



Immunizations: AEFI Adverse Event

MIE Search – QRC search for your Mass Immunization Event.

AEFI – Adverse Event – QRC

Refer to the User Guide for Completion and Submission of the AEFI Reports

https://www.gov.mb.ca/health/publichealth/cdc/docs/aeafi_manual.pdf

1. From the Mass Immunization Event worksheet, select the client you want to document an AEFI on by selecting the check box beside the client's name. Click on 'Assess and Immunize'.

Alerts	Client ID	Client Name	Date of Birth	Gender	Immuniz... Agent	Forecast Status	Consent Readiness	Event Status
<input checked="" type="checkbox"/>	282	Abbey, Vanessa	1965 Oct 26	Female	COVID19-Pfizer	Not Forecasted	Missing	---

2. The 'Assess and Immunize' page displays. Click on the 'More' tab on top of the page and select 'AEFI' from the drop list.

Assess and Immunize

Return Record Consent Record Immunization **More**

Alerts **Notes**

Client ID: 282 Name(Last, First Middle) / Gender: Abbey, Vanessa / Female Health Card No: 310245842

Phone Number: - Health Region Organization: Manitoba, Winnipeg Health Additional ID Type / Additional ID: Manitoba Health Family Registration Number / 9791

Client Immunization Profile

Immunization History Immunization Summary Forecast by Agent Forecast by Disease Client

Agent	Date Administered	Age at Administration	Status	Trade Name
Inf-Intramuscular	2015 Jan 23	49y	Valid	

AEFI
Allergies
Allergies - Set to None
Client Event Status
Client Immunization Profile
Clinical Notes
Deferrals
Special Considerations
Vaccine Wastage
Warnings



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3. The Adverse Event Summary page displays. Click on the 'Create' button.

Adverse Event Summary [Add to WQ] [Save] [Reset] [Return] [log] [Print] [Help] [Close]

Active

Client ID: 5257814 [Info] [User] Name(Last, First Middle) / Gender: Mouse, Minnie / Female Health Card No: 147258369 Date of Birth / Age: 2000 Jan 01 / 20 years

Phone Number: - Health Region Organization: Manitoba Additional ID Type / Additional ID: Manitoba Health Family Registration Number / -

Adverse Event Summary [Up Arrow]

[Create]

4. The 'Create Adverse Event' page displays.
Follow **AEFI-Adverse Event – AEFI Create - QRC** page 2

Adverse Event [Checkmark] [Up Arrow]

Status: Draft Unique Episode number: IMPACT LIN:

* Health Region: MB Health, Winnipeg, Manitoba [Info] [Search] * Service Delivery Location: Manitoba Health SDL, Winnipeg, Manitoba [Info] [Search]

Reported By [Checkmark] [Up Arrow]

Date Reported: 2021/01/12 [Calendar] Setting: Other [Dropdown] Other Setting: RBC Convention Center

* Provider:
Indexed: [Radio] [Text: e.g. Provider Last Name, First Name] [Info] [Search]
Non-Indexed: [Radio] [Text] [Add]

* Source of Information: Same as Reporter [Dropdown]

5. The 'Create Adverse Event' page displays.
Complete the following information:
'Adverse Event' section:

- i. **Status:** Defaults to 'Draft'. Once AEFI is ready for review, update the status to 'Submitted for Review'.



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- ii. **Health Region:** Update to reflect client's current health region.
- iii. **Service Delivery Location (SDL):** Update the service delivery location.

'Reported by' section (NB: The health care professional reporting the AEFI completes the 'Reported By' section and is known as the 'Reporter'):

- iv. **Date Reported:** Enter date reported
- v. **Setting:** Enter setting of the immunization
- vi. **Provider:** Select radio button for **Non-Indexed** and Click 'Add' (Do not use the **Indexed Provider**). An input modal appears (see screen shot below). Add required details for the Provider. Click Apply.
- vii. **Source of Information:** This is the person who has observed the reaction and is providing the information to the Reporter (eg. the Reporter, the client, someone calling on behalf of the client).

Add Non-Indexed Provider

Apply Reset

* First Name: Bill * Last Name: Smith Professional Status: Other * Other Professional Status: EMS

* Phone/Email

Email Type: Email: email@domain.com

Telephone Number: Country: Canada Number: 204-555-5555 x Usage: Work Place

Fax Number: Country: Canada Number: x Usage:

* Address

Address Format: Structured

* Address Type: Work Place

Unit No.: Street No.: 123 Street Name: Main Street Type: Blvd Street Direction:

P.O. Box: STN: RPO: Rural Route:

Country: Canada Province / Territory: Manitoba City / Town: Postal Code:

Address Effective From: 2021/01/12 To: yyyy/mm/dd



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6. Expand the 'Immunizations Linked to AEFI' section and select immunization(s) linked to this AEFI.

Immunizations linked to AEFI										
View										
	Linked to this AEFI ▲	Linked to another AEFI ⇅	Date Administered ▼	Agent ▲	Trade Name ⇅	Manufacturer ⇅	Lot Number ⇅	Dose Number ⇅	Route ⇅	Body Site ⇅
<input type="radio"/>	<input checked="" type="checkbox"/>		2021 Jan 12	COVID19-Pfizer	Pfizer-BioNTech COVID-19 Vaccine		CVD192020 Exp. 2021 Dec 05	1	Injection, intramu...	Deltoid: right

7. Expand the 'Information at Time of Immunization and AEFI Onset' section. Select applicable responses, add additional comments as needed.

