

SAFEVAC Reporter Guide (WA)

Section 1: Registration / Create an account

STEP 1: Click on the **Register** link.



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).

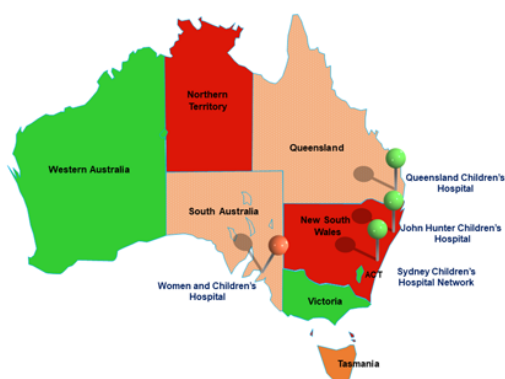
Currently AEFI reporting can only be completed via this website if the vaccine was administered in Victoria or Western Australia (reports followed up by SAEFVIC or WAVSS respectively).

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	1 300 882 924 (option 1)	SAEFVIC
Western Australia	WAVSS	(08) 6456 0208	WAVSS
Australian Capital Territory	ACT Health Department	02 5124 9800	www.health.act.gov.au
New South Wales	Local Public Health Unit	1 300 066 055	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	1 300 232 272	www.sahealth.sa.gov.au
Tasmania	Direct to TGA	1 800 044 114	www.tga.gov.au

STEP 2: 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
- 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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SAFEVAC

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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: * -- 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.


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SAEFVIC

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.

Section 2: Create a report

STEP 1: Log in using your newly created password.

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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 selected the wrong one during registration.
- Please contact 1300 882 924 - option 1 to change your account details.

SAFEVAC Reporting - (Western Australia)
Integrated Vaccine Safety

WAVSS

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

STEP 2: Click on **Report Event** or **Report Event Now**.

SAFEVAC Reporting - (Western Australia)
Integrated Vaccine Safety

WAVSS

Welcome, [Logout](#)

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

How to report an AEFI

[Download User Guide](#) **Report Event Now**

- 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.

SAFEVAC Reporting - (Western Australia)
Integrated Vaccine Safety

WAVSS

Welcome, [Logout](#)

[Instructions](#) | [My Profile](#) | [Report Event](#) | [Search Reports](#) | [Publishing](#) | [Administration](#)

Reporter Details

Reporter Vaccinee Provider Vaccines Details Submission

Reporter Details

First Name: *	Dr <input type="text" value="Billy"/>	Organisation: *	<input type="text" value="Bloggs General Practice"/>
Surname: *	<input type="text" value="Bloggs"/>	Address: *	<input type="text" value="123 Hill St"/>
Reporter Type: *	Doctor <input type="text"/>	Suburb: *	<input type="text" value="East Perth"/>
	Other: <input type="text"/>	State: *	WA <input type="text"/>
Reporter Setting:	-- select -- <input type="text"/>	Postcode: *	<input type="text" value="6004"/>
		Phone: *	Landline <input type="text" value="(08) 9333 3333"/>
		Email Address:	<input type="text" value="billy.bloggs@health.wa.gov.au"/>

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

STEP 4: Complete the **Vaccinee Details** section.

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 date of birth (if known) even though **Birth Date** is not a required field.

Vaccinee Details

Reporter Vaccinee **Provider** Vaccines Details Submission

Vaccinee Details (Child or Adult)

Same as Reporter Details

First Name: * Ms Sally Address: * 123 Park St
Surname: * Smith Suburb: * Nedlands
Birth Date: 01/08/1999 State: * WA
Gender: * Male Female Neither Unknown Postcode: * 6009
Medicare Number: Phone 1: * Landline (08) 9444 4444
ATSI Status: * Neither Phone 2: -- select --
Vaccinee Category: * Health/aged/disability care worker
 In residential/aged/disability care
 None of the above
 Unknown Email Address: zzzz@gmail.com
Parent/Guardian Name (if applicable)
First Name: -- Surname:

Medical History: Medication History: Immunisation History:

< Previous Save and Next > Cancel

STEP 5: Complete the **Immunisation Provider Details** section.

