

# 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
Australian Capital Territory	ACT Health Department	02 6205 2300	<a href="http://www.health.act.gov.au">www.health.act.gov.au</a>
New South Wales	Local Public Health Unit	1300 066 055	<a href="http://www.health.nsw.gov.au">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="http://www.health.qld.gov.au">www.health.qld.gov.au</a>
South Australia	SA Department of Health	1300 232 272	<a href="http://www.sahealth.sa.gov.au">www.sahealth.sa.gov.au</a>
Tasmania	Direct to TGA	1800 044 114	<a href="http://www.tga.gov.au">www.tga.gov.au</a>
Victoria	SAEFVIC	1300 882 924 (option 1)	<a href="#">SAEFVIC</a>
Western Australia	WAVSS	(08) 6456 0208	<a href="#">WAVSS</a>





**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.**

**SAFEVAC Reporting**  
Integrated Vaccine Safety

[About](#) | [Register](#) | [Login](#) | [VIC](#) | [WA](#) | [TAS](#) | [ACT](#) | [NT](#) | [SA](#) | [NSW](#) | [QLD](#)

**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: \* -- Select --

Other:

Organisation: \*

Address: \*

Suburb: \*

State: \* -- Select --

Postcode: \*

Phone: \* -- Select --

[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.

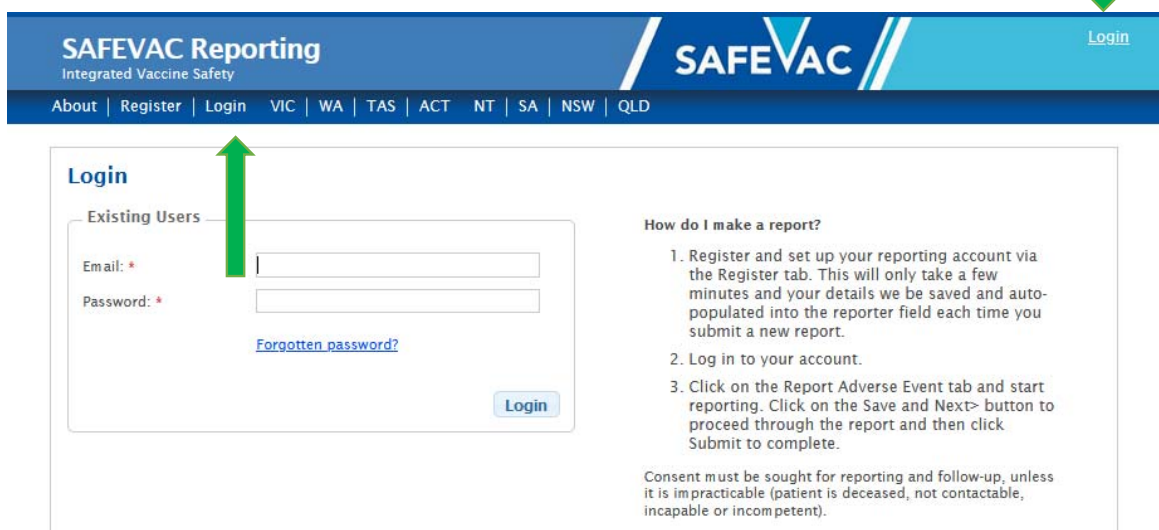
 **SAFEVAC**  
INTEGRATED VACCINE SAFETY



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.

