

# SAEFVIC User Guide

Last updated: 3 December 2025

## Section 1: Registration/ Creating an Account

### Step 1: Navigate to the SAEFVIC Page

1. On the main website, click on the SAEFVIC button.
2. You will be taken to the SAEFVIC page containing Frequently Asked Questions (FAQs) and options to either:
  - **Register** (first-time users), or
  - **Log in / Return** (existing users)
3. Once on this page, proceed with steps below:



**SAFEVAC Reporting**  
Integrated Vaccine Safety

**SAFEVAC**

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### 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)	<a href="#">SAEFVIC</a>
Western Australia	WAVSS	(08) 6456 0208	<a href="#">WAVSS</a>
Australian Capital Territory	ACT Health Department	02 5124 9800	<a href="#">www.health.act.gov.au</a>
New South Wales	Local Public Health Unit	1300 066 055	<a href="#">www.health.nsw.gov.au</a>
Northern Territory	NT Department of Health	08 8922 8044	<a href="#">NT AEFI form</a>
Queensland	Queensland Health	07 3328 9888	<a href="#">www.health.qld.gov.au</a>
South Australia	SA Department of Health	1300 232 272	<a href="#">www.sahealth.sa.gov.au</a>
Tasmania	Direct to TGA	1800 044 114	<a href="#">www.health.tas.gov.au</a>

## Step 2: Open the Registration Page

Click on the Register link to open the registration window.

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**First-time reporter?** **REGISTER**

**Previously registered?** **LOG IN**

### **Surveillance of Adverse Events Following Vaccination In the Community (SAEFVIC)**

SAEFVIC (Surveillance of Adverse Events Following Vaccination In the Community) is the central reporting service in Victoria for any significant adverse event following immunisation (AEFI).

We are a public health partnership initiative of the Victorian Immunisation Program funded by the Department of Health (DH). Reporting adverse events is not mandatory in Victoria, however doing so allows the rapid investigation of any potential vaccine or system problems by Victorian and national health authorities (Therapeutic Goods Administration). This helps to ensure a safe and effective immunisation program and it maintains community confidence in vaccines.

Timely reporting to SAEFVIC enables us to quickly detect any potential vaccine or system problems. This helps to ensure Victoria has a safe immunisation program and maintains community confidence.

SAEFVIC offers expert immunisation safety advice to reporters and healthcare workers, and can provide clinical services for children and adults who have experienced an AEFI.

**Please see your GP, local emergency department or call 000 if immediate assistance is required.**

- [+] What is an Adverse Event Following Immunisation (AEFI)?**
- [+] What symptoms should be reported?**
- [+] Reporting an adverse event following a vaccine**
- [+] Who can report an AEFI?**
- [+] What happens with reports?**
- [+] Why do we collect information about your vaccination experience?**
- [+] How do we store your data?**
- [+] Who do we give the data to?**

### Step 3: Enter your Details

Fill in your personal details and click Register to submit.

- Use your **official work email address** rather than a non-secure address such as Hotmail, Yahoo or Gmail.
- A shared, generic account can be used within a clinic or department for example nurse@familyclinic.com.au or imm@baycouncil.org.au
- Your password must include **at least 8 characters**, including **one letter, one number, 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**

**Important:** Ensure you select the correct state/ territory from the dropdown menu, so your reports are sent to the correct jurisdiction

## Section 2: Creating a Report

Before you Begin

Login in using the password you created during registration.

On your first login, confirm that the correct **state/territory** is displayed. If it is incorrect, contact **1300 882 924 (option 1)** or email: [enquiries@saefvic.org.au](mailto:enquiries@saefvic.org.au) to update your account details.



The image shows the SAFEVAC Reporting - VIC login screen. The top navigation bar includes links for 'About', 'Register', and 'Login'. The 'Login' link is highlighted with a yellow circle. The main content area is titled 'Login' and contains fields for 'Email' and 'Password', with a 'Forgotten password?' link. To the right, a 'How do I make a report?' section provides three 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. A note at the bottom states: 'Consent must be sought for reporting and follow-up, unless it is impracticable (patient is deceased, not contactable, incapable or incompetent).'. The top right of the page shows the 'SAFEVAC' logo and a 'Logout' link.

### Step 1: Start a New Report

Click on **Report Event** or **Report an Adverse Event** to begin.

- Fields marked with \* are mandatory.
- Hover your cursor over each field to see what information is required.
- Click **Save and Next >** at the bottom right of each page to save your information and proceed.



