Manitoba Public Health Information Management System

Report User Guide

MB6064A

AEFI Detail Report

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Definitions for Report User Guides:

a. “Authorized Organization” means an organization (an RHA, a First Nation, or other organization) with whom Manitoba has entered into an agreement in order to facilitate access to PHIMS;
b. "Authorized User" means an employee, agent or contractor of an Authorized Organization (the employer) permitted to access to PHIMS.
c. “Service Delivery Location” (SDL) means a public health office or a Community Health Centre
d. “User Role” means the specific role or roles to which an Authorized User is assigned and which prescribes what Information the Authorized User is permitted to access, use and disclose.

Data Type		Explanation
Aggregate, no identifiable data	=	Summary data with no client identifiers
Aggregate, no identifiable data, but possible small population sensitivity or Provider / Org Sensitivity	=	Summary data with no client identifiers However there are sensitivities in the data where small numbers could identify clients, communities or providers
Line Level, Single client identifiable data	=	Includes client identifiers of an individual client
Line level, Multi client identifiable data	=	Includes client identifiers of a list of multiple clients

Table of Contents

1. Background:

1.1. Data Access Scope for Immunization in PHIMS

In Manitoba, all immunization module users have access to immunization records for all Manitobans. This was decided as a result of a number of considerations, including:

- Clients can receive immunization services at service delivery locations other than their default public health office, either within or outside their home health region
- School age clients may attend schools outside their home region where immunization services are delivered
- Cases and outbreaks of vaccine preventable diseases also cross regional boundaries and may involve multiple public health provider organizations.

1.2. Privacy/Data Sensitivity

This report is set at the Manitoba level. This means that users who have access to this report can "view" data from all regions and provider types in Manitoba. The report includes data to the level of the organization and service delivery location. Although this is aggregate data representing numbers of doses administered, and personal health information is not displayed, there may be results displayed which may identify individual providers when detailed reports are generated. As a result, the number of users who have access to this report is limited to a very small set of users.

1.3. Permitted Disclosures

- Disclosure to client or client's health care provider permitted.

Note re Permitted Disclosures - In general, Standard Reports in PHIMS have been designed for internal use for day to day public health and health service delivery, limited to Authorized Users of Authorized Organizations. Authorized Users may only disclose information from the report that relates to their Designated Health Region. For First Nation Authorized Organizations - sites that have entered into a Bridging Service ISA, an Authorized User (of the Bridging Organization) generating the reports may provide Standard Reports to a FN Authorized User.

1.4. Data Stewardship

Users who have access to this report should have some background in report generation and basic epidemiology, and are responsible for the following:

- Users only run this report for their designated Health Region, or on a need to know basis.
- The data produced are to be validated and interpreted prior to disseminating any information produced from the report. The output requires contextual interpretation based on the filters used and timing of when the report was generated.
- The data are intended to be used by public health for program planning and monitoring. Data are not to be made available to the public or run on specific providers without prior consultation with the Health Region and Manitoba Health.
- Users ensure data are managed securely and appropriately according to organizational guidelines especially when the report(s) identifies small populations or providers (e.g. Physicians with SDL detail – every physician office will show up)

Users who have access to this report will be subject to PHIMS audits documenting which user generated the report and on what date.

2. Purpose

The purpose of the AEFI Detail Report is to provide a printed version of the Adverse Events Following Immunization (AEFI) report that reflects the original format of the form created by the Public Health Agency of Canada (PHAC).

2.1. Populations Included in the Report

The **AEFI Detail Report** provides a summary report of all data entered in an individual AEFI of the client selected at the time of printing.

2.2. Recommended Uses for this Report

This report is to be used to provide a copy of the AEFI report to the provider of the immunization after the review is completed with the MOH recommendations for further immunization. It can also be generated using **comment lines** and sent to request further information/clarification from the immunization provider. Once it is marked **Eligible for reporting to PHAC,** it will be generated by Manitoba Health and sent as a de-identified AEFI report to the Public Health Agency of Canada.

