

AEFI-CAN Clinical Registry Reporter Guide

1. Create an account

Click on the **Register** link.

AEFI-CAN: A national vaccine safety collaboration

Welcome to the Adverse Events Following Immunisation – Clinical Assessment Network (AEFI-CAN) database for reporting of adverse events and clinical visits.

AEFI-CAN is a formal collaboration between state and territory-based vaccine safety clinics and includes representatives from the Therapeutic Goods Administration (TGA). Our co-ordinated vaccine safety efforts are funded by AusVaxSafety via the Department Health, Canberra.

As a national network, AEFI-CAN works collaboratively to clinically assess and manage individual patients following serious or unexpected adverse events following immunisation. AEFI-CAN bridges the important link between surveillance and clinical assessment and management. As such, AEFI-CAN can assist in determining patient outcomes and support investigation of possible safety signals in a real-time integrated way.

The AEFI reporting portal is currently only live in **Victoria** and **Western Australia**. If you are from one of the other regions please continue to report AEFI via your existing methods, as indicated below.

State	Reporting Service	Phone	Website
Australian Capital Territory	ACT Health Department	02 6205 2300	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.tga.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

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.

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.

Start reporting

2.1 Login using your newly created password.

2.2 At your first log-in check that your correct state/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.

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 Australia)
Clinical Assessment Network

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Instructions [Download Reporter Guide](#) [Report an Adverse Event](#)

Welcome to Adverse Events Following Immunisation – Clinical Assessment Network (AEFI-CAN) database for reporting of adverse events and clinical visits. Adverse event reporting can only be done via this website if the vaccine was administered in Victoria or Western Australia (reports followed up by SAEFVIC or WAVSS respectively). Please note this is the same 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 unexpected or serious outcome that happens following administration of a vaccine. AEFI may be due to:

- A problem with the vaccine
- A problem with the system delivering the vaccine (from vaccine distribution through to injection technique).
- Coincidence, ie. an event that would have happened if no immunisation was given.

Who can report an AEFI?

An AEFI can be reported by the patient, patient's guardian or immunisation provider. Note that AEFI-CAN is not an emergency contact. Please see your GP, local Emergency Department, or call 000 if immediate assistance is required.

What AEFI should be reported?

Any event felt to be significant following immunisation should be reported. You do not need to report common/minor/expected reactions, however any vaccine reaction which has affected a family's confidence in future 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 patient and immunisation provider and/or reporter as appropriate by either SAEFVIC (Surveillance of Adverse Events Following Vaccination In the Community). Expert clinical consultation at a participating hospital will be offered (referral required) if deemed appropriate.

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.

Reporter Details

Reporter | Vaccinee | Immunisation Provider | Vaccines Administered | Reaction and Treatment | Submission

Reporter Details

First Name: *	Dr <input type="checkbox"/> Billy	Organisation: *	Department of Health
Surname: *	Bloggs	Address: *	227 Stubbs Tce
Type of Professional: *	Doctor	Suburb: *	Shenton Park
Other:		State: *	WA
Reporter Setting:	-- Select --	Postcode: *	6008
Email Address:		Phone: *	Landline <input type="checkbox"/> (08) 9388 4876

[Save and Next >](#)

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.

Vaccinee Details

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

Vaccinee Details (Child or Adult)

[Same as Reporter Details](#)

First Name: *	Dr <input type="checkbox"/> Billy	Medical History:	
Surname: *	Bloggs	Medication History:	
Birth Date:	3/06/2007	Immunisation History:	
Gender: *	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Neither <input type="radio"/> Unknown	Parent / Guardian Details:	
Medicare Number:		First Name:	-- Select --
ATSI Status: *	Unknown	Surname:	
Address: *	227 Stubbs Tce		
Suburb: *	Shenton Park		
State: *	WA		
Postcode: *	6008		
Phone 1: *	Landline <input type="checkbox"/> (08) 9388 4876		
Phone 2:	-- Select --		

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

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.

AEFI-Reporting (Western Australia) Clinical Assessment Network WAVSS Logout

Instructions | My Profile | Report Event | Search Reports | Administration

Immunisation Provider Details

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

Immunisation Provider Details

Same as Reporter Details Unknown Vaccination Venue:

Type of Provider: Organisation:
 Other: Address:

First Name: Suburb:
 Surname: State:

Type of Professional: Postcode:
 Other: Phone:

< Previous Save and Next > Cancel

2.7 Complete the Vaccines Administered page

AEFI-Reporting (Western Australia) Clinical Assessment Network WAVSS Logout

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Vaccines Administered

Reporter | Vaccinee | Immunisation Provider | **Vaccines Administered** | Reaction and Treatment | 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="Infranix hexa"/>	<input type="text" value="4"/>	<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 --"/>
<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

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.