The image shows the SAFEVAC Reporting - VIC main menu. The top navigation bar includes links for 'Instructions', 'My Profile', 'Report Event', 'Search Reports', and 'Administration'. The 'Report Event' link is highlighted with a yellow circle. The main content area contains a 'Instructions' link and a 'Report an Adverse Event' button, which is also highlighted with a yellow circle. The top right of the page shows the 'SAFEVAC' logo and a 'Logout' link.

## Step 2: Enter Reporter Details

Your account details will auto-populate this section.

- If using a group account, replace the auto-filled details with your own personal information.

### Reporter Details

Standard AEFI ID:	Z2106-000078			Submitted:	23/06/2021 8:45 AM by Adele Harris		
Status:	Submitted			Last modified:	23/06/2021 8:45 AM by Adele Harris		

▼

[Reporter](#) [Vaccinee](#) [Provider](#) [Vaccines](#) [Details](#) [Submission](#) [Office Use](#) [Attachments](#)

**Reporter Details**

First Name: *	Mrs	Jane	Organisation: *	Hospital		
Surname: *	Dodd			Address: *	Flemington Rd	
Reporter Type: *	Nurse			Suburb: *	Parkville	
Other:				State: *	VIC	
Reporter Setting:	Hospital			Postcode: *	3052	
Phone: *	Landline	▼	03 1234 5678			
Email Address:						

[Save and Next >](#)

## Step 3: Enter Vaccinee Details

If the reporter is also the vaccinee (self), click **Same as Reporter Details** to auto-populate.

If the reporter has the same of the same details as the vaccinee (i.e surname, address), you can click **Same as Reporter Details** to auto-populate however will need to update the vaccinee details, including name and date of birth (DOB).

Where available, please provide vaccinee/contact best **email address** for report follow up.

**Vaccinee Details**

▼

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

**Vaccinee Details (Child or Adult)**

**Same as Reporter Details** (circled in yellow)

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](#) (circled in yellow)

#### Step 4: Enter Immunisation Provider Details

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

If the provider has the same of the same details as the reporter (i.e organisation details), you can click **Same as Reporter Details** to auto-populate however will need to update the actual immunisation provider details which may be different to the reporter.

If the provider is unknown, please check this box “**unknown**” and press **Save and Next** to move on. If you know the **provider setting**, please nominate in this field even if not all organisation details are available.

**Immunisation Provider Details**

Reporter Vaccine Provider Vaccines Details Submission

Immunisation Provider Details

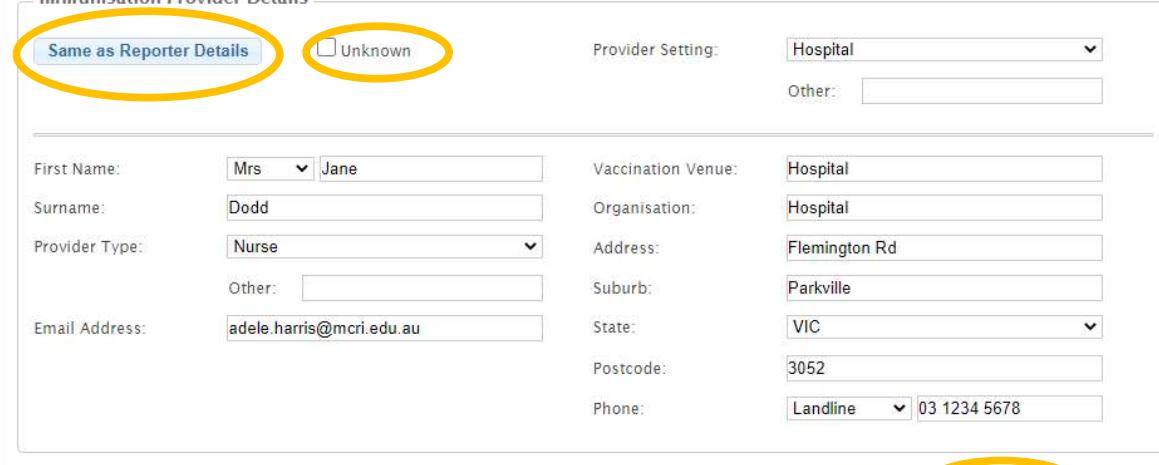
Same as Reporter Details  Unknown

Provider Setting: Hospital

Other:

First Name:	Mrs <input type="text"/> Jane	Vaccination Venue:	Hospital
Surname:	Dodd	Organisation:	Hospital
Provider Type:	Nurse <input type="text"/>	Address:	Flemington Rd
	Other: <input type="text"/>	Suburb:	Parkville
Email Address:	adele.harris@mcri.edu.au	State:	VIC <input type="text"/>
		Postcode:	3052
		Phone:	Landline <input type="text"/> 03 1234 5678

< Previous **Save and Next >** Cancel



## Step 5: Complete the Vaccines Administered Page

Enter all relevant information about the vaccine(s) given. If vaccination date **unknown**, please check these boxes.