3. Selecting the Report Parameters

When running a report you must select specific parameters. Some parameters are required and some are optional.

Selecting the Correct Parameters to get the Needed Output

You can generate this report from the "Reporting & Analysis" section in PHIMS.

This is a statistical report under Immunization: Surveillance Reports

- Click on **Reporting & Analysis** (left navigation bar) or the **Reporting** tile on the Dashboard.
- Open the Immunization Report Folder by expanding the collapsible panel.
- Scroll down to Surveillance Reports and select **MB6064A-AEFI Detail Report**
- Enter the **Client ID** or put **client in context** which populates **Client ID**(required)
- Select AEFI to Print, either **"Most Recent"** (default) or **"All"** from the drop down (required)
- De-Identify: "**No**" (default). Change to **"Yes"** to remove client identifying information
- Comment Lines: **"No"** (default). Change to **"Yes"** to add in additional comment lines.
- Click **Generate Report Now.**

Parameter Definitions:

Parameter Name	Data Type	Description	Validation
Client ID	Type in	Client PHIMS ID	Required
AEFI to Print	Drop List	Most Recent (default) All	Required
De-Identify	Drop List	No (default) Yes	Required
Comment Lines	Drop List	No (default) Yes	Required

4. Report is assigned to the following User Roles:

MB CDI MEDICAL OFFICER

MB EPI ANALYST / MB CDI Epi Analyst

MB EPI ADMIN

MB PUBLIC HEALTH MANAGER / MB CDI PUBLIC HEALTH MANAGER

MB PUBLIC HEALTH NURSE /MB CDI PUBLIC HEALTH NURSE

MB PUBLIC HEALTH CLERK / MB CDI PUBLIC HEALTH CLERK

MB CDI PUBLIC HEALTH COORDINATOR

5. Report Description

Report Output: The report will be generated as a PDF

Data Source: Operational data from the PHIMS Database

6. Sample Report

1a. Unique episode #: 6 **1b. Region:** Winnipeg Health (including Churchill) **2. IMPACT LIN:**

☑ Swelling ☑ Pain ☑ Tenderness ☐ Erythema ☑ Warmth ☑ Induration ☐ Rash ☐ Largest diameter of inj. site reaction:
Site(s) of reaction: ☐ Palpable fluctuance ☐ Fluid collection shown by imaging technique (eg. MRI, CT, US)
☐ Spontaneous/surgical drainage ☐ Microbial results ☐ Lymphangitic streaking
☐ Regional lymphadenopathy

9b. ○ Anaphylaxis
9c. ○ Other allergic events

Interval: 0 Min 0 Hrs 0 Day(s) from immunization to onset of 1st symptom or sign
Duration: 0 Min 0 Hrs 0 Day(s) from onset of 1st symptom/sign to resolution of all symptoms/signs
☐ Unresolved

Skin/mucosal	○ Generalized ☐ Injection Site ☐ Non-injection Site ☐ Urticaria ☐ Erythema ☐ Pruritus ☐ Prickle sensation
	○ Localized ☐ Injection Site ☐ Non-injection Site ☐ Urticaria ☐ Erythema ☐ Pruritus ☐ Prickle sensation
	☐ Eyes ☐ Red ☐ Itchy
	☐ Angioedema ☐ Tongue ☐ Throat ☐ Uvula ☐ Larynx ☐ Lip ☐ Eyelids ☐ Limbs ☐ Other
Cardiovascular	☐ Measured hypotension ☐ ↓ central pulse volume ☐ Capillary refill time > 3 sec ☐ Tachycardia ☐ ↓ or loss of conciousness
Respiratory	☐ Sneezing ☐ Rhinorrhea ☐ Hoarse voice ☐ Sensation of throat closure ☐ Stridor ☐ Dry cough ☐ Tachypnea ☐ Wheezing ☐ Indrawing/retractions ☐ Grunting ☐ Cyanosis
Gastrointestinal	☐ Diarrhea ☐ Abdominal pain ☐ Nausea ☐ Vomiting

