

First Nations Health Authority Health through wellness

Panorama Guide

Adverse Event Following Immunization (AEFI)

Version 3.2

panorama@fnha.ca

http://www.fnha.ca/what-we-do/communicable-disease-control/panorama

Table of Contents

| Adverse Events Following Immunization (AEFI) Principals | 2 |
|---|----|
| Entering Adverse Events Following Immunization (AEFI) | 2 |
| Panorama AEFI Data Reporting Tips | 10 |

Adverse Events Following Immunization (AEFI) Principals

All adverse events should be entered directly into Panorama.

You will advise your Regional Health Authority MHO of the AEFI using email (do NOT include identifying information other than the Panorama client ID #).

IMPORTANT: This guide should be used in conjunction with the BCCDC Immunization Manaul & the BCCDC's User Guide for Completion and Submission of Adverse Events Following Immunization (AEFI) Reports. The BCCDC guides provides detailed directives on how to complete an AEFI report.

LHN>Immunizations>Adverse Events (AEFI)

BEST PRACTICE IS TO COMPLETE ALL AEFI INFORMATION AND SUBMIT IT RIGHT AWAY.

IMPORTANT REMINDER: Please connect with the Panorama Team at <u>panorama@fnha.ca</u> when submitting an **AEFI**.

If you have to leave the draft and come back to it follow these instructions to get back into your AEFI file:

- 1. Make sure your client is in context
- 2. From the LHN, click Immunizations then click Adverse Events (AEFI).
- 3. Select the radio button beside the relevant AEFI.
- 4. Click Update in Row Action.

First Nation Nurses responsibilities:

- 1. Reports Adverse Event
- 2. Creates Adverse Event in Panorama
- 3. Submits Adverse Event for review.
- 4. Advises RHA by e-mail of Adverse Event
- 5. Enters the client's family physician's name under *Health Care Provider Information*
 - a. LHN>Client Details>Health Services> Add Health Service Provider
- 6. Follows up once a recommendation has been made (email received from MHO)

Entering Adverse Events Following Immunization (AEFI)

1. Determine if the reaction meets temporal criteria and is in fact an AEFI as per BCCDC **IMPORTANT NOTE *YOU CAN NOT ENTER AN** Guidelines – PLEASE REFER TO BCCDC AEFI **AEFI IF THE IMMUNIZATION HAS NOT BEEN** Guidelines. **ENTERED IN PANORAMA** 1. If adverse event does not meet temporal criteria **DO NOT** enter as an AEFI in Panorama. 2. Determine if the Immunization(s) are entered LHN>Immunizations>Immunization Profile into Panorama. 1. Navigate to the **Immunization** module with Client in Context. 2. From the LHN, click **Immunizations**, then click Immunization Profile.



- Review Immunization Details and ensure immunizations have been entered in Panorama. If immunizations are **not** in Panorama, enter them as per Immunizations User Guide
- 3. From the *LHN*, navigate to **Immunizations** section.
- 4. Select Adverse Events (AEFI).
- 5. Ensure AEFI has not been previously submitted by reviewing the Adverse Event Summary table and any listed AEFIs
 - 1. Select Create.

Complete *required fields for Adverse Event:

- 6. Status will automatically populate to Draft
- 7. Ensure Organization and SDL default appropriately, if not use FIND to set appropriate values.

Reported By

- 8. In the **Date Reported** field enter the <u>date AEFI</u> <u>was reported</u> not the date it actually happened.
- 9. Date Reported field auto-populates to today's date.
- 10. From the *Settings* drop-down box, select **Public Health**. This setting refers to where the AEFI is <u>entered</u>.
- 11. The **Provider** refers to the health care provider who received and reported the AEFI information to the public health unit. It should be defaulted to your name. If not, use FIND to add your name in **Indexed Field**.
- If provider is an external provider ie. Physician.
 Select Non-Indexed and enter external provider name.
- 13. In the **Source of Information** section, select who is providing the AEFI information. In most cases it will be a Physician's office or a Parent.
- 14. If **Other** is selected, further fields display.
- 15. If Client is linked to a Parent as a relationship, select the radio button next to **Related Client** select Parent from the drop-down box and the fields will automatically populate.