AEFI-CAN Reporting - (Western Australia) Clinical Assessment Network WAVSS [Logout](#)

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Reaction and Treatment

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

Reaction

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

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. paracetamol) 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

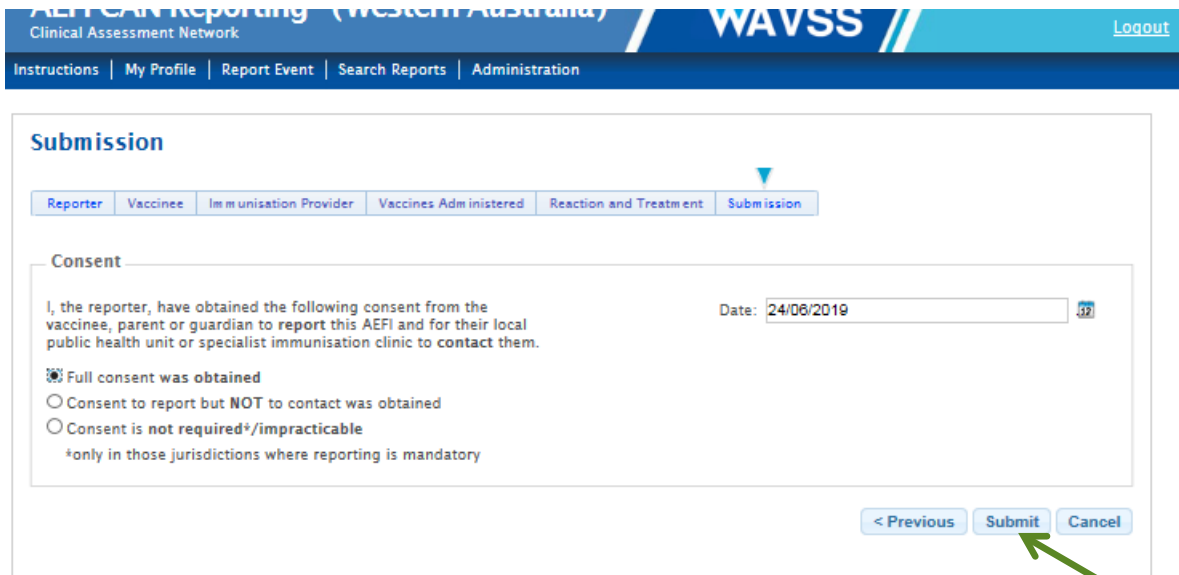
How long did the symptoms last? mins hours days weeks Known Unknown but Ongoing Unknown but Resolved

Detailed description of the outcome: * Unknown

Ongoing 2 days post vaccine

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

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.



Submission

Reporter Vaccinee Immunisation Provider Vaccines Administered Reaction and Treatment **Submission**

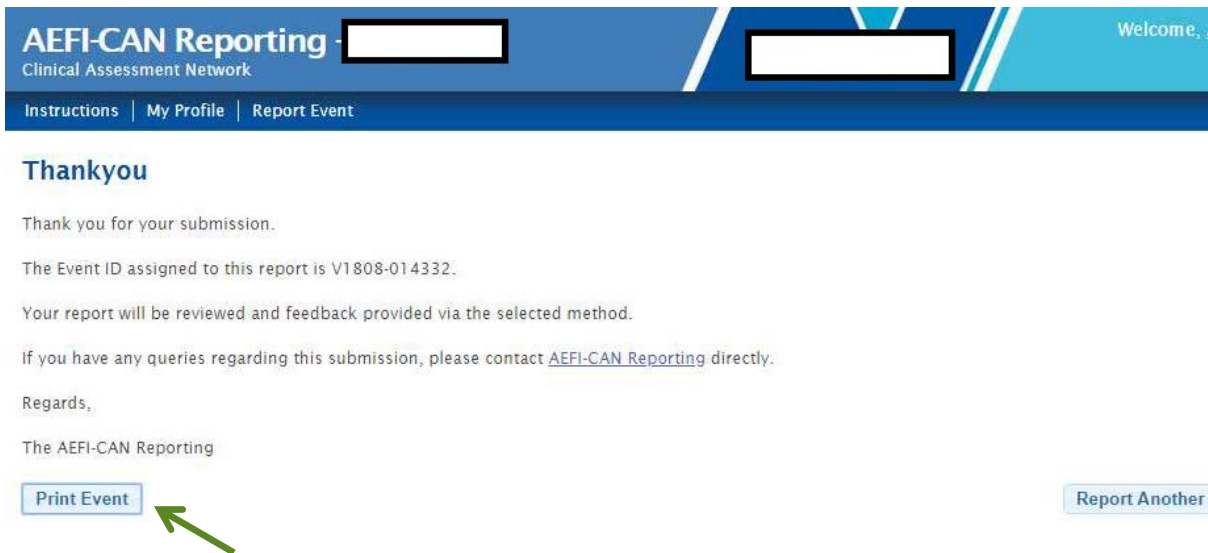
Consent

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

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. If you want a copy for your own records click on the **Print Event** button on the next screen.



AEFI-CAN Reporting Clinical Assessment Network

Instructions | My Profile | Report Event

Welcome,

Thank you

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