9d. ☐ Neurologic events

Interval: 0 Min 0 Hrs 0 Day(s) from immunization to onset of 1st symptom or sign
Duration: 0 Min 0 Hrs 0 Day(s) from onset of 1st symptom/sign to resolution of all symptoms/signs
☐ Unresolved

☐ Meningitis ☐ Encephalopathy/Encephalitis ☐ Guillain-Barre Syndrome (GBS) ☐ Bell's Palsy
☐ Other Paralysis ☐ Seizure ☐ Other neurologic diagnosis

☐ Depressed/altered level of consciousness, lethargy or personality change lasting ≥ 24hrs ☐ Focal or multifocal neurologic sign(s)
☐ Fever (≥ 38.0ºC) ☐ CSF abnormality ☐ EEG abnormality ☐ EMG abnormality ☐ Neuroimaging abnormality
☐ Brain/spinal cord histopathologic abnormality

Seizure details:
☐ Witnessed by health care professional ☐ Yes ☐ No ☐ Unknown
☐ Sudden loss of consciousness ☐ Yes ☐ No ☐ Unknown
☐ Focal (Specify: ☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Atonic)
☐ Generalized (Specify: ☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Atonic)
☐ Previous history of seizures (Specify: ☐ Febrile ☐ Afebrile ☐ Unknown type)

9e. Other defined events of interest

Interval: 0 Min 0 Hrs 0 Day(s) from immunization to onset of 1st symptom or sign
Duration: 0 Min 0 Hrs 0 Day(s) from onset of 1st symptom/sign to resolution of all symptoms/signs
☐ Unresolved

☐ Hypotonic-Hyporesponsive Episode (age < 2 years) ☐ Limpness ☐ Pallor/cyanosis ☐ ↓responsiveness/unresponsiveness	☐ Thrombocytopenia ☐ Clinical evidence of bleeding ☐ PLT count < 150x10^9/L
☐ Persistent crying *(Crying which is continuous and unaltered for ≥ 3 hours)*	☐ Oculo-Respiratory Syndrome (ORS) *(NOTE: this is different from allergic/respiratory symptoms)*
☐ Rash ☐ Generalized ☐ Localized at non-injection site *(NOTE: for rash at injection site, use section 9a and for rash in allergic reaction use section 9b/9c)*	☐ Bilateral red eyes ☐ Cough ☐ Wheeze ☐ Sore throat ☐ Difficulty swallowing ☐ Difficulty breathing ☐ Hoarseness ☐ Chest tightness ☐ Facial Swelling
☐ Intussusception	☐ Fever ≥ 38.0ºC *(NOTE: report ONLY if fever occurs in conjunction with another reportable event. For fever in a neurological event, use section 9d)*
☐ Arthritis ☐ Joint redness ☐ Joint warm to touch ☐ Joint swelling ☐ Inflammatory changes in synovial fluid	☐ Other severe event(s) not listed above
☐ Parotitis *(Parotid gland swelling with pain and/or tenderness)*	

1a.Unique episode #: 6 **1b. Region:** Winnipeg Health (including Churchill) **2. IMPACT LIN:**

10.Recommendations for Further Immunization:

- ☐ No change to immunization schedule
- ☐ Determine protective antibody level
- ☐ No further immunizations with (specified below)
- ☐ Other (specified below)
- ☐ Expert referral (specified below)
- ☑ Controlled setting for next immunization
- ☐ Active follow-up for AEFI recurrence after next vaccine
- ☐ No recommendations

Recomendation comments	Recorded by	Created on
	Ruth Deane RN	2016/08/18

☑ On behalf of Health Service Provider: **CAROL A KURBIS MD, MD**

11.Follow-up Information for a Subsequent Dose of same Vaccine(s):

☐ Vaccine administered without AEFI ☐ Vaccine administered with recurrence of AEFI ☐ Vaccine administered, other AEFI observed
☐ Vaccine administered without information on AEFI ☐ Vaccine not administered ☐ Other

Followup date: ☐ On behalf of Health Service Provider: