

SAEFVIC 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

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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
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
Victoria	SAEFVIC	1300 882 924 (option 1)	SAEFVIC
Western Australia	WAVSS	(08) 6456 0208	WAVSS



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.


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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.

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SAFEVAC Login

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

Login

Existing Users

Email: *

Password: *

[Forgotten password?](#)

Login

How do I make a report?

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.

Consent must be sought for reporting and follow-up, unless it is impracticable (patient is deceased, not contactable, incapable or incompetent).

- 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.

SAFEVAC Reporting - VIC
Integrated Vaccine Safety

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.

SAFEVAC Reporting - VIC Welcome, [Logout](#)

Integrated Vaccine Safety **SAEFVIC**

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

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

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

▼

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 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: * Address: *
 Surname: * Suburb: *
 Birth Date: State: *
 Gender: * Male Female Neither Unknown Postcode: *
 Medicare Number: Phone 1: *
 ATSI Status: * Phone 2:
 Vaccinee Category: * Health/aged/disability care worker
 In residential/aged/disability care
 None of the above
 Unknown Email Address:
 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:
 Other:

First Name: Vaccination Venue:
 Surname: Organisation:
 Provider Type: Address:
 Other: Suburb:
 Email Address: State:
 Postcode:
 Phone:

< 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: 19/07/2021 Antenatal Vaccination
 Unknown Weeks of Gestation:

Vaccination Time: 03 : 00 PM
hour min AM/PM
 Unknown

Vaccine *	Dose No *	Batch No (if known)	Injection Site
COVID Pfizer	1	12345	Left Deltoid
-- 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 > 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: mins hours days 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 # Days: Unknown

GP assessment Other:

Details:

review by GP. Antiemetic medical prescribed and paracetamol recommended.

Outcome

How long did the symptoms last? mins hours days 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: 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



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.