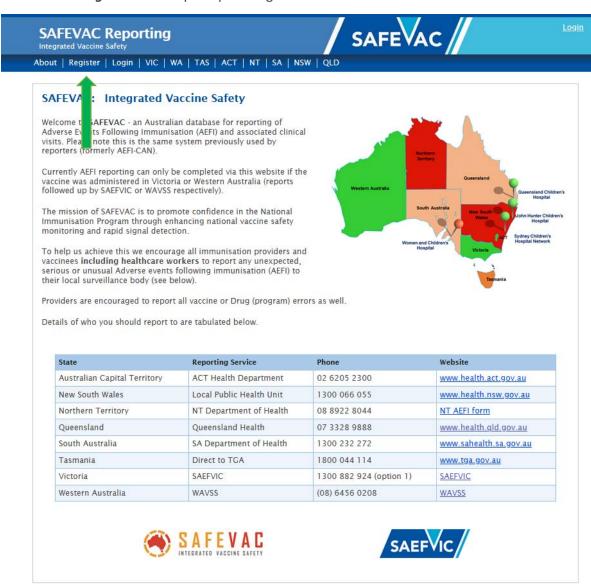# Registration and Reporting

Note: your screen view may differ slightly to the screen shots in this document.
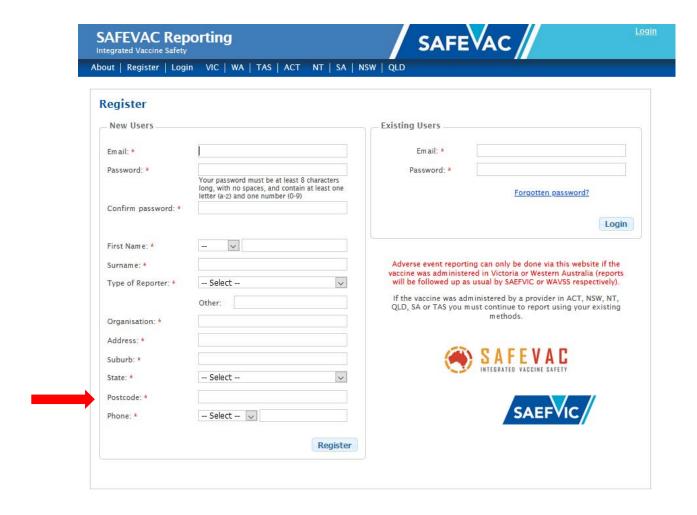
SECTION 1: Registration / Create an account

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

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

- Use your <u>official work email address</u> rather than a non-secure once 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.**

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.

- At your first log-in check that your correct sate/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.

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.

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

| Standard AEFI ID: | Z1706-000001 | Submitted: | 20/06/2017 11:22 AM |
| Status: | In Progress | Last modified: | 20/06/2017 11:23 AM |

Reporter | Vaccinee | Immunisation Provider | Vaccines Administered | Reaction and Treatment | Submission | Office Use | Attachments

Vaccinee Details (Child or Adult)

Same as Reporter Details

First Name: * `-- Scooby`   Medicare Number:
Surname: * `Doo`   ATSI Status: * `Neither`
Birth Date: `03/06/2007`
Gender: * ○ Male ● Female ○ Unknown
Address: * `as`   Parent / Guardian Details:
Suburb: * `if`   First Name: `-- xx`
State: * `VIC`   Surname: `xx`
Postcode: * `9999`
Phone 1: * `Landline` `09 9999 9999`
Phone 2: `-- Select --`

< Previous | Save and Next >

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

| Standard AEFI ID: | Z1706-000001 | Submitted: | 20/06/2017 11:22 AM by |
| Status: | In Progress | Last modified: | 28/08/2017 9:30 AM by |

Reporter | Vaccinee | Immunisation Provider | Vaccines Administered | Reaction and Treatment | Submission | Office Use | Attachments

Immunisation Provider Details

Same as Reporter Details   ☐ Unknown   Vaccination Venue:

