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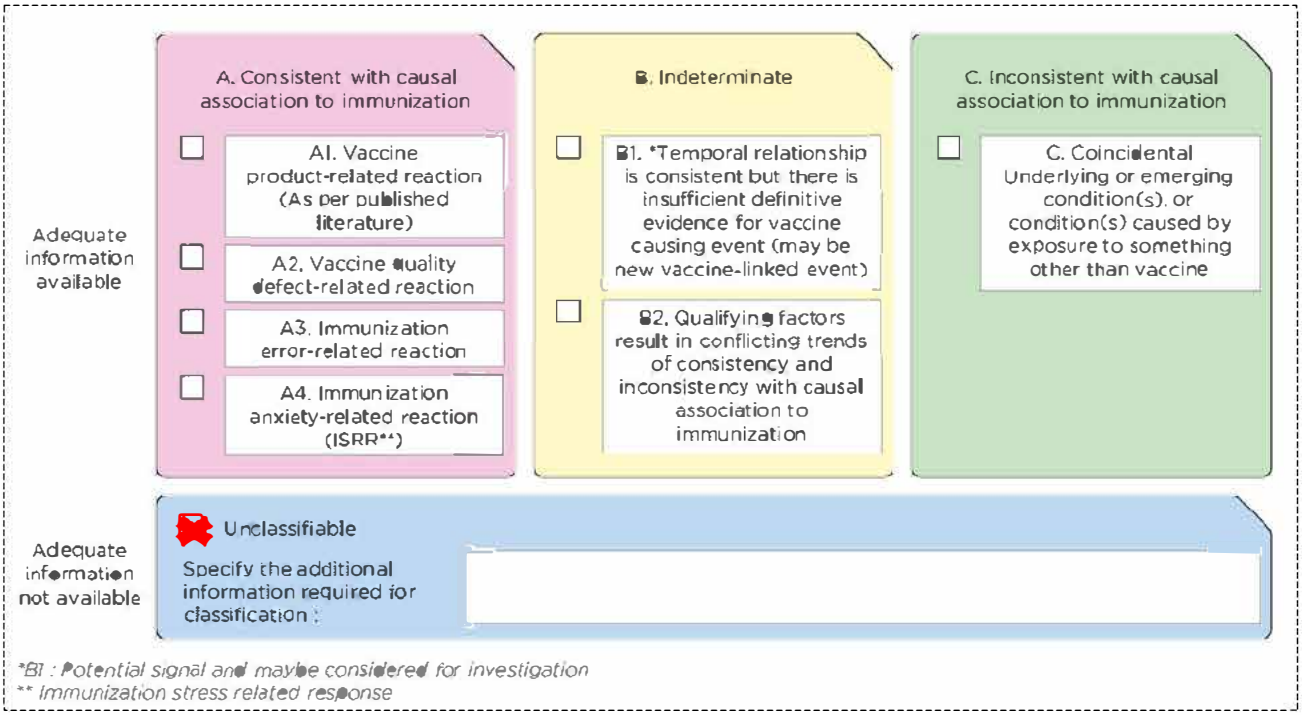
Note for file

TGA ICSR reference	AU-TGA-0000560741
Date and time	s22
Type of event	**Fatal AEFI assessment team meeting** **Close out summary**
Participant(s)	N/A
Topic	**Fatal AEFI report & COMIRNATY**
Key point(s)	• 43 M, [redacted], Pfizer, • Limited information in report, • Investigated by JIC - unable to find additional information to substantiate the report any further.
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Nil **Communication with JIC and ACV?** Not required **Any other follow-up actions required?** Nil
Decision(s)	**Causality assessment outcome:** Unlikely Unclassifiable



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Note for file

TGA REF	AU-TGA-0000695048
Date and time	s22 [redacted]
Type of event	Fatal AEFI Assessment Team Meeting
Topic	Fatal report & COMIRNATY COVID-19 vaccine

Participants

Name	Details
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA

Key points

- 15 y /o Male [redacted]
- Deceased on [redacted]
- s22 [redacted]

Rereviewed [redacted]

- s22 [redacted]
- WHO=U

Follow-up action (include action required, action officer, agreed date/s)

- Regulatory or programmatic action for consideration by TGA or OHP;
- Communication with JIC and ACV; RFI sent [redacted] (AEMS)
- Any other follow-up actions required. Awaiting Feedback

Decisions

- Unlikely Causality

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Note for file

TGA REF	AU-TGA-0000695048
Date and time	s22 [redacted]
Type of event	Fatal AEFI Assessment Team Meeting
Topic	Fatal report & COMIRNATY COVID-19 vaccine

Participants

Name	Details
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA

Key points

- 15 y /o Male [redacted]
- Deceased on [redacted]
- s22 [redacted]

Rereviewed [redacted]

- s22 [redacted]
- WHO=U

Follow-up action (include action required, action officer, agreed date/s)

- Regulatory or programmatic action for consideration by TGA or OHP;
- Communication with JIC and ACV; RFI sent [redacted] (AEMS)
- Any other follow-up actions required. Awaiting Feedback

Decisions

- Unlikely Causality

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Note for file

TGA REF	AU-TGA-0000704505
Date and time	s22 [redacted]
Type of event	Fatal AEFI Assessment Team Meeting
Topic	Fatal report & COMIRNATY COVID-19 vaccine

Participants

Name	Details
s22 [redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA

Key points

- 44 Female
- [redacted]
- COD

Follow-up action (include action required, action officer, agreed date/s)

- Regulatory or programmatic action for consideration by TGA or OHP;
- Communication with JIC and ACV; RFI sent
- Any other follow-up actions required.

Decisions

- Causality

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Note for file

TGA REF	AU-TGA-0000714451
Date and time	s22 [redacted]
Type of event	Fatal AEFI Assessment Team Meeting
Topic	Fatal report & COMIRNATY COVID-19 vaccine

Participants

Name	Details
s22 [redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA
[redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA
s22 [redacted]	s22 [redacted] TGA

Key points

- 19 Female
- "Deceased on [redacted]
- TTD [redacted]
- Cause of Death s22 [redacted]

Follow-up action (include action required, action officer, agreed date/s)

- Regulatory or programmatic action for consideration by TGA or OHP;
- Communication with JIC and ACV; RFI sent s22 [redacted]
- Any other follow-up actions required. s22 [redacted]

Decisions

- Causality

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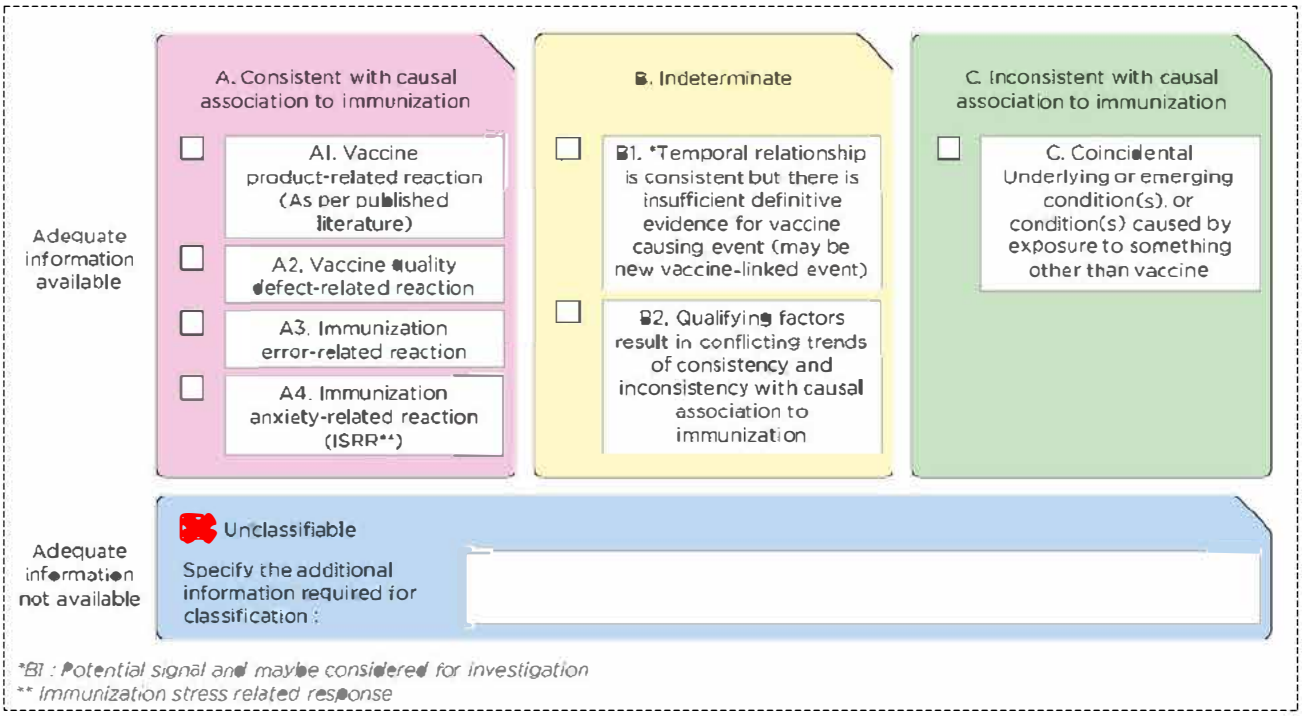
Note for file

TGA ICSR reference	AU-TGA-0000729612
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB
Topic	Fatal AEFI report &COMIRNATY COVID-19 vaccine
Key point(s)	• 20 yo Male [redacted] • TTD [redacted] • COD Rereviewed [redacted]
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** **Communication with JIC and ACV?** RFi sent [redacted] **Any other follow-up actions required?** s22 [redacted]
Decision(s)	**Causality assessment outcome:** WHO=U


A. Consistent with causal association to immunization
B. Indeterminate
C. Inconsistent with causal association to immunization
Adequate information available
A1. Vaccine product-related reaction (As per published literature)
A2. Vaccine quality defect-related reaction
A3. Immunization error-related reaction
A4. Immunization anxiety-related reaction (ISRR**)
B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
B2. Qualifying factors result in conflicting trends of consistency and inconsistency with causal association to immunization
C. Coincidental Underlying or emerging condition(s), or condition(s) caused by exposure to something other than vaccine
Adequate information not available
Unclassifiable
Specify the additional information required for classification :
*B1 : Potential signal and maybe considered for investigation
** Immunization stress related response