| Immunization | s linked to | AEFI | |
|---|---|--|-------------------------|
| | | | |
| View | | | |
| Linked to this AEFI ▲ | Linked to another AEFI ≎ | Date Administe | Agent 🔺 |
| | | 2018 Nov 14 | DTaP-IPV- Hib-HB |
| | | 2018 Sep 15 | DTaP-IPV- Hib-HB |
| • | | 2018 Sep 15 | Pneumo- C-13 |
| Information at Tin | ne of Immuni | zation and AEFI C | Inset |
| Did an AEFI follow a pre | eviousdoseofa Dose Unkr | ny of the above immu nown Yes, specif | inization agents? fy |
| Previous Dose Comm | ents: | | |
| | | | |
| | | | |
| | | | |
| (4000 characters rema | aining) | | |
| (4000 characters rema | aining.) | nization? | |
| (4000 characters rema Did this AEFI follow an No OUnknown | aining.) incorrect immur | nization? | |
| (4000 characters rema Did this AEFI follow an No OUnknown Incorrect Immunizatio | aining.) incorrect immur Yes n Comments: | nization? | |
| (4000 characters remained Did this AEFI follow an No OUnknown Incorrect Immunizatio | aining.) incorrect immur Yes n Comments: | nization? | |
| (4000 characters rema Did this AEFI follow an No OUnknown Incorrect Immunizatio | aining.) incorrect immur n Yes n Comments: | nization? | |
| (4000 characters remain Did this AEFI follow an No OUNKNOWN Incorrect Immunization (4000 characters remain) | aining.) incorrect immur Yes n Comments: aining.) | nization? | |

16. If not, enter the mandatory fields as indicated in **Other Source:**

- Last Name: Physician/Pharmacist last name, Clinic name, or Occupational Health.
- 2. First Name: Physician/Pharmacist first name, or XXX.
- 3. Email Address or Phone Number: Phone number of Physician/Pharmacist or 000-000-0000 if unknown.
- 4. Address: Unknown.

Below the reporting area, the detailed sections to be completed are closed. Select double arrows to open the areas.

Immunizations Linked to AEFI

- 17. Section will display all immunizations administered to client.
- 18. From the *Existing Immunizations* list, select the appropriate Existing Immunizations Linked to this AEFI event. Ensure check mark is populated in box.
- 19. To view the details of immunization select the radio button and select VIEW at top left hand corner.

Important: Do Not Use Create New.

All immunizations need to be entered before you begin the AEFI process (see step 3).

Information at Time of Immunization and AEFI Onset

- 20. For the question '**Did an AEFI follow a** previous dose of any of the above immunizing agents', select the correct radio button.
- 21. Enter relevant comments
- 22. Comments cannot be deleted or edited once added, so ensure they are accurate and entered for the correct Client.
- 23. For the question **'Did this AEFI follow an incorrect immunization'**, select the appropriate choice.

| Important: If the reaction is listed in the BCCDC | 24. If Yes selected, select all check boxes that apply |
|--|--|
| manual, but is not listed in Panorama, select the | to details. |
| 'Other' option and provide details as specified. | 25. Enter relevant comments |
| | Medical history (up to the time of AEFI onset) |
| | 26. Select all check boxes that apply as per FHA |
| | AEFI process. |
| | 27. Enter relevant comments. If no medical history |
| | is indicated a comment is required: enter "No |
| | Medical History". |
| | |
| | AEFI Details |
| | 28. Select arrows to open AEFI Details section. |
| | 29. Complete one or more of the following |
| | applicable four sections in AEFI Details to |
| | document the details of the reaction. |
| | 30. Select arrows to open the appropriate section |
| | |
| | Local reaction at or near injection site: |
| | 31. Enter numbers in the Onset and Duration fields |
| | or Unresolved |
| | 1. Enter ETHER mins, hours, or days (one |
| | section only) |
| | 32. Select one or more local reactions below the |
| | Onset and Duration fields. |
| | 1. If other, enter comments under Local |
| | Reaction Comments. |
| | that apply and are linked to the above |
| | reactions |
| | 1 Descriptors should only be entered after |
| | at least one reaction has been selected |
| | 34 Enter the details under Local Reaction |
| | Comments box |
| | comments box |
| | If an event is selected in the local section, Panorama |
| | requires either a sign/symptom or comment to be in |
| | this section to save the record. If signs/symptoms are |
| | unknown, or none of the options apply, users can |
| | report "No additional details", or describe the |
| | signs/symptoms, in the local comment box, as |
| | applicable. In Panorama, once a comment is added, it |
| | cannot be modified or deleted. |
| | |
| | Anaphylaxis or Other allergic events: |