**Vaccines Administered**

Reporter Vaccinee Provider Vaccines Details Submission

Vaccines Administered Related to AEFI

Vaccination Date: 19/07/2021   Unknown  Antenatal Vaccination

Vaccination Time: 03 : 00 PM AM/PM  Unknown

Weeks of Gestation:

Vaccine *	Dose No *	Batch No (if known)	Injection Site
COVID Pfizer	1	12345	Left Deltoid
-- select --			-- select --
-- select --			-- select --
-- select --			-- select --
-- select --			-- select --
-- select --			-- select --

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

## Step 6: Complete the Reaction and Treatment Page

Provide as much detail as possible, including:

- Timing of symptoms
- Injection site
- Treatment provided
- Outcome

For vaccine administration error or program errors:

- Record “N/A (Drug/ program error” and clearly describe what occurred in the **Reaction** field.
- Note whether the vaccinee was informed and what clinical advice was given.

**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 \*  Paramedic attendance  
 None or symptomatic (e.g. paracetemol) only  Hospital emergency at \_\_\_\_\_  
 Helpline  Hospital admission at \_\_\_\_\_  
 Nurse assessment # Days: \_\_\_\_\_  Unknown  
 GP assessment  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 7: Submit the Report

Complete the final Submission section and click Submit

### Consent Requirements

- In jurisdictions where reporting is **mandatory**, consent is **not required**. Select the final consent option and state the reason.
- In jurisdictions where reporting is **not mandatory**, **consent must be obtained**.
- If the case is serious and consent is impracticable (e.g. patient is deceased, not contactable, incapable), select the final consent option and explain why. You may be asked to obtain consent retrospectively.
- In most jurisdictions, **consent to contact** must be sought if the patient may be contacted by the health department or a specialised immunisation service.
- Not all reports will receive follow up, despite consent.

**Submission**

Reporter Vaccinee Provider Vaccines Details Submission

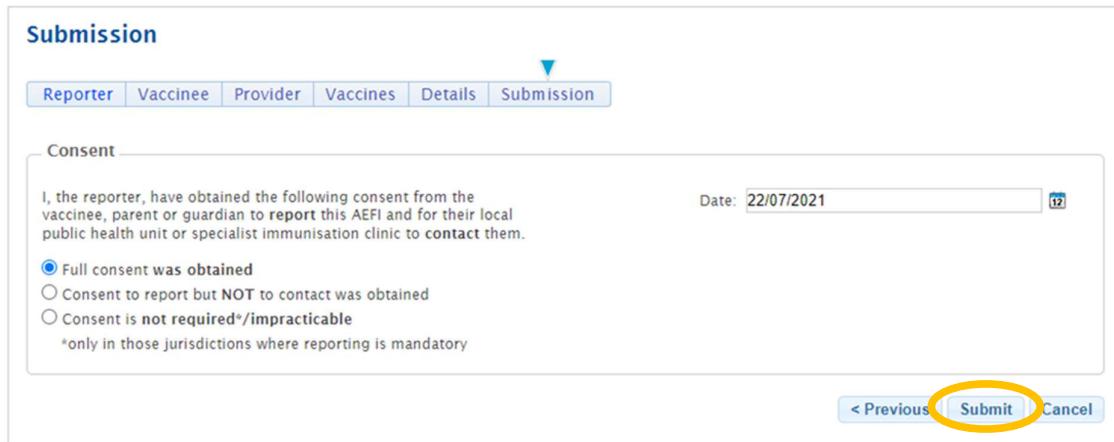
Consent

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: 22/07/2021

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



**Important:** Once you click **Submit**, you can no longer access or edit the report. Review all sections for accuracy before submitting.

### Keeping a Copy of the Report

Click **Print Event** to save a copy for your records. You cannot return to this page after leaving the screen.

### Amendments

Should you need to make any amendments to the report after submission, you will need to call or email: [enquiries@saefvic.org.au](mailto:enquiries@saefvic.org.au)

**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](#)