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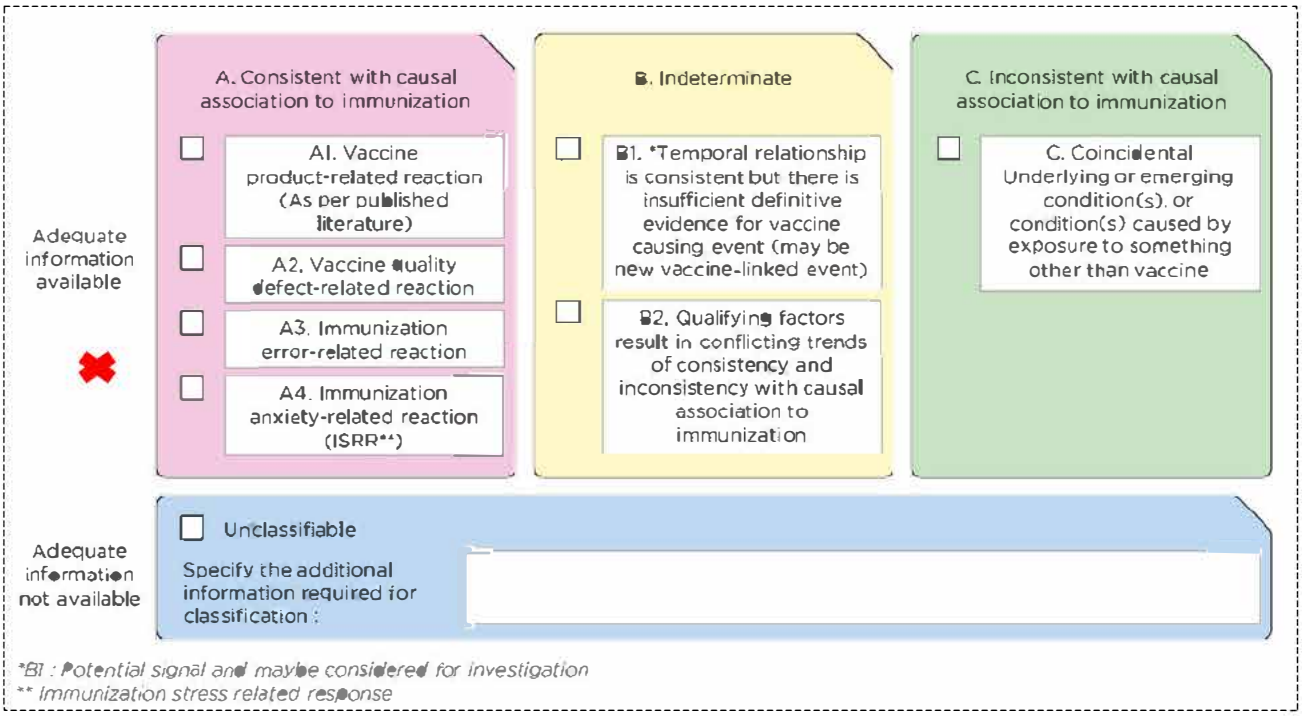
Note for file

TGA ICSR reference	AU-TGA-0000733723
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB
Topic	Fatal AEFI report & COMIRNATY COVID-19 vaccine
Key point(s)	• 10 yo Male [redacted] • Death
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil" if none **Communication with JIC and ACV?** **RFI sent on** [redacted] **Any other follow-up actions required?** s22 [redacted]
Decision(s)	**Causality assessment outcome:** WHO=U


A. Consistent with causal association to immunization
B. Indeterminate
C. Inconsistent with causal association to immunization
Adequate information available
A1. Vaccine product-related reaction (As per published literature)
A2. Vaccine quality defect-related reaction
A3. Immunization error-related reaction
A4. Immunization anxiety-related reaction (ISRR**)
B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
B2. Qualifying factors result in conflicting trends of consistency and inconsistency with causal association to immunization
C. Coincidental Underlying or emerging condition(s), or condition(s) caused by exposure to something other than vaccine
Adequate information not available
Unclassifiable
Specify the additional information required for classification :
*B1 : Potential signal and maybe considered for investigation
** Immunization stress related response

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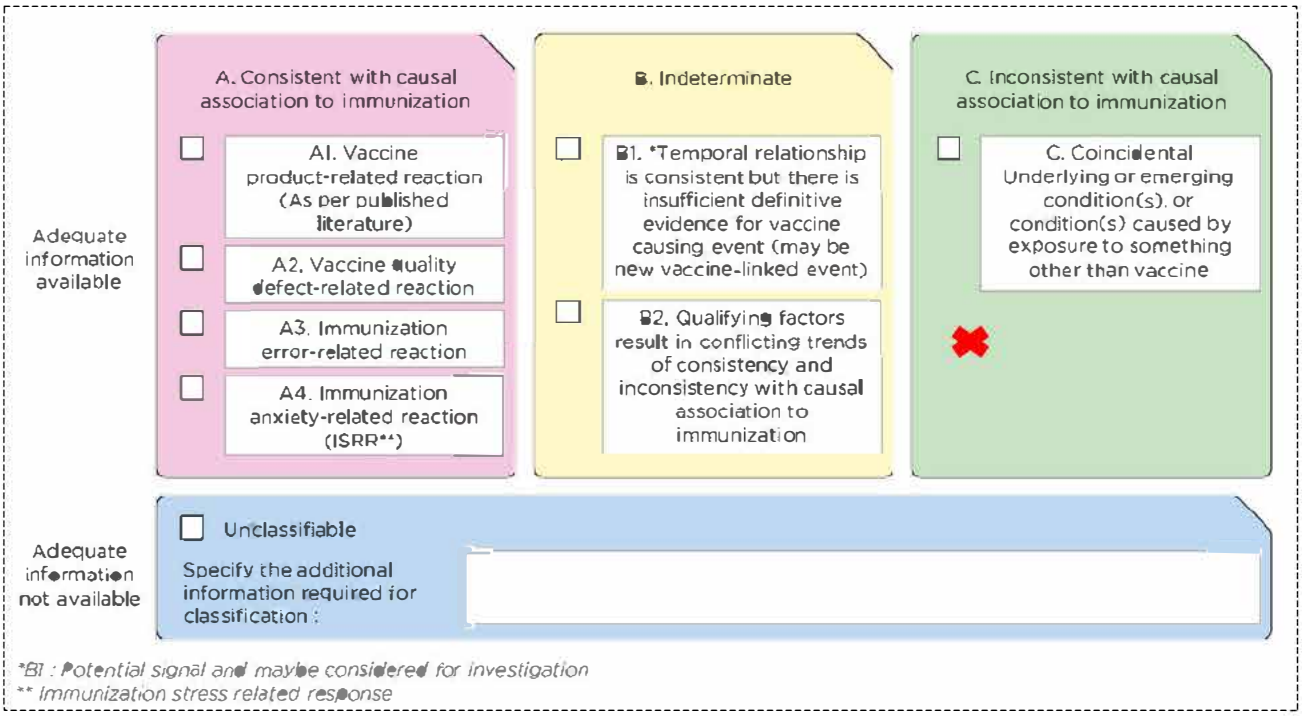
Note for file

TGA ICSR reference	AU-TGA-0000734407
Date and time	s22
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 PB • s22 PB • s22 PB • s22 PB • s22 PB
Topic	Fatal AEFI report &COMIRNATY COVID-19 vaccine
Key point(s)	• 33 Male • TTD • Death
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC and ACV?** RFi sent **Any other follow-up actions required?** s22
Decision(s)	**Causality assessment outcome:** WHO=U s22


A. Consistent with causal association to immunization
B. Indeterminate
C. Inconsistent with causal association to immunization
Adequate information available
A1. Vaccine product-related reaction (As per published literature)
A2. Vaccine quality defect-related reaction
A3. Immunization error-related reaction
A4. Immunization anxiety-related reaction (ISRR**)
B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
B2. Qualifying factors result in conflicting trends of consistency and inconsistency with causal association to immunization
C. Coincidental Underlying or emerging condition(s), or condition(s) caused by exposure to something other than vaccine
Adequate information not available
Unclassifiable
Specify the additional information required for classification :
*B1 : Potential signal and maybe considered for investigation
** Immunization stress related response

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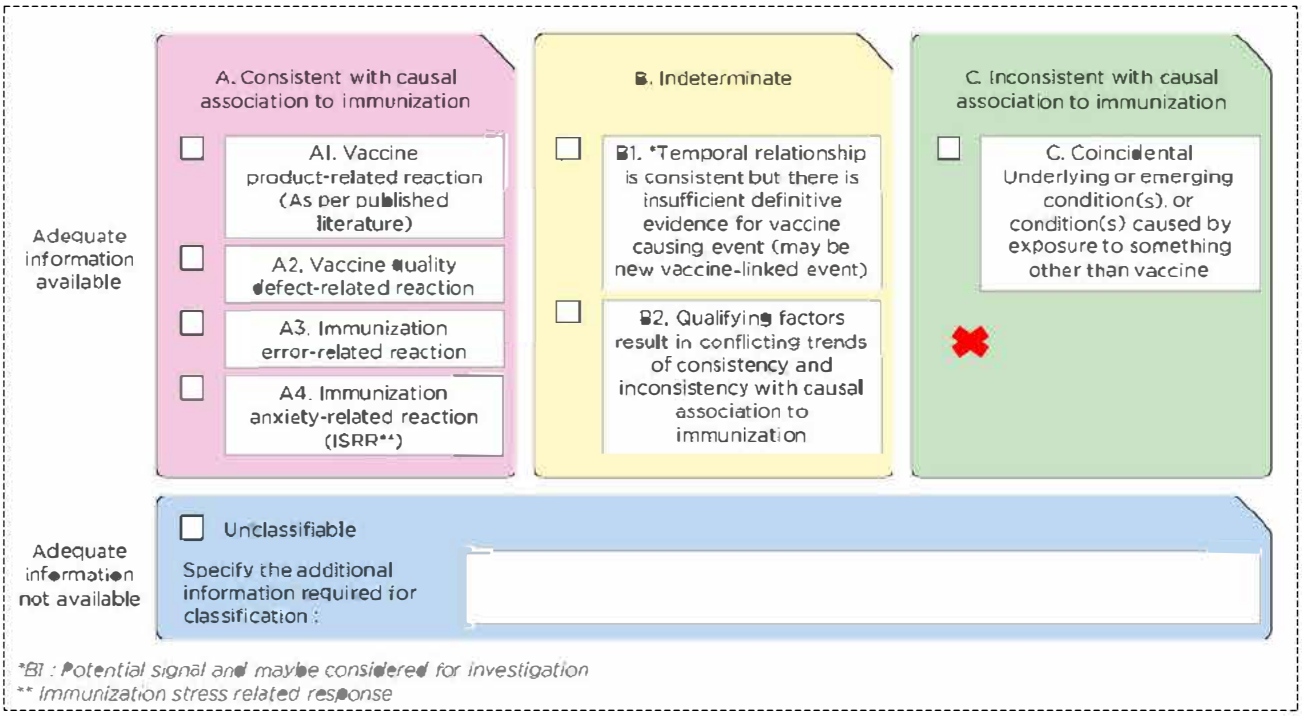
Note for file

