

Registration and Reporting

Note: your screen view may differ slightly to the screen shots in this document.

SECTION 1: Registration / Create an account


STEP 1: Click on the **Register** link to open up the registration window.

SAFEVAC Reporting
Integrated Vaccine Safety

SAFEVAC

Login

About | Register | Login | VIC | WA | TAS | ACT | NT | SA | NSW | QLD



SAFEVAC: Integrated Vaccine Safety

Welcome to **SAFEVAC** - an Australian database for reporting of Adverse Events Following Immunisation (AEFI) and associated clinical visits. Please note this is the same system previously used by reporters (formerly AEFI-CAN).

Currently AEFI reporting can only be completed via this website if the vaccine was administered in Victoria or Western Australia (reports followed up by SAEFVIC or WAVSS respectively).


The mission of SAFEVAC is to promote confidence in the National Immunisation Program through enhancing national vaccine safety monitoring and rapid signal detection.

To help us achieve this we encourage all immunisation providers and vaccinees **including healthcare workers** to report any unexpected, serious or unusual Adverse events following immunisation (AEFI) to their local surveillance body (see below).

Providers are encouraged to report all vaccine or Drug (program) errors as well.

Details of who you should report to are tabulated below.

| State | Reporting Service | Phone | Website |
|------------------------------|--------------------------|-------------------------|--|
| Victoria | SAEFVIC | 1300 882 924 (option 1) | SAEFVIC |
| Western Australia | WAVSS | (08) 6456 0208 | WAVSS |
| Australian Capital Territory | ACT Health Department | 02 5124 9800 | www.health.act.gov.au |
| New South Wales | Local Public Health Unit | 1300 066 055 | www.health.nsw.gov.au |
| Northern Territory | NT Department of Health | 08 8922 8044 | NT AEFI form |
| Queensland | Queensland Health | 07 3328 9888 | www.health.qld.gov.au |
| South Australia | SA Department of Health | 1300 232 272 | www.sahealth.sa.gov.au |
| Tasmania | Direct to TGA | 1800 044 114 | www.health.tas.gov.au |



STEP 2: Enter your details and click on the **Register** button to save and submit.

- Use your official work email address rather than a non-secure one such as yahoo, hotmail, gmail.
- A generic account can be created for use by all members within your clinic/department using a central email address, for example nurse@familyclinic.com.au or imm@baycouncil.org.au
- **Your password must contain the following: at least 8 characters including at least one number and one letter and no spaces.**

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Register

New Users

Email: *

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)

Confirm password: *

First Name: *

Surname: *

Type of Reporter: *

Other:

Organisation: *

Address: *

Suburb: *

State: *

Postcode: *

Phone: *

[Register](#)

Existing Users

Email: *

Password: *

[Forgotten password?](#)

[Login](#)

Adverse event reporting can only be done via this website if the vaccine was administered in Victoria or Western Australia (reports will be followed up as usual by SAEFVIC or WAVSS respectively).

If the vaccine was administered by a provider in ACT, NSW, NT, QLD, SA or TAS you must continue to report using your existing methods.

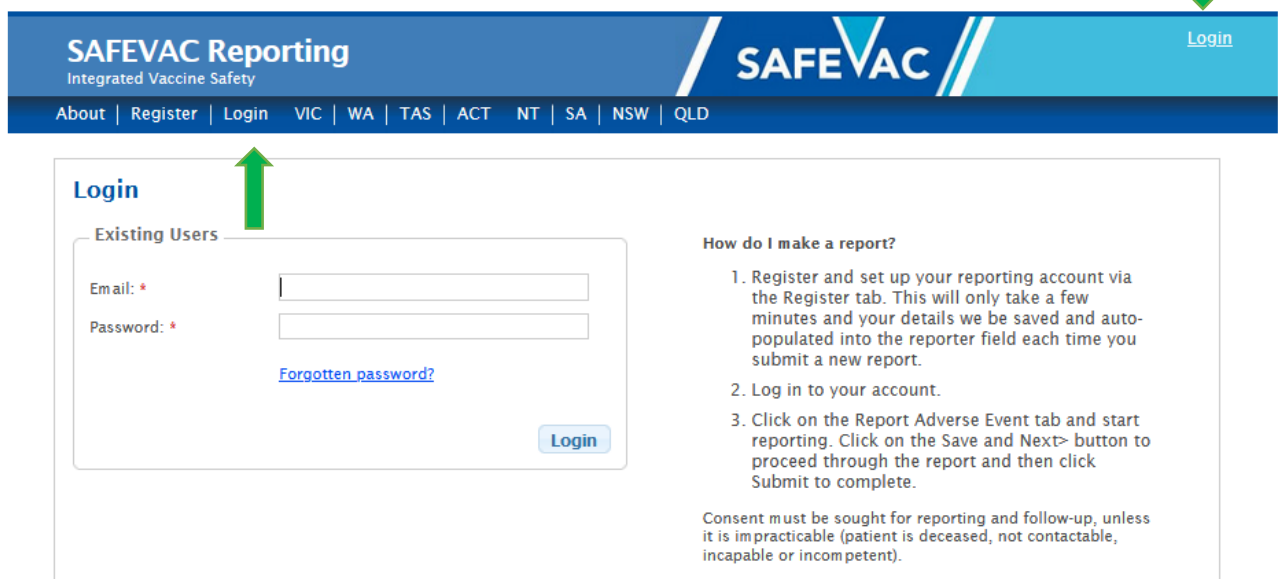
SAFEVAC
INTEGRATED VACCINE SAFETY

SAEFVIC

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

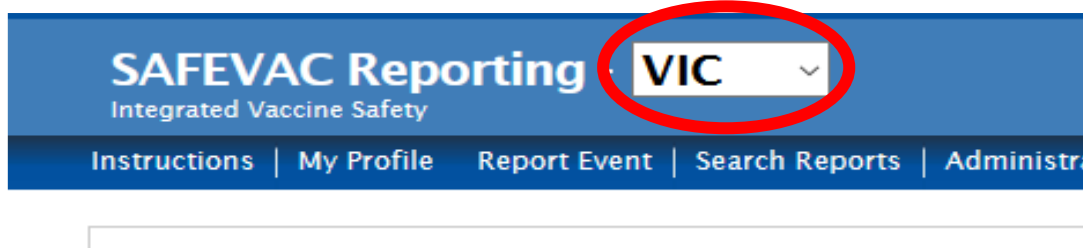
Section 2: Create a Report

STEP 1: Login using your newly created password.



The image shows the SAFEVAC Reporting login page. At the top, there is a blue header with the text 'SAFEVAC Reporting Integrated Vaccine Safety' on the left and 'SAFEVAC' in large white letters on the right. A 'Login' link is in the top right corner, indicated by a green arrow. Below the header is a navigation bar with links: 'About | Register | Login | VIC | WA | TAS | ACT | NT | SA | NSW | QLD'. The main content area has a 'Login' heading. Under 'Existing Users', there are input fields for 'Email: *' and 'Password: *', a 'Forgotten password?' link, and a 'Login' button. A green arrow points to the 'Login' button. To the right, under 'How do I make a report?', there are three numbered steps: 1. Register and set up your reporting account via the Register tab. 2. Log in to your account. 3. Click on the Report Adverse Event tab and start reporting. Below these steps is a note about consent.

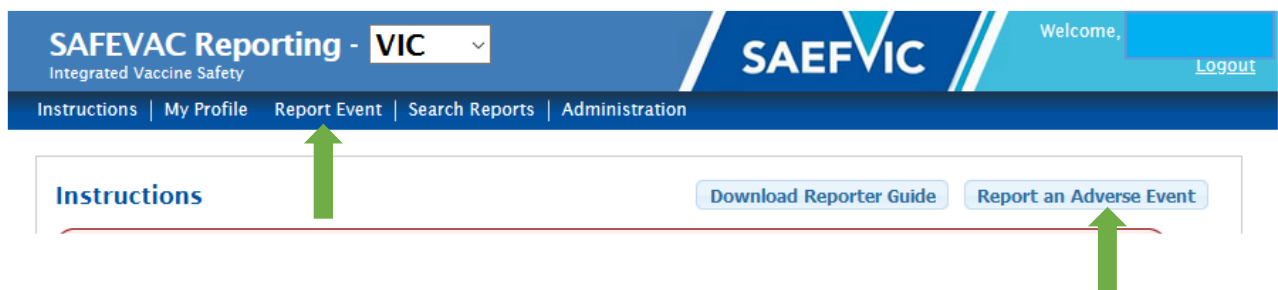
- At your first log-in check that your correct state/territory shows. If it doesn't, you have accidentally entered the wrong details during registration.
- Please contact 1300 882 924 - option 1 to change your account details.



The image shows the SAFEVAC Reporting header with a dropdown menu for state/territory selection. The dropdown is currently set to 'VIC' and is circled in red. Below the header is a navigation bar with links: 'Instructions | My Profile | Report Event | Search Reports | Administration'.

STEP 2: Click on **Report Event** or **Report an Adverse Event**.

- 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.



STEP 3: 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 your personal details don't show, type in your own details.

Reporter Details

Standard AEFI ID: Z2106-000078
Status: Submitted

Submitted: 23/06/2021 8:45
Last modified: 23/06/2021 8:45

Reporter
Vaccinee
Provider
Vaccines
Details
Submission
Office Use
Attachments

Reporter Details

First Name: * Mrs Jane
Surname: * Dodd
Reporter Type: * Nurse
Other:
Reporter Setting: Hospital

Organisation: * Hospital
Address: * Flemington Rd
Suburb: * Parkville
State: * VIC
Postcode: * 3052
Phone: * Landline 03 1234 5678
Email Address:

Save and Next >

STEP 4: 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).

Vaccinee Details

Reporter Vaccinee Provider Vaccines Details Submission

Vaccinee Details (Child or Adult)

Same as Reporter Details

| | | | |
|----------------------|--|--------------------------------------|-------------------------|
| First Name: * | Mr Jimmy | Address: * | 15 Brown St |
| Surname: * | Pang | Suburb: * | BRIGHT |
| Birth Date: | 12/06/1982 | State: * | VIC |
| Gender: * | <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Neither <input type="radio"/> Unknown | Postcode: * | 3741 |
| Medicare Number: | 1234567141 | Phone 1: * | Mobile 00 0000 0000 |
| ATSI Status: * | Unknown | Phone 2: | -- select -- |
| Vaccinee Category: * | <input checked="" type="radio"/> Health/aged/disability care worker <input type="radio"/> In residential/aged/disability care <input type="radio"/> None of the above <input type="radio"/> Unknown | Email Address: | jimmy.pang@hospital.com |
| | | Parent/Guardian Name (if applicable) | |
| | | First Name: | -- -- |
| | | Surname: | |

< Previous Save and Next > Cancel

STEP 5: Complete Immunisation Provider Details.

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

Immunisation Provider Details

Reporter Vaccinee Provider Vaccines Details Submission

Immunisation Provider Details

Same as Reporter Details

☐ Unknown

Provider Setting: Hospital

Other:

| | | | |
|----------------|--------------------------|--------------------|-----------------------|
| First Name: | Mrs Jane | Vaccination Venue: | Hospital |
| Surname: | Dodd | Organisation: | Hospital |
| Provider Type: | Nurse | Address: | Flemington Rd |
| | Other: | Suburb: | Parkville |
| Email Address: | adele.harris@mcri.edu.au | State: | VIC |
| | | Postcode: | 3052 |
| | | Phone: | Landline 03 1234 5678 |