Information at Time of Immunization and AEFI Onset

Did an AEFI follow a previous dose of any of the above immunization agents? ←

Yes, specify No No Prior Dose Unknown

Previous Dose Comments:

(4000 characters remaining.)

Did this AEFI follow an incorrect immunization? ←

Yes No Unknown

Incorrect Immunization Comments:

(4000 characters remaining.)

Medical History (up to the time of AEFI onset): ←

Acute illness/injury
 Concomitant medication(s)
 Known medical conditions/allergies
 Pregnant (specify EDC in comments)
 Unknown

Medical History Comments:



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- Expand the '**AEFI details**' section and expand the applicable Type of Event (ie. **Local reaction at or near infection site, Anaphylaxis or Other allergic events, Neurologic event or Other events**).

Enter relevant details as required in the applicable Type of Event; add additional comments as needed.

Click here to expand each section

For example: A client has experienced an anaphylaxis event. The client was treated as per protocol at the mass immunization clinic and then taken to hospital.

Enter the relevant details under 'Anaphylaxis or Other Allergic events':



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Anaphylaxis or Other allergic events

Onset: mins hours days
 Duration: mins hours days Unresolved

Event Type:

<p><input checked="" type="checkbox"/> Skin/Mucosal</p> <ul style="list-style-type: none"> <input type="checkbox"/> GENERALIZED <input type="checkbox"/> LOCALIZED <input checked="" type="checkbox"/> ANGIOEDEMA <ul style="list-style-type: none"> <input type="checkbox"/> Eyelids <input checked="" type="checkbox"/> Face <input checked="" type="checkbox"/> Tongue <input type="checkbox"/> Throat <input type="checkbox"/> Uvula <input type="checkbox"/> Larynx <input checked="" type="checkbox"/> Lip <input type="checkbox"/> Limbs <input type="checkbox"/> Other, specify <input type="text"/> <input type="checkbox"/> EYES 	<p><input checked="" type="checkbox"/> Respiratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sneezing <input type="checkbox"/> Rhinorrhea <input checked="" type="checkbox"/> Hoarse voice <input checked="" type="checkbox"/> Sensation of throat closure <input type="checkbox"/> Stridor <input type="checkbox"/> Dry cough <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> Wheezing <input type="checkbox"/> Indrawing/retractions <input type="checkbox"/> Grunting <input type="checkbox"/> Cyanosis <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Chest tightness 	<p><input checked="" type="checkbox"/> Cardio-vascular</p> <ul style="list-style-type: none"> <input type="checkbox"/> Measured hypotension <input type="checkbox"/> Decreased central pulse volume <input type="checkbox"/> Decreased or loss of consciousness <input checked="" type="checkbox"/> Tachycardia <input type="checkbox"/> Capillary refill time >3sec <p><input checked="" type="checkbox"/> Gastro intestinal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input checked="" type="checkbox"/> Nausea <input type="checkbox"/> Vomiting
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Anaphylaxis or Other Allergy Comments:

9. Expand the 'Impact of AEFI, outcome and Level of Care' section and enter relevant details as required. **NB:** If you select 'Yes' for Treatment received, details of the treatment are required.

Impact of AEFI, outcome and Level of Care

Highest impact of AEFI: ←

Outcome at time of report: ←

Medical Attention

Highest level of care required: ←

Treatment received:

No Unknown Yes ←

Details of all treatments including self treatment:

←

(3985 characters remaining.)

10. Expand the 'Supplementary Information' section to enter additional information into the Comments box as needed.



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Supplementary Information

Supplementary Information Comments:

(4000 characters remaining.)

The AEFI is now complete and ready to submit for review by the Medical Officer of Health (MOH)

11. Scroll to top of page and select '**Status**' to '**Submitted for review**' and SAVE.

Create Adverse Event Return **Save** Reset More

Alerts **Notes** Active

Client ID: 2596 **Name**(Last, First Middle) / Gender: Acardi, Paige / Female **Health Card No:** 326910465 **Date of Birth / Age:** 1960 Sep 16 / 60 years

Phone Number: Mobile Contact: 778-555-8682 **Health Region Organization:** Manitoba, Winnipeg Health **Additional ID Type / Additional ID:** Manitoba Health Family Registration Number / 555321

Adverse Event

* **Status:** Draft **Unique Episode number:** **IMPACT LIN:**

* **Service Delivery Location:** Manitoba Health SDL, Winnipeg, Manitoba

Submitted for review

12. The 'Confirm Save' modal window opens. Enter 'Comments' (eg. 'For review'). Click SAVE.

Update Adverse Event Save Reset More log

Confirm Save

* **Comments:**

Save Reset

Adverse Event ID: 2638

13. Pop up message 'Adverse Event was successfully created' displays at top of page.



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Update Adverse Event Return Save Reset More Print Help Close

Alerts Notes Active

Client ID: 2596	Name(Last, First Middle) / Gender: Acardi, Paige / Female	Health Card No: 326910465	Date of Birth / Age: 1960 Sep 16 / 60 years
Phone Number: Mobile Contact: 778-555-8682	Health Region Organization: Manitoba, Winnipeg Health	Additional ID Type / Additional ID: Manitoba Health Family Registration Number / 58	Adverse Event was successfully created.

14. Click on **Return** at the top of the page to return to the Mass Immunization Event worksheet.