TGA ICSR reference	AU-TGA-0000736431
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB
Topic	Fatal AEFI report & Spikevax COVID-19 vaccine
Key point(s)	• 28 yo Male s22 [redacted] • TTD s22 [redacted] • Death, s22 [redacted]
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC and ACV?** RFI sent **Any other follow-up actions required?** s22 [redacted]
Decision(s)	**Causality assessment outcome:** E.g. "Causality unlikely, WHO C" (mark on WHO tool below)


A. Consistent with causal association to immunization
B. Indeterminate
C. Inconsistent with causal association to immunization
Adequate information available
A1. Vaccine product-related reaction (As per published literature)
A2. Vaccine quality defect-related reaction
A3. Immunization error-related reaction
A4. Immunization anxiety-related reaction (ISRR**)
B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
B2. Qualifying factors result in conflicting trends of consistency and inconsistency with causal association to immunization
C. Coincidental Underlying or emerging condition(s), or condition(s) caused by exposure to something other than vaccine
Adequate information not available
Unclassifiable
Specify the additional information required for classification :
*B1 : Potential signal and maybe considered for investigation
** Immunization stress related response

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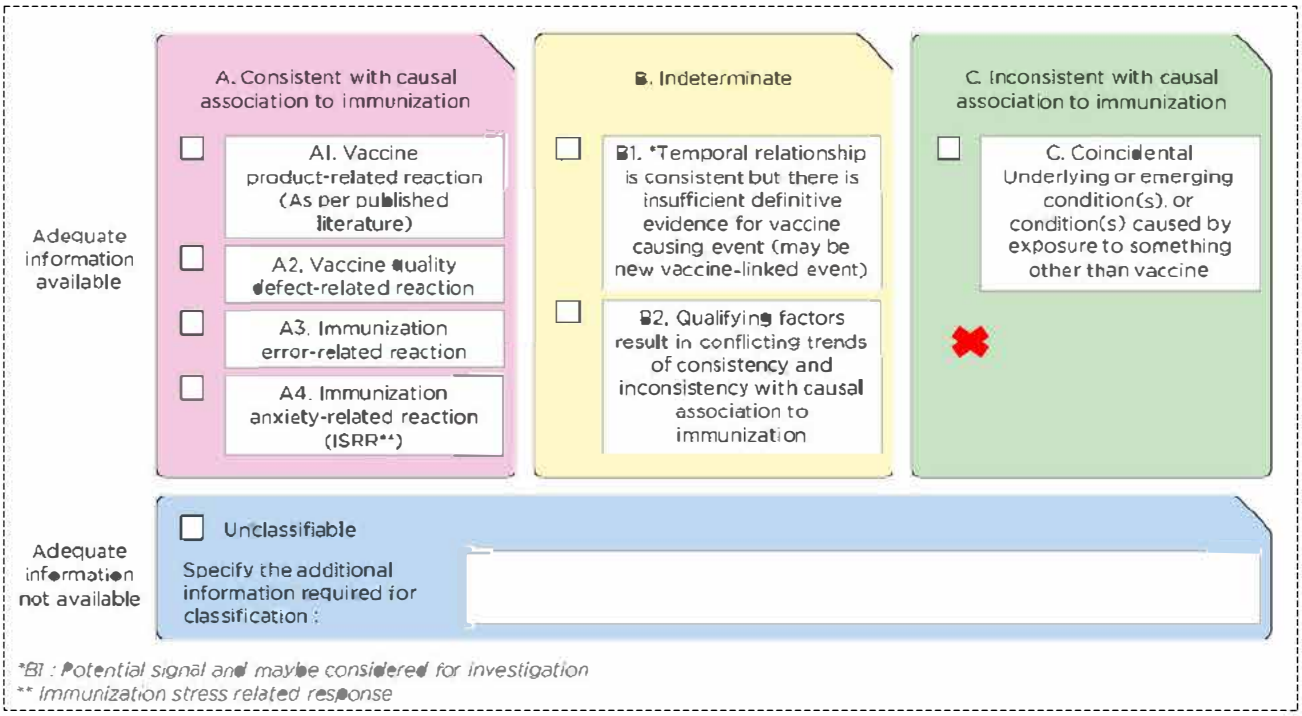
Note for file

TGA ICSR reference	AU-TGA-0000737281
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB • s22 [redacted] PB
Topic	Fatal AEFI report & COMIRNATY COVID-19 vaccine
Key point(s)	• 34yo male [redacted] • Death • [redacted]
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC and ACV?** RFI sent [redacted] **Any other follow-up actions required?** s22 [redacted]
Decision(s)	**Causality assessment outcome:** WHO=


A. Consistent with causal association to immunization
B. Indeterminate
C. Inconsistent with causal association to immunization
Adequate information available
A1. Vaccine product-related reaction (As per published literature)
A2. Vaccine quality defect-related reaction
A3. Immunization error-related reaction
A4. Immunization anxiety-related reaction (ISRR**)
B1. *Temporal relationship is consistent but there is insufficient definitive evidence for vaccine causing event (may be new vaccine-linked event)
B2. Qualifying factors result in conflicting trends of consistency and inconsistency with causal association to immunization
C. Coincidental Underlying or emerging condition(s), or condition(s) caused by exposure to something other than vaccine
Adequate information not available
Unclassifiable
Specify the additional information required for classification :
*B1 : Potential signal and maybe considered for investigation
** Immunization stress related response

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Note for file

TGA ICSR reference	AU-TGA-0000739996
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting Close out summary
Participant(s)	• s22 [redacted] • s22 [redacted] • s22 [redacted] • s22 [redacted]
Topic	Fatal AEFI report & COMIRNATY COVID-19 vaccine
Key point(s)	• 38 yo Male [redacted] • Death • Summary / Evaluation/ Assessment • Rationals for causality
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC and ACV?** RFI sent **Any other follow-up actions required?** Awaiting feedback
Decision(s)	**Causality assessment outcome:** E.g. "Causality unlikely / Adverse Events related or not This decision open for review if further information is received in the future **Name/Signature**

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Final

Note for file

TGA ICSR reference	AU-TGA-0000743489
Date and time	s22
Type of event	Fatal AEFI assessment team meeting
Participant(s)	• s22 • s22
Vaccine Brand	Fatal AEFI report & Comirnaty COVID-19 vaccine
Case Summary	• 21yo Male s22 • s22 • s22
Assessment	
Outcome	
Classification	
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC?** RFI sent on **Any other follow-up actions required?** Awaiting feedback
Decision(s)	**Causality assessment outcome:** E.g. "Causality unlikely / Adverse Events related or not This decision open for review if further information is received in the future **Name/Signature**

s22

s22

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Final

Note for file

TGA ICSR reference	AU-TGA-0000745130
Date and time	s22 [redacted]
Type of event	Fatal AEFI assessment team meeting
Participant(s)	• s22 [redacted] • s22 [redacted]
Vaccine Brand	Fatal AEFI report & COVID-19 Vaccine AstraZeneca
Case Summary	• 30 yo Male [redacted] • TTD [redacted]
Assessment	• Medical History: s22 [redacted]
Outcome	
Classification	
Follow-up action(s) (include action required, action officer, agreed date/s)	**Regulatory or programmatic action for consideration by TGA or OHP?** Specify - state "Nil required" if none **Communication with JIC?** S61 sent [redacted] and RFI sent [redacted] **Any other follow-up actions required?** s22 [redacted]
Decision(s)	**Causality assessment outcome:** E.g. "Causality unlikely / Adverse Events related or not This decision open for review if further information is received in the future **Name/Signature**

s22 [redacted]

s22 [redacted]

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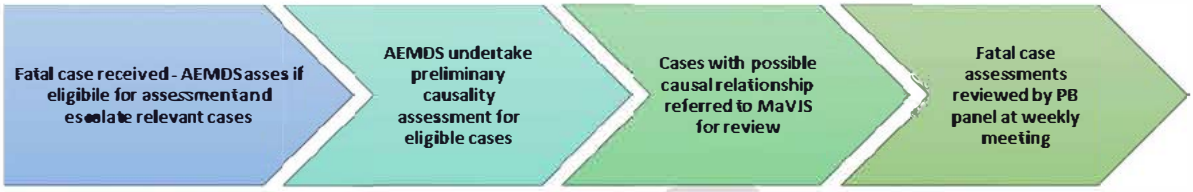
AEMDS Preliminary Assessment of COVID-19 vaccine Fatal Case

Process Overview



Case Details

AEMS CASE NUMBER & LINK	AU-TGA-0000745130 s22 [redacted]
PATIENT AGE, SEX & STATE	30, M, [redacted]
COVID-19 VACCINE	*Astra Zeneca*
DATE OF AEMS REPORT	*18/07/2022*
DATE OF ASSESSMENT	s22 [redacted]

Step 1: Eligibility for Assessment

Step 1: Eligibility for Assessment *For a case to be eligible, ALL of the following minimum criteria need to be met:*		YES	NO
Q1	**Does the report identify the vaccine that was administered?**	☒	☐
Q2	**Is there confirmation that the vaccine was administered before the event?** (i.e., vaccination date and AEFI data available in the AEMS report, and in temporal association order) *For reports of 'disease recurrence/flare/aggravation', did the reported change in pre-existing disease occur after the vaccination date?*	☒	☐
Q3	**Does the report identify an Adverse event* which had a fatal outcome?** **The reported AE could be an unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease. A report of only "death" without any information on what caused the death (fatal*	☐	☒

Reference/Publication #

AE/AEFI) entered as valid case in AEMS, but it would be considered ineligible for assessment pending further information		
ELIGIBLE FOR ASSESSMENT?	☐	☒

If YES:

- **ATTACH** this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'* (Refer to 'Naming Convention' section below)
- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- **PROCEED** to *'Step 2: Preliminary Causality Assessment'* (OR **Assign** completed case to senior AEMDS EL1 for performing Step 2)

If NO, case is NOT eligible for assessment:

- **End Assessment** and request further information from the reporter.
- **ATTACH** this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*.
- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- ***Referral to MaVIS: NOT required***
- ***Escalation to PB AS & MO5: MAY BE required (as FYI only)*** *(Refer to' **Guidance for Referral and Escalation** on Page3)*

↓

Proceed to *'Step 3: Recommendation'*

	YES	NO
Further Information Requested?	☐	☒

Details and Rationale: all *available information received from* s22 [redacted]

Step 2: Preliminary Assessment of Causality

Step 2: Preliminary Causality Assessment

Does the information suggest a possible causal link between vaccination and cause of death?