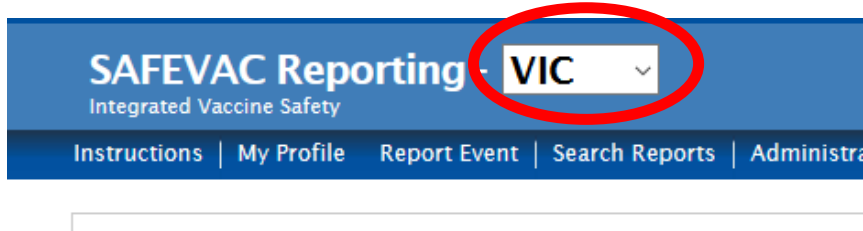
## Section 2: Create a Report

**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' and a 'Login' link. Below the header is a navigation bar with links for 'About', 'Register', 'Login', and various Australian states and territories: 'VIC', 'WA', 'TAS', 'ACT', 'NT', 'SA', 'NSW', 'QLD'. The main content area is titled 'Login' and contains a form for 'Existing Users'. The form has fields for 'Email: \*' and 'Password: \*', both marked with an asterisk to indicate they are compulsory. There is a 'Forgot password?' link and a 'Login' button. To the right of the form, there is a section titled 'How do I make a report?' with three numbered steps: 1. Register and set up your reporting account via the Register tab. This will only take a few minutes and your details will be saved and auto-populated into the reporter field each time you submit a new report. 2. Log in to your account. 3. Click on the Report Adverse Event tab and start reporting. Click on the Save and Next> button to proceed through the report and then click Submit to complete. Below this, there is a note: 'Consent must be sought for reporting and follow-up, unless it is impracticable (patient is deceased, not contactable, incapable or incompetent)'. A green arrow points to the 'Login' link in the header, and another green arrow points to the 'Email' field in the login form.

- 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 a close-up of the SAFEVAC Reporting header. The text 'SAFEVAC Reporting Integrated Vaccine Safety' is visible. To the right, there is a dropdown menu showing 'VIC' with a downward arrow. Below the header is a navigation bar with links for 'Instructions', 'My Profile', 'Report Event', 'Search Reports', and 'Administration'. A red circle highlights the 'VIC' dropdown menu.

**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:

Z1811-000011

Submitted:

30/11/2018 12:28 PM

Status:

Submitted

Last modified:

20/12/2018 3:09 PM

Reporter

Vaccinee

Immunisation Provider

Vaccines Administered

Reaction and Treatment

Submission

Office Use

Attachments

Reporter Details

First Name: \*

Ms

Annette

Surname: \*

Ala

Type of Professional: \*

Pharmacist

Other:

Reporter Setting:

Other

Email Address:

aala@mcpi.edu

Organisation: \*

Happy Pharmacy

Address: \*

126 Flemington Rd

Suburb: \*

Parkville

State: \*

VIC

Postcode: \*

3052

Phone: \*

Landline

(03) 9000 0000

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

Standard AEFI ID: Z1706-000001  
Status: In Progress

Submitted: 20/06/2017 11:22 AM  
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  
Status: In Progress

Submitted: 20/06/2017 11:22 AM by   
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  Other:

First Name: Dr  K Organisation: Multi Medical

Surname: Drop Address: 24 Lewis St

Type of Professional: Doctor  Suburb: Northcote

Other:  State: VIC

Postcode: 3070

Phone: Landline  03 9394 6125

< Previous Save and Next >

## STEP 6: Complete the Vaccines Administered page

## Vaccines Administered

Standard AEFI ID: Z1811-000011


Status: Submitted













Submitted: 30/11/2018 12:28 PM by Annette Alafaci

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 <input type="text"/>	<input type="text"/>	-- Select -- 
-- Select -- 	<input type="text"/>	<input type="text"/>	-- Select -- 
-- Select -- 	<input type="text"/>	<input type="text"/>	-- Select -- 
-- Select -- 	<input type="text"/>	<input type="text"/>	-- Select -- 
-- Select -- 	<input type="text"/>	<input type="text"/>	-- Select -- 
-- Select -- 	<input type="text"/>	<input type="text"/>	-- 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 by [redacted]  
 Status: In Progress      Last modified: 28/08/2017 9:32 AM by [redacted]

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

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#### Reaction

Time elapsed between the administration of the vaccine and onset of the symptoms: 0 mins 0 hours 1 days 0 weeks ☐ Unknown

Detailed description of the reaction including timing of events: \*

Red swollen upper arm shoulder to elbow

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#### Treatment (tick one or more boxes)

Treatment: ☐ Known ☒ Unknown \*

☐ None or symptomatic (e.g. paracetamol) only      ☐ Hospital emergency at [redacted]  
☐ Helpline      ☐ Hospital admission at [redacted]  
☐ Nurse assessment      # Days: [redacted] ☐ Unknown  
☐ GP assessment      ☐ Other: [redacted]

Details:

Call to Nurse on Call and paracetamol for pain

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#### Outcome

How long did the symptoms last? -- mins -- hours -- days -- weeks ☐ Known ☒ 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: V1811-4      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



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.