| | 35. Enter numbers in the Onset and Duration fields |
|--|---|
| | or Unresolved |
| | 1. Enter EITHER mins, hours, or days (one |
| | section only) |
| | 36. Select appropriate Event Type: |
| | 1. Anaphylaxis |
| | 2. Oculo-Respiratory Syndrome (ORS) |
| | 3. Other allergic events |
| | 37. Reactions are categorized by body systems. |
| | Select the check box beside each applicable |
| | body system |
| | 1. Select the check box for all symptoms that |
| | Trave presented within this system. |
| | box |
| | 00%. |
| | Neurologic event: |
| | 39. Enter numbers in the Onset and Duration fields |
| | or Unresolved |
| | 1. Enter EITHER mins, hours, or days (one |
| | section only) |
| | 40. Select the check box beside each applicable |
| | reaction, then select the check box for all |
| | descriptors that have presented with the |
| | reaction you selected. |
| Impact of AEEL outcome and Level of Care | 41. Enter the details of the AEFI in the Comments |
| Highest impact of AFFI | box. |
| | Impact of AEEL outcome and Lovel of Care |
| | A2 Select appropriate response from drop down |
| 1 ~ ~ | menu under Highest impact of AFEI: |
| | 43 Select appropriate response from drop down |
| Did not interfere with daily activities | menu under Outcome at time of report: |
| Interfered with but did not prevent daily activities | 44. Under Medical Attention from drop down |
| Prevented daily activities | select correct response for Highest level of |
| | care required. |
| Outcome at time of report: | 45. Specify if Treatment received. |
| | |
| | Supplementary Information: |
| Fatal | 46. Enter any additional supplementary info re: |
| Fully recovered | AEFI in comments box. |
| Not Yet Recovered Permanent Disability/Incanacity | 47. Select SAVE on top right hand bar. Header will |
| Unknown | display "Adverse event is successfully created". |
| | |
| | |

Documents:

- 48. This section allows you to add any associated documents i.e ER report, photo of reaction.
- 49. Click on context document on top right hand bar.
- 50. Select **ADD NEW** under document list upload document.

Final Review:

- 51. Review AEFI sections, to ensure everything is entered correctly
 - If you have saved information & would like to return to view your AEFI summary, navigate to AEFI from LHN.
 - Your AEFI should have an AEFI ID assigned to it & a status of DRAFT. You can UPDATE or VIEW the AEFI. UPDATE can only be completed by you as author.
- 52. Once have completed all information correctly on the AEFI report, scroll to the top first section **ADVERSE EVENT.**
- 53. Change status from **DRAFT** to **SUBMITTED FOR REVIEW**
 - If there are any errors with the report, Panorama will now display a message indicating error. Correct and resubmit status change.

54. A modal will appear **– Confirm Save.**

- Complete required fields only.
 - **Comments:** Enter your details: "For further info please contact FHNA nurse ie. Email address: ..."
 - **Organization** will default to your organization.
 - Workgroup From dropdown menu select appropriate Regional Health Authority client is located in.
 - Priority will default to HIGH
- 55. Select **SAVE.** Header will display "Adverse event is successfully submitted".

Inform RHA of AEFI:

LHN>Immunizations>Adverse Events (AEFI)

Adverse Event

| Quilt maitte d far and | - | - | | |
|---|------------|------------|---|--|
| Submitted for rev | lew | | | |
| 1 | Q | | | |
| Draft | | | | |
| Submitted for re | view | | | |
| Disregard - Ente | ered In E | ror | | |
| Does Not Meet F | Reporting | Criteria | 1 | |
| | | | | |
| | | | | |
| antire Caus | | | | |
| Julium Save | | | | |
| omments: | | - | | |
| iomments: | | 1 | | |
| Comments: | | | | |
| Comments: | | 3 | | |
| Comments: Task Creation | |] | | |
| Comments: Task Creation Organization: Three Comers Health Services, Will | iams Lak 👩 | ٩ | | |
| Comments: Task Creation Organization: Three Comers Health Services, Will | iams Lak 🐧 | Q | | |
| Comments: Task Creation 'Organization: Three Comers Health Services, Will 'Workgroup: | iams Lak 👩 | Q User: | | |
| Comments: Task Creation Organization: Three Comers Health Services, Will Workgroup: | iams Lak 🗿 | Q User: | | |

| | 56. Email Details: |
|---|---|
| | Subject Line: Panorama Adverse Event |
| | Body of Message: Identify client by |
| | Panorama Client ID # and AEFI ID # |
| | DO NOT INCLUDE IDENTIFYING INFO |
| | SUCH AS PHN, NAME, DOB or GENDER |
| | Follow-up: |
| | 57. You will receive an email stating that |
| | recommendations have been entered into |
| | Panorama. |
| | 58. Navigate to client AFFI to review |
| | recommendations |
| | I HN>Immunization>AFFI |
| Select LIPDATE | |
| | 59 The status of the AFEI should have been |
| | changed to "Review in Progress" by RHA if this |
| | has not been changed select this option from |
| | dron down menu & change status. Select SAVE |
| | if change to status made |
| | 60 Scroll to Public Health Recommendations |
| | Review RHA MHO recommendations |
| | 61 Follow-up with parent and document note in |
| | Panorama |
| | i dhorania. |
| | Create Immunization Encounter Level Note: |
| | 62. There are two ways to enter an Immunization |
| | encounter level note, use either option: |
| | LHN>Immunization>Subject Summary |
| | Navigate to Immunization section on |
| | LHN, go to Subject Summarv |
| | In the Immunization Section under |
| | Unassociated Encounters section. |
| | select Create Encounter |
| | Enter Encounter details |
| | LHN> Immunization > Encounter Details |
| | Navigate to Encounter Details directly |
| Encounter Details | from LHN under Immunization. |
| Required field | 63. For Encounter Details : |
| Encounter Group: Immunization | Choose Encounter Type as Adverse Event |
| * Encounter Date: 2019 / 08 / 30 | Following Immunization |
| yyyy mm dd | Select SAVE |
| Encounter Type: Adverse Events Sellewise Immunication | Scroll to Encounter Notes |
| | Scroll to and select Author Note |
| | Subject line: AEFI Follow-up |