Q1	**Is the reported AEFI/Cause of death expected with this vaccine?** **Assessed against current PI.*	Y/N and briefly explain
Q2	**In this patient, did a specific test demonstrate the causal role of the vaccine?**	Y/N and briefly explain
Q4	**Is there an obvious non-vaccine cause reported?** *In this patient, does the medical history, clinical diagnosis or underlying medical condition, suggest another cause for the event?*	Y/N and briefly explain

	POSSIBLE	UNLIKELY
Causal link between vaccination and reported fatal AEFI? #	☐	☐

↓

PROCEED to *'Step 3: Recommendation'*

Reviewer Comments:

*# Regardless of this Preliminary Assessment of Causality, **ALL Fatal AEFI** cases will **always** be assigned as **"Causality: Possible" within AEMS** to ensure the case is included in our data analytics.*

Step 3: Recommendation

Step 3: Recommendation for Referral to MAVIS/Escalation to PB AS & MOS

Does the case meet the criteria for Referral to MAVIS for further evaluation AND/OR Escalation to PB AS & MO5?

	YES	NO
Is the case Eligible for Assessment?	☐	☒
REFER to MaVIS for assessment?	☐	☒

	YES	NO
ESCALATE to PB AS & MO5 for information?	☐	☒

Rationale for Recommendation:

Guidance for Referral and Escalation

Referral to MaVIS AND/OR Escalate to PB AS & MOS

STEP 1	**Is the case eligible for assessment?**	**NO**	➔ **REFERRAL to MaVIS for assessment is NOT required** *(Document and request key missing information from reporter)* • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **ESCALATE to PB AS & MOS (As FYI only)**
		YES	- Case is **assessable,** proceed to **Step 2** *(Send to Senior AEMDS EL1 for Prelim Causality Assessment)*
STEP 2	**Preliminary Causality Assessment**	**Unlikely**	• If Age >18 years AND Non-AESI (Not Myocarditis/TTS) ➔ **REFERRAL to MaVIS for assessment NOT required** *(This is subject to case-by-case assessment. Document rationale and discuss at Weekly Fatal Case Meeting)*
		Possible	• If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS** ➔ **REFER to MaVIS for assessment** • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS**

Naming Convention

- The assessment form for the initial version of a fatal COVID Vaccine Case in AEMS should be named in the following format, before attaching to the case in AEMS:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX – YYYYMMDD - Initial'

The YYYYMMDD date is for the date the form is completed.

- The assessment form for a follow up/amendment version of a fatal COVID Vaccine Case in AEMS should be named in the following format:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX – YYYYMMDD - Amendment'

An AEMDS Preliminary assessment may not be required for every subsequent version of a fatal ICSR. The AEMDS reviewer should assess whether the follow up information received for a case requires a fresh assessment, based on whether the new information can potentially affect the initial assessment decisions, i.e, causality assessment, referral to MaVIS and/or escalation to PB AS & MO5.

Background

The reporting of an adverse event or death following vaccination to the Therapeutic Goods Administration (TGA) does not mean that the vaccine caused these events. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.

All deaths reported to the TGA in people who have been recently vaccinated against COVID-19 are assessed by TGA staff to determine whether the information provided suggests a possible link between vaccination and the causes of death, or if further information is required to make an assessment. These case reviews follow a standardised assessment process based on WHO guidelines to consider the strength of the evidence available to determine whether the clinical conditions which led to a fatal outcome represent an emerging (new) safety signal for the vaccine.

When another cause for the events that resulted in death is not medically obvious, not stated and cannot be determined from the initial report, the TGA requests further information from the reporter (which may include the results of investigations relating to the death or past medical history, post-mortem examination findings, the death certificate, and results of a Coronial Office investigation) and undertakes further assessment of the case based on the WHO guidelines.

Adverse event reports with a fatal outcome remain in the TGA database and coded as "causality possible" even if they have not been assessed as vaccine related. This approach ensures that all reports are included in analyses to detect safety signals based on patterns of reporting.

The TGA provides the total number of adverse event reports with fatal outcome, and the number assessed as vaccine related, in its weekly COVID-19 vaccine safety report.

AEFI Causality Assessment

Causality assessment of an adverse event following immunisation (AEFI) is the systematic review of data to arrive at a conclusion that the evidence is either consistent with the vaccine being a cause, is inconsistent with the vaccine being a cause, or is indeterminate.

The Therapeutic Goods Administration (TGA) uses the World Health Organisation (WHO) causality assessment framework, www.who.int/publications/i/item/9789241516990, to guide the structure and considerations of causality assessment. Criteria which are assessed in this process include:

- whether there is a temporal relationship between the vaccine and the event
- biological plausibility
- population-based evidence for causality
- definitive proof that the vaccine caused the evert, and
- consideration of alternative explanations.

Vaccine Investigation Safety Group (VSIG)

The TGA refers fatal cases (or groups of cases) that may have an impact on the overall benefit-risk balance or threaten public confidence to the vaccine to a Vaccine Safety Investigation Group, which is a panel of independent medical and vaccine experts.

Importantly, the VSIG should only be used in accordance with the above criteria. This is aligned with international guidelines from the World Health Organisation. As stated in the WHO guidance, it is important avoid burning out the panel by taking cases that don't meet criteria, or taking cases before we have document essential to the process like finalised autopsy reports or outstanding

investigations. The VSIG is NOT a case review panel, should not adjudicate unclear cases, is not designed to re-confirm the patient's diagnosis and is NOT required for the COVID-19 vaccine claims scheme.

Of note, the VSIG criteria are as follows:

1) When an AEFI of concern or a safety signal of concern is identified by the TGA or OHP (office of health protection); AND
2) The TGA and OHP agree that the AEFI or signal:
    a. Has the potential to change the favourable benefit-risk balance of the vaccine in a National or State Immunisation program OR
    b. Could threaten public confidence in vaccine safety; AND
3) The case(s) is/are considered eligible for assessment and/or investigation.

An AEFI of concern is a single serious AEFI that is unexpected and without an obvious non-vaccine cause.

What this assessment does not do

The Therapeutic Goods Administration (TGA) review of fatal cases:

1. Will not confirm, investigate, diagnose or determine the cause of death for an individual:
    a. Medical practitioners and Coroner's in each jurisdiction are responsible for death investigation, assessment and confirmation of cause of death. This is a legal process that is not undertaken by the TGA. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.
2. Will not re-diagnose the condition suffered by the patient in question or advise on medical care.
3. Will not impact on COVID-19 vaccine compensation applications or influence the assessment of such cases:
    a. The COVID-19 Vaccine Claims Scheme is an independent scheme that focuses on a treating doctor's opinion only. This is separate to the pharmacovigilance processes undertaken by the TGA (such as this case review process) which aims to identify emerging safety signals for a product.
4. The Department of Health accepts that the claims approved via the claims scheme will not necessarily reflect the TGA's case numbers for that condition due to:
    a. The difference between a surveillance case definition and a clinical diagnosis for an individual
    b. Non-mandatory adverse event reporting to the TGA
    c. No requirement for an adverse event report to be submitted to the TGA for a claim to be approved

The review of reports of death is just one aspect of the TGA's close monitoring of the safety of COVID-19 vaccines. The TGA uses a range of different information sources to monitor the safety of vaccines, including reviewing and analysing adverse events report data, working with international regulators, and reviewing medical literature, media and other potential sources of new safety information.

Summary of Comments on D25-729734 Document 14(2).PDF

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Number: 1 Author: s22 Date: s22 8:23:00 AM +10'00'

s22 : should we add what VSIG does not do (i.e. it is not the referral point for cases that TGA can't determine causality for)

Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

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AEMDS Preliminary Assessment of COVID-19 vaccine Fatal Case

Process Overview

Case Details

AEMSCASE NUMBER& LINK	AU-TGA-0000747900 s22 [redacted]
PATIENT AGE, SEX & STATE	35, F, [redacted]
COVID-19 VACCINE	*Astra Zeneca*
DATE OF AEMS REPORT	*05/08/2022*
DATE OF ASSESSMENT	[redacted]

Step 1: Eligibility for Assessment

Step 1: Eligibility for Assessment

For a case to be eligible, ALL of the following minimum criteria need to be met:

		YES	NO
Q1	**Does the report identify the vaccine that was administered?**	☒	☐
Q2	**Is there confirmation that the vaccine was administered before the event?** (i.e., vaccination date and AEFI data available in the AEMS report, and in temporal association order) *For reports of 'disease recurrence/flare/aggravation', did the reported change in preexisting disease occur after the vaccination date?*	☐	☒
Q3	**Does the report identify an Adverse event* which had a fatal outcome?** **The reported AE could be an unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease. A report of only "death" without any information on what caused the death (fatal AE/AEFI) entered as valid case in AEMS, but it would be considered ineligible for assessment pending further information*	☐	☒
	ELIGIBLE FOR ASSESSMENT?	☐	☒

Reference/Publication #

If YES:

- **ATTACH** this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'* (Refer to 'Naming Convention' section below)
- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- **PROCEED** to *'Step 2: Preliminary Causality Assessment'* (OR Assign completed case to senior AEMDS EL1 for performing Step 2)

If NO, case is NOT eligible for assessment:

- **End Assessment** and request further information from the reporter.
- **ATTACH** this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'.*
- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- ***Referral to MaVIS: NOT required***
- ***Escalation to PB AS & MO5: MAY BE required (as FYI only)*** *(Refer to' Guidance for Referral and Escalation on Page 3)*

↓

Proceed to *'Step 3: Recommendation'*

Further Information Requested?	YES ☒	NO ☐

Details and Rationale: *RFI sent for:* s22 s22

Step 2: Preliminary Assessment of Causality

Step 2: Preliminary Causality Assessment

Does the information suggest a possible causal link between vaccination and cause of death?