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: GP Practice
Other:

First Name: Dr Billy Vaccination Venue: Bloggs General Practice
Surname: Bloggs Organisation: Bloggs General Practice
Provider Type: Doctor Address: 123 Hill St
Other: Suburb: East Perth
Email Address: billy.bloggs@health.wa.gov.au State: WA
Postcode: 6004
Phone: Landline (08) 9333 3333

< Previous Save and Next > Cancel

STEP 6: Complete the Vaccines Administered page

This page is for all vaccines co-administered on the same day that the report refers to.

If the reaction being reported refers to one dose of a multi-dose vaccine schedule such as COVID-19 vaccines, please only enter here the dose that the reaction relates to. Any other doses already administered as part of the schedule (e.g. dose 1 if this report is for dose 2) can be entered in the Immunisation History section on the Vaccinee page.

Vaccines Administered

Reporter Vaccinee Provider **Vaccines** Details Submission

Vaccines Administered Related to AEFI

Vaccination Date: Antenatal Vaccination
 Unknown Weeks of Gestation:

Vaccination Time: :
hour min AM/PM
 Unknown

Vaccine *	Dose *	Type	Batch No (if known)	Injection Site
<input type="text" value="Fluad Quad"/>	<input type="text" value="1"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="Right Deltoid"/>
<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="-- select --"/>
<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="-- select --"/>
<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="-- select --"/>
<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="-- select --"/>
<input type="text" value="-- select --"/>	<input type="text"/>	<input type="text" value="--"/>	<input type="text"/>	<input type="text" value="-- select --"/>

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

< Previous Save and Next > Cancel

STEP 7: Complete the **Details** page.

- Include as much relevant information as possible including timing, details of the reaction, treatment and outcome.
- **For vaccine/program errors:** Tick the N/A (Drug/program error) box. Please clearly record the details of the error in the Reaction box even if there was no reaction. Record if the vaccinee has been advised of the error, what clinical advice they have received, and if the incident has been reported to another authority e.g. Clinical Incident Management System (CIMS) for hospital vaccination programs, Therapeutic Goods Administration (TGA) or the Vaccine Operations Centre (VOC).

Event Details

Reporter Vaccinee Provider Vaccines **Details** Submission

Reaction

Time elapsed between the administration of the vaccine and onset of the symptoms: 0 mins 0 hours 1 days 0 weeks Unknown N/A (Drug/program error)

Detailed description of the event including time of AEFI onset as applicable: *
Red swollen upper arm shoulder to elbow

Treatment (tick one or more boxes)

Treatment: Known Unknown * Paramedic attendance

None or symptomatic (e.g. paracetamol) only Hospital emergency at []

Helpline Hospital admission at [] # Days: [] Unknown

Nurse assessment Other: []

GP assessment

Details:

Outcome

How long did the symptoms last? 0 mins 0 hours 0 days 0 weeks Known Unknown but Ongoing Unknown but Resolved

Detailed description and timing of outcome: * Unknown
Ongoing 2 days post vaccine

< Previous Save and Next > Cancel

STEP 8: Complete the **Consent** section and click the **Submit** button to register the report.

- The vaccinee cannot be followed up or contacted by your local surveillance service if consent is not obtained so always attempt to get consent.
- The consent page differs for reports submitted by the vaccinee. Both examples are shown below.

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: 21/09/2022

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

Submission

Reporter Vaccinee Provider Vaccines Details **Submission**

Consent

I am the vaccinee and I give the following consent for my local public health unit or specialist immunisation clinic to contact me. Date: 21/09/2022

Full consent is given

Consent to report but NOT to contact is given

< 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.

Thankyou

Thank you for your submission.

The Event ID assigned to this report is W2209-017530.

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](#)