< Previous Save and Next > Cancel

STEP 6: Complete the **Vaccines Administered** page

Vaccines Administered

[Reporter](#) [Vaccinee](#) [Provider](#) [Vaccines](#) [Details](#) [Submission](#)

Vaccines Administered Related to AEFI

Vaccination Date: 

☐ Antenatal Vaccination

☐ Unknown

Weeks of Gestation:

Vaccination Time:

hour

min

AM/PM

☐ Unknown

| Vaccine * | Dose No * | Batch No (if known) | Injection Site |
|---|--------------------------------|------------------------------------|---|
| <input type="text" value="COVID Pfizer"/> | <input type="text" value="1"/> | <input type="text" value="12345"/> | <input type="text" value="Left Deltoid"/> |
| <input type="text" value="-- select --"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-- select --"/> |
| <input type="text" value="-- select --"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-- select --"/> |
| <input type="text" value="-- select --"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-- select --"/> |
| <input type="text" value="-- select --"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-- select --"/> |
| <input type="text" value="-- select --"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-- select --"/> |

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

[< Previous](#) [Save and Next >](#) [Cancel](#)

STEP 7: Complete the **Reaction and Treatment** page.

- Include as much relevant information as possible including timing, injection site, treatment and outcome.
- **For vaccine/program errors** write “Error “and clearly record details of the error in the Reaction box. Also record if the vaccinee has been advised of the error and what clinical advice they received.

Event Details

Reporter Vaccinee Provider Vaccines **Details** Submission

Reaction

Time elapsed between the administration of the vaccine and onset of the symptoms: 0 mins 10 hours 0 days 0 weeks ☐ Unknown ☐ N/A (Drug/program error)

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

Fever, nausea, pain at injection site with associated redness, swelling and heat.

Treatment (tick one or more boxes)

Treatment: ☒ Known ☐ Unknown *

☐ None or symptomatic (e.g. paracetamol) only ☐ Paramedic attendance

☐ Helpline ☐ Hospital emergency at

☐ Nurse assessment ☐ Hospital admission at

☒ GP assessment # Days: ☐ Unknown

☐ Other:

Details:

review by GP. Antiemetic medical prescribed and paracetamol recommended.

Outcome

How long did the symptoms last? 0 mins 0 hours 3 days 0 weeks ☒ Known ☐ Unknown but Ongoing ☐ Unknown but Resolved

Detailed description and timing of outcome: * ☐ Unknown

Resolved over 3 days

< Previous Save and Next > Cancel

STEP 8: Complete the **Submission** section and click the **Submit** button to register the report.

- In those jurisdictions where reporting is mandatory no consent to report is required. Select the last consent option and state this as the reason.
- In those jurisdictions where reporting is NOT mandatory, consent to report **MUST** be obtained.
 - If it is a serious AEFI or error and consent is impracticable (patient is deceased, not contactable, incapable or incompetent) select the last option and explain why. You may be asked to obtain consent retrospectively.
- Consent to contact **MUST** be sort in most jurisdictions if the patient is to be contacted by their local health department/surveillance unit /specialist immunisation clinic.

Submission

[Reporter](#) [Vaccinee](#) [Provider](#) [Vaccines](#) [Details](#) [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:

☒ 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

[< Previous](#) [Submit](#) [Cancel](#)

NOTE: once you hit the **Submit** button you can no longer access the report. It is advisable to check each section for accuracy before submitting.

Thankyou

Thank you for your submission.

The Event ID assigned to this report is V2107-039475.

Your report will be reviewed and feedback provided via the selected method.

If you have any queries regarding this submission, please contact [SAFEVAC Reporting](#) directly.

Regards,

The SAFEVAC Reporting

[Print Event](#) [Report Another Event](#)

NOTE: click on the **Print Event** button if you want to keep a copy of the report for your own records. Once you leave this screen you will not be able to go back and print.