Q1	**Is the reported AEFI/Cause of death expected with this vaccine?** **Assessed against current PI.*	Y/N and briefly explain
Q2	**In this patient, did a specific test demonstrate the causal role of the vaccine?**	Y/N and briefly explain
Q4	**Is there an obvious non-vaccine cause reported?** *In this patient, does the medical history, clinical diagnosis or underlying medical condition, suggest another cause for the event?*	Y/N and briefly explain

Causal link between vaccination and reported fatal AEFI? *	**POSSIBLE**	**UNLIKELY**
	☐	☐

↓

PROCEED to *'Step 3: Recommendation'*

Reviewer Comments:

*# Regardless of this Preliminary Assessment of Causality, **ALL Fatal AEFI** cases will **always** be assigned as **"Causality: Possible" within AEMS** to ensure the case is included in our data analytics.*

Step 3: Recommendation

Step 3: Recommendation for Referral to MAVIS/Escalation to PB AS & MOS

Does the case meet the criteria for Referral to MAVIS for further evaluation AND/OR Escalation to PB AS & MO5?

Is the case Eligible for Assessment?	**YES** ☐	**NO** ☐
REFER to MaVIS for assessment?	**YES** ☐	**NO** ☐
ESCALATE to PB AS & MO5 for information?	**YES** ☐	**NO** ☐

Rationale for Recommendation:

Guidance for Referral and Escalation

Referral to MaVIS AND/OR Escalate to PB AS & MOS

STEP 1	**Is the case eligible for assessment?**	**NO**	➔ **REFERRAL to MaVIS for assessment is NOT required** *(Document and request key missing information from reporter)* • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **ESCALATE to PB AS & MOS (As FYI only)**
		YES	- Case is **assessable,** proceed to **Step 2** *(Send to Senior AEMDS EL1 for Prelim Causality Assessment)*
STEP 2	**Preliminary Causality Assessment**	**Unlikely**	• If Age >18 years AND Non-AESI (Not Myocarditis/TTS) ➔ **REFERRAL to MaVIS for assessment NOT required** *(This is subject to case-by-case assessment. Document rationale and discuss at Weekly Fatal Case Meeting)*
		Possible	• If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS** ➔ **REFER to MaVIS for assessment** • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS**

Naming Convention

- The assessment form for the initial version of a fatal COVID Vaccine Case in AEMS should be named in the following format, before attaching to the case in AEMS:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX –YYYYMMDD - Initial'

The YYYYMMDD date is for the date the form is completed.

- The assessment form for a follow up/amendment version of a fatal COVID Vaccine Case in AEMS should be named in the following format:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX –YYYYMMDD - Amendment'

An AEMDS Preliminary assessment may not be required for every subsequent version of a fatal ICSR. The AEMDS reviewer should assess whether the follow up information received for a case requires a fresh assessment, based on whether the new information can potentially affect the initial assessment decisions, i.e, causality assessment, referral to MaVIS and/or escalation to PB AS & MO5.

Background

The reporting of an adverse event or death following vaccination to the Therapeutic Goods Administration (TGA) does not mean that the vaccine caused these events. The TGA uses information about the reported cause of death (as determined by the treating health professional,

hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.

All deaths reported to the TGA in people who have been recently vaccinated against COVID-19 are assessed by TGA staff to determine whether the information provided suggests a possible link between vaccination and the causes of death, or if further information is required to make an assessment. These case reviews follow a standardised assessment process based on WHO guidelines to consider the strength of the evidence available to determine whether the clinical conditions which led to a fatal outcome represent an emerging (new) safety signal for the vaccine.

When another cause for the events that resulted in death is not medically obvious, not stated and cannot be determined from the initial report, the TGA requests further information from the reporter (which may include the results of investigations relating to the death or past medical history, post-mortem examination findings, the death certificate, and results of a Coronial Office investigation) and undertakes further assessment of the case based on the WHO guidelines.

Adverse event reports with a fatal outcome remain in the TGA database and coded as "causality possible" even if they have not been assessed as vaccine related. This approach ensures that all reports are included in analyses to detect safety signals based on patterns of reporting.

The TGA provides the total number of adverse event reports with fatal outcome, and the number assessed as vaccine related, in its weekly COVID-19 vaccine safety report.

AEFI Causality Assessment

Causality assessment of an adverse event following immunisation (AEFI) is the systematic review of data to arrive at a conclusion that the evidence is either consistent with the vaccine being a cause, is inconsistent with the vaccine being a cause, or is indeterminate.

The Therapeutic Goods Administration (TGA) uses the World Health Organisation (WHO) causality assessment framework, www.who.int/publications/i/item/9789241516990, to guide the structure and considerations of causality assessment. Criteria which are assessed in this process include:

- whether there is a temporal relationship between the vaccine and the event
- biological plausibility
- population-based evidence for causality
- definitive proof that the vaccine caused the event, and
- consideration of alternative explanations.

Vaccine Investigation Safety Group (VSIG)

The TGA refers fatal cases (or groups of cases) that may have an impact on the overall benefit-risk balance or threaten public confidence to the vaccine to a Vaccine Safety Investigation Group, which is a panel of independent medical and vaccine experts.

Importantly, the VSIG should only be used in accordance with the above criteria. This is aligned with international guidelines from the World Health Organisation. As stated in the WHO guidance, it is important avoid burning out the panel by taking cases that don't meet criteria, or taking cases before we have document essential to the process like finalised autopsy reports or outstanding investigations. The VSIG is NOT a case review panel, should not adjudicate unclear cases, is not designed to re-confirm the patient's diagnosis and is NOT required for the COVID-19 vaccine claims scheme.

Of note, the VSIG criteria are as follows:

Summary of Comments on D25-729753 Document 15.PDF

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Number: 1 Author: s22 Date: 3/08/2022 8:23:00 AM +10'00'

s22 should we add what VSIG does not do (i.e. it is not the referral point for cases that TGA can't determine causality for)

1) When an **AEFI of concern** or a safety **signal of concern** is identified by the TGA or OHP (office of health protection); AND
2) The TGA and OHP agree that the AEFI or signal:
    a. Has the potential to change the favourable benefit-risk balance of the vaccine in a National or State Immunisation program OR
    b. Could threaten public confidence in vaccine safety; AND
3) The case(s) is/are considered **eligible** for assessment and/or investigation.

An **AEFI of concern** is a single serious AEFI that is unexpected and without an obvious non-vaccine cause.

What this assessment does not do

The Therapeutic Goods Administration (TGA) review of fatal cases:

1. Will not confirm, investigate, diagnose or determine the cause of death for an individual:
    a. Medical practitioners and Coroner's in each jurisdiction are responsible for death investigation, assessment and confirmation of cause of death. This is a legal process that is not undertaken by the TGA. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.
2. Will not re-diagnose the condition suffered by the patient in question or advise on medical care.
3. Will not impact on COVID-19 vaccine compensation applications or influence the assessment of such cases:
    a. The COVID-19 Vaccine Claims Scheme is an independent scheme that focuses on a treating doctor's opinion only. This is separate to the pharmacovigilance processes undertaken by the TGA (such as this case review process) which aims to identify emerging safety signals for a product.
4. The Department of Health accepts that the claims approved via the claims scheme will not necessarily reflect the TGA's case numbers for that condition due to:
    a. The difference between a surveillance case definition and a clinical diagnosis for an individual
    b. Non-mandatory adverse event reporting to the TGA
    c. No requirement for an adverse event report to be submitted to the TGA for a claim to be approved

The review of reports of death is just one aspect of the TGA's close monitoring of the safety of COVID-19 vaccines. The TGA uses a range of different information sources to monitor the safety of vaccines, including reviewing and analysing adverse events report data, working with international regulators, and reviewing medical literature, media and other potential sources of new safety information.

Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

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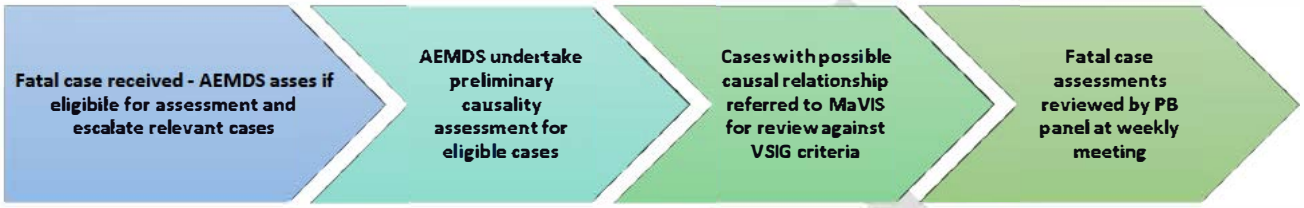
AEMDS Preliminary Assessment of COVID-19 vaccine Fatal Case

Process Overview

Purpose of this process is for AEMDS to identify cases with a possible causal relationship that require consideration by MaVIS against VSIG criteria. It is not a formal causality assessment.