Type of Provider: `GP`   Organisation: `Multi Medical`
Other: Address: `24 Lewis St`
First Name: `Dr` `K`   Suburb: `NORTHCOTE`
Surname: `Drop`   State: `VIC`
Type of Professional: `Doctor`   Postcode: `3070`
Other: Phone: `Landline` `03 9394 6125`

< Previous | Save and Next >

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

Vaccines Administered

Standard AEFI ID:	Z1811-000011	**Submitted:**	30/11/2018 12:28 PM by Annette Alafaci
Status:	Submitted	**Last modified:**	20/12/2018 3:09 PM by Barry Combs

Reporter	Vaccinee	Immunisation Provider	Vaccines Administered	Reaction and Treatment	Submission	Office Use	Attachments

Vaccines Administered Related to AEFI

Vaccination Date: 01/10/2018   ☐ Antenatal Vaccination

☐ Unknown   **Weeks of Gestation:**

Vaccination Time: -- : -- --
hour   min   AM/PM

☑ Unknown

Vaccine *	Dose No *	Batch No (if known)	Injection Site
Menitorix (HibMenC)	2		-- Select --
-- Select --			-- Select --
-- Select --			-- Select --
-- Select --			-- Select --
-- Select --			-- Select --
-- Select --			-- Select --

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

[< Previous] [Save and Next >]

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 "then "No Reaction"(if non occurred) 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.
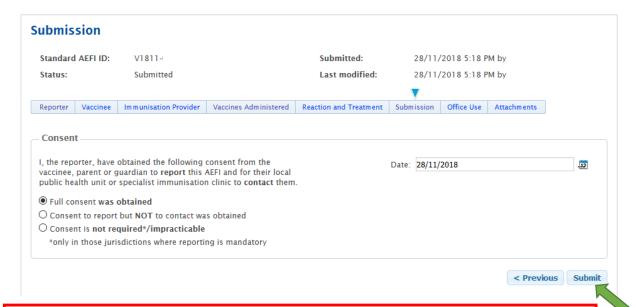
Reaction and Treatment

Standard AEFI ID:	Z1706-000001	Submitted:	20/06/2017 11:22 AM b
Status:	In Progress	Last modified:	28/08/2017 9:32 AM by

Reporter | Vaccinee | Immunisation Provider | Vaccines Administered | **Reaction and Treatment** | Submission | Office Use | Attachments

Reaction

Time elapsed between the administration of the vaccine and onset of the symptoms:

0	0	1	0	☐ Unknown
mins	hours	days	weeks	

Detailed description of the reaction including timing of events: *

Red swollen upper arm shoulder to elbow

Treatment (tick one or more boxes)

Treatment: ○ Known ⦿ Unknown *

☐ None or symptomatic (e.g. paracetemol) only   ☐ Hospital emergency at [_____]

☐ Helpline   ☐ Hospital admission at [_____]

☐ Nurse assessment   # Days: [____]   ☐ Unknown

☐ GP assessment   ☐ Other: [_____]

Details:

Call to Nurse on Call and paracetamol for pain

Outcome

How long did the symptoms last?

--	--	--	--	○ Known
mins	hours	days	weeks	⦿ Unknown but Ongoing
				○ Unknown but Resolved

Detailed description of the outcome: *   ☐ Unknown

Ongoing 2 days post vaccine

[< Previous] [Save and Next >]

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

Standard AEFI ID:	V1811-	**Submitted:**	28/11/2018 5:18 PM by
Status:	Submitted	**Last modified:**	28/11/2018 5:18 PM by

Reporter	Vaccinee	Immunisation Provider	Vaccines Administered	Reaction and Treatment	Submission	Office Use	Attachments

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: 28/11/2018

⦿ 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

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.

AEFI-CAN Reporting - (Victoria)
Clinical Assessment Network

SAEFVIC

Welcome,

Instructions | My Profile | Report Event

Thankyou

Thank you for your submission.

The Event ID assigned to this report is V1808-014332.

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

If you have any queries regarding this submission, please contact AEFI-CAN Reporting directly.

Regards,

The AEFI-CAN Reporting

Print Event   Report Another

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.