Document and SAVE

How to Close an AEFI:

64. Once you have reviewed AEFI recommendation, notified the parent/guardian of recommendation and entered associated, the AEFI status needs to be updated. Navigate to client AEFI:

LHN>Immunization>AEFI

Select UPDATE

65. Scroll to the top of the AEFI report. Change STATUS from drop down menu to **"Review Complete"**

| Panorama AEFI Data Reporting Tips |
|---|
| A review of AEFI reports entered into Panorama has revealed common data entry mistakes. Panorama users should review this document to help avoid future data entry errors. This will help to improve surveillance and clinical interpretation. Please refer to the Panorama AEFI Data Entry Guidelines to access the full guide. 1. Always select a local reaction before selecting corresponding descriptors: |
| AEFI Details |
| Onset: a value is required when values of the same event section are selected. Duration: a value in at least one field is required when the status review is 'Review Complete'. |
| Local reaction at or near injection site |
| Onset: Duration: Image: bours bours days Image: bours days Unresolved |
| Reactions: (MD) Adenopathy/Lymphadentis (MD) Cellulitis (MD) Infected abscess (MD) Sterile abscess Nodule Vother, specify Pain or redness or swelling persisting for 10 days or more Pain, redness, or swelling extends past the nearest joint Rash |
| Descriptors should only be entered after at least one reaction has been selected |
| Descriptors: |
| Swelling |
| Tenderness |
| Erythema |

2. Always select "Event Type" before selecting corresponding descriptors:

| Anaphylaxis or Other allergic events | | | |
|--------------------------------------|------------------------------------|---------------------------------------|--|
| Onset: | Duration: | | |
| | Unresolved | | |
| mins hours days | mins hours days | | |
| Event Type: | • | | |
| م ا | Respiratory | Cardio-vascular | |
| | Sneezing | Measured hypotension | |
| | Rhinorrhea | Decreased central pulse volume | |
| Anaphylaxis | Hoarse voice | Capillary refill time >3sec | |
| Oculo-Respiratory Syndrome (ORS) | Sensation of throat closure | Tachycardia | |
| Other allergic events | Stridor | Decreased or loss of consciousness | |
| | Dry cough | | |
| | Tachypnea | | |
| | Wheezing | Gastro intestinal | |
| | Increased use of accessory muscles | Diarrhea | |
| | Grunting | Abdominal pain | |

3. Always select the neurological event before selecting corresponding descriptors:

| Mouro | | OV/OPt |
|-------|-------|--------|
| Neuro | louic | eveni |
| | | |

| Onset: D mins hours days r | uration: | Unresolved |
|---|--------------------------|------------------------------------|
| Descriptors should only be entered after at least | one reaction has been se | lected |
| Reactions: | | Descriptors: |
| Seizure(s) | | Depressed/altered level of consc |
| (MD) Meningitis | | Focal or multifocal neurologic sig |
| (MD) Encephalopathy/Encephalitis | | Fever(>=38.0 C) |
| (MD) Guillain-Barré Syndrome (GBS) | | CSF abnormality |
| (MD) Bell's Palsy | | EEG abnormality |
| (MD) Other Paralysis | | EMG abnormality |
| (MD) Other neurologic diagnosis, spe | cify | Neuroimaging abnormality |
| • (MD) Anaesthesia/Paraesthesia | | Brain/spinal cord histopathologic |
| Neurologic Event Comments: | | |

5. Always include the outcome of the event when reporting under Impact of AEFI, outcome and Level of Care.

| Impact of AEFI, outcome and Level of Care | |
|---|---|
| Highest impact of AEFI: | |
| | - |
| Outcome at time of report: | |
| | - |
| | |
| Medical Attention | |
| Highest level of care required: | |
| · · · · · · · · · · · · · · · · · · · | |
| | |