Case Details

AEMS CASE NUMBER & LINK	AU-TGA-0000747900
PATIENT AGE, SEX & STATE	35, Female, [redacted]
COVID-19 VACCINE	Astra Zeneca
DATE OF AEMS REPORT	26/08/2022
DATE OF ASSESSMENT	[redacted]

Step 1: Eligibility for Assessment

Step 1: Eligibility for Assessment

For a case to be eligible, ALL of the following minimum criteria need to be met:

		YES	NO
Q1	**Does the report identify the vaccine that was administered?**	☒	☐
Q2	**Is there confirmation that the vaccine was administered before the event?** (i.e., vaccination date and AEFI data available in the AEMS report, and in temporal association order) *For reports of 'disease recurrence/flare/aggravation', did the reported change in pre-existing disease occur after the vaccination date?*	☒	☐
Q3	**Does the report identify an Adverse event* which had a fatal outcome?** **The reported AE could be an unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease. A report of only "death" without any information on what caused the death (fatal AE/AEFI) entered as valid case in AEMS, but it would be considered ineligible for assessment pending further information*	☐	☒
	ELIGIBLE FOR ASSESSMENT?	☐	☒

If YES:

- **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*** (Refer to 'Naming Convention' section below)

If NO, case is NOT eligible for assessment:

- **End Assessment and request further information from the reporter.**
- **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*.**

Reference/Publication #

- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- **PROCEED** to ***'Step 2: Preliminary Causality Assessment'*** (OR **Assign** completed case to senior AEMDS EL1 for performing Step 2)

- **ACCEPT** the case in AEMS with a decision type of *'Causality: possible'*
- ***Referral to MaVIS: NOT required***
- ***Escalation to PB AS & MOS: MAY BE required (as FYI only)*** *(Refer to' **Guidance for Referral and Escalation** on Page3)*

Proceed to ***'Step 3: Recommendation'***

Further Information Requested?	**YES**	**NO**
	☒	☐

Details and Rationale: More information requested

Step 2: Preliminary Assessment of Causality

Step 2: Preliminary Causality Assessment

Does the information suggest a possible causal link between vaccination and cause of death?

Q1	**Is the reported AEFI/Cause of death expected with this vaccine?** **Assessed against current PI.*	Y/N and briefly explain	
Q2	**In this patient, did a specific test demonstrate the causal role of the vaccine?**	Y/N and briefly explain	
Q4	**Is there an obvious non-vaccine cause reported?** *In this patient, does the medical history, clinical diagnosis or underlying medical condition, suggest another cause for the event?*	Y/N and briefly explain	
	Causal link between vaccination and reported fatal AEFI? #	**POSSIBLE** ☐	**UNLIKELY** ☐

PROCEED to *'Step 3: Recommendation'*

Reviewer Comments:

*# Regardless of this Preliminary Assessment of Causality, **ALL Fatal AEFI** cases will **always** be assigned as **"Causality: Possible" within AEMS** to ensure the case is included in our data analytics.*

Step 3: Recommendation

Step 3: Recommendation for Referral to MAVIS/Escalation to PB AS & MOS

Does the case meet the criteria for Referral to MAVIS for further evaluation AND/OR Escalation to PB AS & MOS?

	YES	**NO**
Is the case Eligible for Assessment?	☐	☒
REFER to MaVIS for assessment against VSIG criteria?	☐	☒
ESCALATE to PB AS & PBPMA *(For information or to COVID-19 PV meeting?)*	☐	☒

Rationale for Recommendation: not eligible for referral. Await further information

Recommendation reviewed and endorsed at meeting with PMA:

Guidance for Referral and Escalation

Referral to MaVIS AND/OR Escalate to PB AS & MO5

STEP 1	**Is the case eligible for assessment?**	**NO**	➔ **REFERRAL to MaVIS for assessment is NOT required** *(Document and request key missing information from reporter)* • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **ESCALATE to PB AS & MOS (As FYI only)**
		YES	- Case is **assessable,** proceed to **Step 2** *(Send to Senior AEMDS EL1 for Prelim Causality Assessment)*
STEP 2	**Preliminary Causality Assessment**	**Unlikely**	• If Age >18 years AND Non-AESI (Not Myocarditis/TTS) ➔ **REFERRAL to MaVIS for assessment NOT required** *(This is subject to case-by-case assessment. Document rationale and discuss at Weekly Fatal Case Meeting)*
			• If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS**
		Possible	• If Case has **sufficient information** to allow meaningful MaVIS assessment against VSIG criteria • **REFER to MaVIS for assessment against VSIG criteria**
			• Where causality is possible, but AEMDS consider the **information in the cases is insufficient** for meaningful MaVIS assessment against VSIG criteria then: • **DO NOT Refer to MaVIS for assessment against VSIG criteria**
			• If Age<18 years AND/OR fatal Myocarditis/TTS • **REFER to MaVIS for assessment AND ESCALATE to PB AS & PBPMA**
			• If Causality is possible and the AEFI expected/listed AEFI (included in PI) • **REFER to MaVIS for assessment AND ESCALATE to PB AS & PBPMA** *(to be discussed at COVID-19 PV meetings)*

Naming Convention

- The assessment form for the initial version of a fatal COVID Vaccine Case in AEMS should be named in the following format, before attaching to the case in AEMS:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX – YYYYMMDD - Initial'

The YYYYMMDD date is for the date the form is completed.

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assessment, based on whether the new information can potentially affect the initial assessment decisions, i.e, causality assessment, referral to MaVIS and/or escalation to PB AS & MO5.

Background

The reporting of an adverse event or death following vaccination to the Therapeutic Goods Administration (TGA) does not mean that the vaccine caused these events. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.

All deaths reported to the TGA in people who have been recently vaccinated against COVID-19 are assessed by TGA staff to determine whether the information provided suggests a possible link between vaccination and the causes of death, or if further information is required to make an assessment. These case reviews follow a standardised assessment process based on WHO guidelines to consider the strength of the evidence available to determine whether the clinical conditions which led to a fatal outcome represent an emerging (new) safety signal for the vaccine.

When another cause for the events that resulted in death is not medically obvious, not stated and cannot be determined from the initial report, the TGA requests further information from the reporter (which may include the results of investigations relating to the death or past medical history, post-mortem examination findings, the death certificate, and results of a Coronial Office investigation) and undertakes further assessment of the case based on the WHO guidelines.

Adverse event reports with a fatal outcome remain in the TGA database and coded as "causality possible" even if they have not been assessed as vaccine related. This approach ensures that all reports are included in analyses to detect safety signals based on patterns of reporting.

The TGA provides the total number of adverse event reports with fatal outcome, and the number assessed as vaccine related, in its weekly COVID-19 vaccine safety report.

AEFI Causality Assessment

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The TGA refers fatal cases (or groups of cases) that may have an impact on the overall benefit-risk balance or threaten public confidence to the vaccine to a Vaccine Safety Investigation Group, which is a panel of independent medical and vaccine experts.

Importantly, the VSIG should only be used in accordance with the above criteria. This is aligned with international guidelines from the World Health Organisation. As stated in the WHO guidance, it is important avoid burning out the panel by taking cases that don't meet criteria, or taking cases before we have document essential to the process like finalised autopsy reports or outstanding investigations. The VSIG is NOT a case review panel, should not adjudicate unclear cases, is not designed to re-confirm the patient's diagnosis and is NOT required for the COVID-19 vaccine claims scheme.

Of note, the VSIG criteria are as follows:

1) When an **AEFI of concern** or a **safety signal of concern** is identified by the TGA or OHP (office of health protection); AND
2) The TGA and OHP agree that the AEFI or signal:
    a. Has the potential to change the favourable benefit-risk balance of the vaccine in a National or State Immunisation program OR
    b. Could threaten public confidence in vaccine safety; AND
3) The case(s) is/are considered **eligible** for assessment and/or investigation.

An **AEFI of concern** is a single serious AEFI that is unexpected and without an obvious non-vaccine cause.

What this assessment does not do

The Therapeutic Goods Administration (TGA) review of fatal cases:

1. Will not confirm, investigate, diagnose or determine the cause of death for an individual:
    a. Medical practitioners and Coroner's in each jurisdiction are responsible for death investigation, assessment and confirmation of cause of death. This is a legal process that is not undertaken by the TGA. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.
2. Will not re-diagnose the condition suffered by the patient in question or advise on medical care.
3. Will not impact on COVID-19 vaccine compensation applications or influence the assessment of such cases:
    a. The COVID-19 Vaccine Claims Scheme is an independent scheme that focuses on a treating doctor's opinion only. This is separate to the pharmacovigilance processes undertaken by the TGA (such as this case review process) which aims to identify emerging safety signals for a product.
4. The Department of Health accepts that the claims approved via the claims scheme will not necessarily reflect the TGA's case numbers for that condition due to:
    a. The difference between a surveillance case definition and a clinical diagnosis for an individual
    b. Non-mandatory adverse event reporting to the TGA
    c. No requirement for an adverse event report to be submitted to the TGA for a claim to be approved

The review of reports of death is just one aspect of the TGA's close monitoring of the safety of COVID-19 vaccines. The TGA uses a range of different information sources to monitor the safety of vaccines, including reviewing and analysing adverse events report data, working with international regulators, and reviewing medical literature, media and other potential sources of new safety information.

Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

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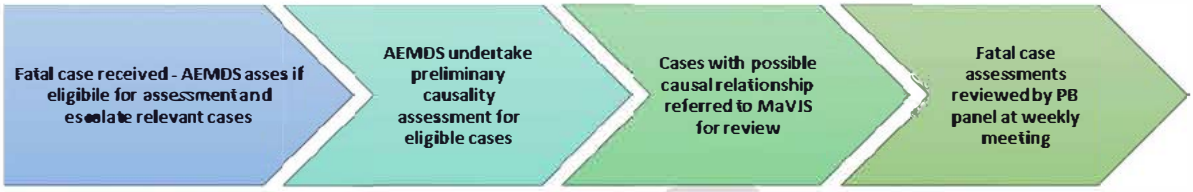
AEMDS Preliminary Assessment of COVID-19 vaccine Fatal Case

Process Overview



Case Details

AEMS CASE NUMBER & LINK	AU-TGA-0000748626
PATIENT AGE, SEX & STATE	44, Female, [redacted]
COVID-19 VACCINE	Comirnaty
DATE OF AEMS REPORT	11/08/2022
DATE OF ASSESSMENT	s22 [redacted]

Step 1: Eligibility for Assessment

Step 1: Eligibility for Assessment

For a case to be eligible, ALL of the following minimum criteria need to be met:

		YES	NO
Q1	**Does the report identify the vaccine that was administered?**	☒	☐
Q2	**Is there confirmation that the vaccine was administered before the event?** (i.e., vaccination date and AEFI data available in the AEMS report, and in temporal association order) *For reports of 'disease recurrence/flare/aggravation', did the reported change in pre-existing disease occur after the vaccination date?*	☒	☐
Q3	**Does the report identify an Adverse event* which had a fatal outcome?** **The reported AE could be an unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease. A report of only "death" without any information on what caused the death (fatal AE/AEFI) entered as valid case in AEMS, but it would be considered ineligible for assessment pending further information*	☐	☒
	ELIGIBLE FOR ASSESSMENT?	☐	☒

If YES:

- **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*** (Refer to 'Naming Convention' section below)
- **ACCEPT the case in AEMS with a decision type of *'Causality: possible'***

If NO, case is NOT eligible for assessment:

- **End Assessment and request further information from the reporter.**
- **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*.**
- **ACCEPT the case in AEMS with a decision type of *'Causality: possible'***
- ***Referral to MaVIS: NOT required***

Reference/Publication #

- **PROCEED** to '*Step 2: Preliminary Causality Assessment*' (OR **Assign** completed case to senior AEMDS EL1 for performing Step 2)
- ***Escalation to PB AS & MO5:*** ***MAY BE required*** ***(as FYI only)*** *(Refer to'* ***Guidance for Referral and Escalation*** *on Page3)*

↓

Proceed to *'Step 3: Recommendation'*

Further Information Requested?	YES	NO
	☒	☐

Details and Rationale: [redacted] / further information requested from JIC so case can be further assessed

Step 2: Preliminary Assessment of Causality

Step 2: Preliminary Causality Assessment

Does the information suggest a possible causal link between vaccination and cause of death?

