Select 🔽	
ect V Select V	
ect V Select V	
ect         V         Select         V           ect         V         Select         V           ect         V         Select         V	
act V Select V	- - -



#### 2.8 Complete the **Reaction and Treatment** page.

Include as much relevant information as possible including timing, injection site, treatment and outcome.

For vaccine/program errors please clearly record the details of the error in the Reaction box even if there was no reaction. Also record if you the vaccinee has been advised of the error and what clinical advice they have received.

uctions   My Profile   Report Event   Search Report	ts Administration		
eaction and Treatment			
Reporter Vaccinee Immunisation Provider Vaccines	Administered Reaction and Treatm	ent Submission	
Reaction			
Time elapsed between the administration of the vacci and onset of the symptoms:	ne D V D V 1 mins hours da	v 0 v weeks	Unknown
Detailed description of the reaction including timing o	of events: *		
Red swollen upper arm shoulder to elbow			
			· · · · · · · · · · · · · · · · · · ·
Treatment (tick one or more boxes)			
Treatment: O Known 🖲 Unknown *			
None or symptomatic (e.g. paracetemol) only	Hospital e	emergency at	
Helpline	Hospital a	dmission at	
Nurse assessment	# Days:	Unknown	
	Other:		
or assessment	L'other.		
Details: Call to much an all and more strengt for ania			
call to nurse on call and paracetamol for pain			~
			$\sim$
Outcome			
outcome			
low long did the symptoms last?			O Known
	mins nours da	lys weeks	Unknown but Ongoing
			0
Detailed description of the outcome: *			
Ongoing 2 days post vaccine			
			^
			$\sim$



2.9 Complete the **Consent** section and click the **Submit** button to register the report. NOTE: The patient cannot be followed up or contacted by your local surveillance service if consent is not obtained so always attempt to get consent. Be sure to include the vaccinee's contact number for follow up.

tructions       My Profile       Report Event       Search Reports       Administration         Submission         Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         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:       24/06/2019       Image: State	Image: Submission         Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         - Consent       - <td< th=""><th>Clinical Ass</th><th>essment Ne</th><th>twork</th><th>WesternAu</th><th>Strand)</th><th>WAV</th><th>ss //</th><th>Logo</th></td<>	Clinical Ass	essment Ne	twork	WesternAu	Strand)	WAV	ss //	Logo
Submission         Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         - Consent	Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         Consent	tructions	My Profile	Report Event   S	earch Reports   Admi	nistration			
Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         Consent	Reporter       Vaccinee       Immunisation Provider       Vaccines Administered       Reaction and Treatment       Submission         - Consent       -	Submis	sion				_		
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.  Full consent was obtained C consent to report but NOT to contact was obtained C consent is not required*/impracticable *only in those jurisdictions where reporting is mandatory	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: 24/06/2019         Image: Full consent was obtained       O consent to report but NOT to contact was obtained       O consent is not required*/impracticable         *only in those jurisdictions where reporting is mandatory       *only in those jurisdictions where reporting is mandatory	Reporter	Vaccinee	Immunisation Provide	r Vaccines Administer	ed Reaction and Treatment	: Submission	]	
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.	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. 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	Consen	t						
<ul> <li>Full consent was obtained</li> <li>Consent to report but NOT to contact was obtained</li> <li>Consent is not required*/impracticable</li> <li>*only in those jurisdictions where reporting is mandatory</li> </ul>	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	l, the repo vaccinee, public hea	orter, have o parent or g alth unit or	obtained the followin uardian to <b>report</b> thi specialist immunisat	g consent from the is AEFI and for their lo ion clinic to <b>contact</b> tl	cal tem.	Date: 24/06/	2019	32
<ul> <li>Consent to report but NOT to contact was obtained</li> <li>Consent is not required*/impracticable</li> <li>*only in those jurisdictions where reporting is mandatory</li> </ul>	O Consent to report but NOT to contact was obtained O Consent is not required*/impracticable *only in those jurisdictions where reporting is mandatory	Full co	nsent was o	obtained					
O Consent is not required*/impracticable *only in those jurisdictions where reporting is mandatory	O Consent is not required*/impracticable *only in those jurisdictions where reporting is mandatory	⊖ Conser	nt to report	but NOT to contact	was obtained				
*only in those jurisdictions where reporting is mandatory	*only in those jurisdictions where reporting is mandatory	O Conser	nt is <mark>not re</mark> d	quired*/impracticab	le				
		*only in	n those juri:	sdictions where repo	rting is mandatory				
< Previous Submit Cancel									``

NOTE: once you hit the **Submit** button you can no longer access the report. If you want a copy for your own records click on the **Print Event** button on the next screen.





Report Another