Q1	**Is the reported AEFI/Cause of death expected with this vaccine?** **Assessed against current PI.*	Y/N and briefly explain
Q2	**In this patient, did a specific test demonstrate the causal role of the vaccine?**	Y/N and briefly explain
Q4	**Is there an obvious non-vaccine cause reported?** *In this patient, does the medical history, clinical diagnosis or underlying medical condition, suggest another cause for the event?*	Y/N and briefly explain

Causal link between vaccination and reported fatal AEFI? #	POSSIBLE	UNLIKELY
	☐	☐

↓

PROCEED to *'Step 3: Recommendation'*

Reviewer Comments:

 # Regardless of this Preliminary Assessment of Causality, ***ALL Fatal AEFI*** *cases will* ***always*** *be assigned as* ***"Causality: Possible" within AEMS*** *to ensure the case is included in our data analytics.*

Step 3: Recommendation

Step 3: Recommendation for Referral to MAVIS/Escalation to PB AS & MOS

Does the case meet the criteria for Referral to MAVIS for further evaluation AND/OR Escalation to PB AS & MO5?

	YES	NO
Is the case Eligible for Assessment?	☐	☒
REFER to MaVIS for assessment?	☐	☒
ESCALATE to PB AS & MO5 for information?	☐	☒

Rationale for Recommendation: *not referred for assessment as does not meet criteria*

Guidance for Referral and Escalation

			Referral to MaVIS AND/OR Escalate to PB AS & MOS
STEP 1	Is the case eligible for assessment?	NO	➔ **REFERRAL to MaVIS for assessment is NOT required** *(Document and request key missing information from reporter)* • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **ESCALATE to PB AS & MOS (As FYI only)**
		YES	- Case is **assessable,** proceed to **Step 2** *(Send to Senior AEMDS EL1 for Prelim Causality Assessment)*
STEP 2	Preliminary Causality Assessment	Unlikely	• If Age >18 years AND Non-AESI (Not Myocarditis/TTS) ➔ **REFERRAL to MaVIS for assessment NOT required** *(This is subject to case-by-case assessment. Document rationale and discuss at Weekly Fatal Case Meeting)*
		Possible	• If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS** ➔ **REFER to MaVIS for assessment** • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS**

Naming Convention

- The assessment form for the initial version of a fatal COVID Vaccine Case in AEMS should be named in the following format, before attaching to the case in AEMS:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX – YYYYMMDD - Initial'

The YYYYMMDD date is for the date the form is completed.

- The assessment form for a follow up/amendment version of a fatal COVID Vaccine Case in AEMS should be named in the following format:

'AEMDS Fatal ICSR Preliminary Assessment Form - AU-TGA-0000XXXXXX – YYYYMMDD - Amendment'

An AEMDS Preliminary assessment may not be required for every subsequent version of a fatal ICSR. The AEMDS reviewer should assess whether the follow up information received for a case requires a fresh assessment, based on whether the new information can potentially affect the initial assessment decisions, i.e, causality assessment, referral to MaVIS and/or escalation to PB AS & MOS.

Background

The reporting of an adverse event or death following vaccination to the Therapeutic Goods Administration (TGA) does not mean that the vaccine caused these events. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.

All deaths reported to the TGA in people who have been recently vaccinated against COVID-19 are assessed by TGA staff to determine whether the information provided suggests a possible link between vaccination and the causes of death, or if further information is required to make an assessment. These case reviews follow a standardised assessment process based on WHO

guidelines to consider the strength of the evidence available to determine whether the clinical conditions which led to a fatal outcome represent an emerging (new) safety signal for the vaccine.

When another cause for the events that resulted in death is not medically obvious, not stated and cannot be determined from the initial report, the TGA requests further information from the reporter (which may include the results of investigations relating to the death or past medical history, post-mortem examination findings, the death certificate, and results of a Coronial Office investigation) and undertakes further assessment of the case based on the WHO guidelines.

Adverse event reports with a fatal outcome remain in the TGA database and coded as "causality possible" even if they have not been assessed as vaccine related. This approach ensures that all reports are included in analyses to detect safety signals based on patterns of reporting.

The TGA provides the total number of adverse event reports with fatal outcome, and the number assessed as vaccine related, in its weekly COVID-19 vaccine safety report.

AEFI Causality Assessment

Causality assessment of an adverse event following immunisation (AEFI) is the systematic review of data to arrive at a conclusion that the evidence is either consistent with the vaccine being a cause, is inconsistent with the vaccine being a cause, or is indeterminate.

The Therapeutic Goods Administration (TGA) uses the World Health Organisation (WHO) causality assessment framework, www.who.int/publications/i/item/9789241516990, to guide the structure and considerations of causality assessment. Criteria which are assessed in this process include:

- whether there is a temporal relationship between the vaccine and the event
- biological plausibility
- population-based evidence for causality
- definitive proof that the vaccine caused the evert, and
- consideration of alternative explanations.

Vaccine Investigation Safety Group (VSIG)

The TGA refers fatal cases (or groups of cases) that may have an impact on the overall benefit-risk balance or threaten public confidence to the vaccine to a Vaccine Safety Investigation Group, which is a panel of independent medical and vaccine experts.

Importantly, the VSIG should only be used in accordance with the above criteria. This is aligned with international guidelines from the World Health Organisation. As stated in the WHO guidance, it is important avoid burning out the panel by taking cases that don't meet criteria, or taking cases before we have document essential to the process like finalised autopsy reports or outstanding investigations. The VSIG is NOT a case review panel, should not adjudicate unclear cases, is not designed to re-confirm the patient's diagnosis and is NOT required for the COVID-19 vaccine claims scheme.

Note, the VSIG criteria are as follows:

1) When an AEFI of concern or a safety signal of concern is identified by the TGA or OHP (office of health protection); AND
2) The TGA and OHP agree that the AEFI or signal:
    a. Has the potential to change the favourable benefit-risk balance of the vaccine in a National or State Immunisation program OR

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Number: 1 Author: s22 Date: 3/08/2022 8:23:00 AM +10'00'

s22 should we add what VSIG does not do (i.e. it is not the referral point for cases that TGA can't determine causality for)

b. Could threaten public confidence in vaccine safety; AND

3) The case(s) is/are considered eligible for assessment and/or investigation.

An AEFI of concern is a single serious AEFI that is unexpected and without an obvious non-vaccine cause.

What this assessment does not do

The Therapeutic Goods Administration (TGA) review of fatal cases:

1. **Will not confirm, investigate, diagnose or determine the cause of death for an individual:**
   a. **Medical practitioners and Coroner's in each jurisdiction are responsible for death investigation, assessment and confirmation of cause of death. This is a legal process that is not undertaken by the TGA. The TGA uses information about the reported cause of death (as determined by the treating health professional, hospital or coroner) to look for potential conditions or adverse effects which may be linked to vaccination.**
2. **Will not re-diagnose the condition suffered by the patient in question or advise on medical care.**
3. **Will not impact on COVID-19 vaccine compensation applications or influence the assessment of such cases:**
   a. **The COVID-19 Vaccine Claims Scheme is an independent scheme that focuses on a treating doctor's opinion only. This is separate to the pharmacovigilance processes undertaken by the TGA (such as this case review process) which aims to identify emerging safety signals for a product.**
4. The Department of Health accepts that the claims approved via the claims scheme will not necessarily reflect the TGA's case numbers for that condition due to:
   a. The difference between a surveillance case definition and a clinical diagnosis for an individual
   b. Non-mandatory adverse event reporting to the TGA
   c. No requirement for an adverse event report to be submitted to the TGA for a claim to be approved

The review of reports of death is just one aspect of the TGA's close monitoring of the safety of COVID-19 vaccines. The TGA uses a range of different information sources to monitor the safety of vaccines, including reviewing and analysing adverse events report data, working with international regulators, and reviewing medical literature, media and other potential sources of new safety information.

Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

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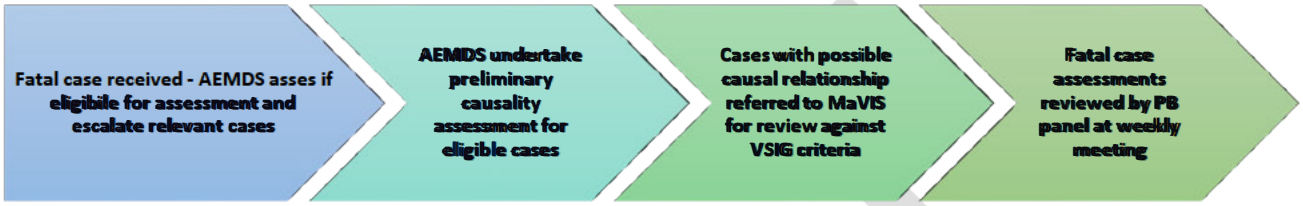
AEMDS Preliminary Assessment of COVID-19 vaccine Fatal Case

Process Overview

Purpose of this process is for AEMDS to identify cases with a possible causal relationship that require consideration by MaVIS against VSIG criteria. It is not a formal causality assessment.



Case Details

AEMS CASE NUMBER & LINK	AU-TGA-0000756013
PATIENT AGE, SEX & STATE	41, Male, [redacted]
COVID-19 VACCINE	COMIRNATY COVID-19 vaccine
DATE OF AEMS REPORT	24/10/2022
DATE OF ASSESSMENT	[redacted]

Step 1: Eligibility for Assessment

Step 1: Eligibility for Assessment

For a case to be eligible, ALL of the following minimum criteria need to be met:

		YES	NO
Q1	**Does the report identify the vaccine that was administered?**	☒	☐
Q2	**Is there confirmation that the vaccine was administered before the event?** (i.e., vaccination date and AEFI data available in the AEMS report, and in temporal association order) *For reports of 'disease recurrence/flare/aggravation', did the reported change in pre-existing disease occur after the vaccination date?*	☒	☐
Q3	**Does the report identify an Adverse event* which had a fatal outcome?** **The reported AE could be an unfavourable or unintended sign, an abnormal laboratory finding, a symptom or a disease. A report of only "death" without any information on what caused the death (fatal AE/AEFI) entered as valid case in AEMS, but it would be considered ineligible for assessment pending further information*	☒	☐
	ELIGIBLE FOR ASSESSMENT?	☒	☐

If YES:	If NO, case is NOT eligible for assessment:
• **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*** (Refer to 'Naming Convention' section below)	• **End Assessment and request further information from the reporter.** • **ATTACH this assessment form to the case in AEMS after filling in *'Case details'* & *'Step 1'* and *'Step 3'*.**

Reference/Publication #

• **ACCEPT** the case in AEMS with a decision type of ***'Causality: possible'*** • **PROCEED** to ***'Step 2: Preliminary Causality Assessment'*** (OR **Assign** completed case to senior AEMDS EL1 for performing Step 2)	• **ACCEPT** the case in AEMS with a decision type of ***'Causality: possible'*** • ***Referral to MaVIS: NOT required*** • ***Escalation to PB AS & MOS: MAY BE required (as FYI only)*** *(Refer to* ***'Guidance for Referral and Escalation on Page 3)*** ↓ **Proceed** to ***'Step 3: Recommendation'***

Further Information Requested?	**YES** ☒	**NO** ☐
Details and Rationale: RFI sent for s22 [redacted]		

Step 2: Preliminary Assessment of Causality

Step 2: Preliminary Causality Assessment

Does the information suggest a possible causal link between vaccination and cause of death?

Q1	**Is the reported AEFI/Cause of death expected with this vaccine?** **Assessed against current PI.*	**No** s22 [redacted]
Q2	**In this patient, did a specific test demonstrate the causal role of the vaccine?**	No
Q4	**Is there an obvious non-vaccine cause reported?** *In this patient, does the medical history, clinical diagnosis or underlying medical condition, suggest another cause for the event?*	**No**

Causal link between vaccination and reported fatal AEFI? # ↓ PROCEED to *'Step 3: Recommendation'*	**POSSIBLE** ☒	**UNLIKELY** ☐

Reviewer Comments: This case was identified from [redacted] s22 [redacted], **and it reports 'Altered consciousness** s22 post Comirnaty. Vaccine was received on s22, 41 yo **male patient** s22 [redacted] Cause of death is s22 [redacted]. **While based on the close temporal** association, a causal link **cannot be excluded, this is a conservative assessment until further information on the** s22 [redacted] **is received.**

 # Regardless of this Preliminary Assessment of Causality, ***ALL Fatal AEFI*** *cases will* ***always*** *be assigned as* ***"Causality: Possible" within AEMS*** *to ensure the case is included in our data analytics.*

Step 3: Recommendation

Step 3: Recommendation for Referral to MAVIS/Escalation to PB AS & MO5

Does the case meet the criteria for Referral to MAVIS for further evaluation AND/OR Escalation to PB AS & MO5?

Is the case Eligible for Assessment?	**YES** ☒	**NO** ☐
REFER to MaVIS for assessment against VSIG criteria?	**YES** ☐	**NO** ☒
ESCALATE to PB AS & PBPMA *(For information or to COVID-19 PV meeting?)*	**YES** ☐	**NO** ☒

Rationale for Recommendation: While the causal link with vaccine cannot excluded, this is a conservative assessment and further information on s22 [redacted] is required to meaningfully assess this case against VSIG criteria. Case does not fulfill criteria for referral or escalation
Recommendation reviewed and endorsed at meeting with PMA:

Guidance for Referral and Escalation

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STEP 2	**Preliminary Causality Assessment**	**Unlikely**	• If Age >18 years AND Non-AESI (Not Myocarditis/TTS) ➔ **REFERRAL to MaVIS for assessment NOT required** *(This is subject to case-by-case assessment. Document rationale and discuss at Weekly Fatal Case Meeting)* • If Age<18 years AND/OR fatal Myocarditis/TTS ➔ **REFER to MaVIS for assessment AND ESCALATE to PB AS & MOS**
		Possible	• If Case has **sufficient information** to allow meaningful MaVIS assessment against VSIG criteria • **REFER to MaVIS for assessment against VSIG criteria** • Where causality is possible, but AEMDS consider the **information in the cases is insufficient** for meaningful MaVIS assessment against VSIG criteria then: • **DO NOT Refer to MaVIS for assessment against VSIG criteria** • If Age<18 years AND/OR fatal Myocarditis/TTS • **REFER to MaVIS for assessment AND ESCALATE to PB AS & PBPMA** • If Causality is possible and the AEFI expected/listed AEFI (included in PI) • **REFER to MaVIS for assessment AND ESCALATE to PB AS & PBPMA** *(to be discussed at COVID-19 PV meetings)*

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2) The TGA and OHP agree that the AEFI or signal:
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If a Preterred Term (PT) comes up more than once in the list of reactions, please remove one of the reactions. You can then type all the reactions related to that PT in the Reported Reaction field under the PT left.

Reported As	Code As	Codes to Preferred Term (PT)	
COVID-19 Infection	**also code '**Previous COVID 19 Diagnosis Tag: Yes**'**		
Got covid after vaccination, Covid disease after vaccination (i.e. they are reporting infection after vaccination as the adverse event)	Vaccine breakthrough infection	Vaccine breakthrough infection	
Covid-19, SarsCov, Covid infection	COVID-19 virus test positive	SARS-CoV-2 test positive	
Tested positive on Covid RAT test	COVID-19 antigen test positive	SARS-CoV-2 test positive	
Tested positive to Covid on PCR	COVID-19 PCR test positive	SARS-CoV-2 test positive	
Long COVID (only if stated in the report)	Long COVID	Post-acute COVID-19 syndrrome	
Paxlovid Rebound or Covid rebound or Rebound covid etc.	Disease recurrence and COVID-19	Disease recurrence and COVID-19	
Vaccine Errors			
incorrect dose mentioned in case narrative (eg: child given adult dose)	Incorrect dose administered	Incorrect dose administered	
expired vaccine given	Expired vaccine used	Expired product administered	
Thawed expired product used (*in reported reaction please clarify if it was the batch expiry or the thawed expiry)	Expired vaccine used	Expired product administered	
not enough time between doses, too long between doses	Inappropriate schedule of vaccine administered	Inappropriate schedule of product administration	
adult forumlation given to child or paed forumation given to child of incorrect age	Product administered to patient of inappropriate age	Product administered to patient of inappropriate	
Child given adult dose	Vaccine overdose	Overdose	
Adult given child dose (too little dose)	Vaccine underdose	Underdose	
??incorrect vaccine, AZ instead of Pfizer	Wrong vaccine adminstered	Wrong Product adminstered	
Zostavax given to Immunocompromised	Contraindication to vaccine	Contraindication to vaccine	
Feeling Faint/Dizziness/ Fainting			
Code the term closest to what is reported			
Felt faint/feeling like about to faint	Felt faint	Dizziness	
Felt dizzy/feeling dizzy	Dizzy	Dizziness	
Nearly fainted	Near fainting	Presyncope	
Vasovagal/presyncope like symptoms/recorded drop in blood pressure along with feeling faint	Presyncope	Presyncope	
Fainted	Fainting	Syncope	
Room spinning/head spin/vertigo	Vertigo	Vertigo	
Light headed	Lightheadedness	Dizziness	
Swelling/Angioedema			
Swelling of face	Facial swelling	Swelling face	
swelling in throat/throat swelling	Throat swelling	Pharyngeal Swelling	
Numbness/Tingling/Weakness			
There are a lot of different types of different tingling and numbness terms. Type in '***Numb** or ***Tingl**', you will get everything.			
Weakness, feeling weak, hard to walk/talk	Weakness	Asthenia	**DO NOT CODING TALKING OR WALKING DIFFICULTY**

Numbness of face/face felt numb	Facial numbness	Hypoaesthesia
Weak/poor muscle tone	Muscle tone decreased	Hypotonia
Tingling sensation	Parasthesia	Parasthesia
Numbness	Numbness	Hypoaesthesia
Confusion/Disorientation/Brain Fog		
Confused/confusion/feeling confused	Confusion	Confusional state
Disoriented/not aware of surroundings	Disoriented	Disorientation
Feeling foggy/fog in head/brain fog	Foggy feeling in head	Feeling abnormal
Skin Issues/Reactions		
Skin redness/Red patch on skin	Redness generaliised	Erythema
Red/purple spots/petechiae	Petechiae	Petechiae
Itching, unexplained itch/itching all over	Pruritus	Pruritus
Rash/rash like mark	Rash	Rash
Red Rash	Red rash	Rash erythematous
Itchy rash	Itchy rash	Rash Pruritic
Hives/wheals/urticaria/skin rash with itchy bumps	Urticaria	Urticaria
Looked pale	Pallor	Pallor
Appeared flushed/looked flushed/flushing/red in face	Flush	Flushing
Cardiac Terms		
Inflammation of heart/inflamed heart/inflammation around the heart/heart inflamed	Carditis	Carditis
NSTEMI	Non STEMI	Acute myocardial infarction
STEMI	STEMI	Acute myocardial infarction
AF/Atrial fibrillation	Atrial Fibrillation	Atrial Fibrillation
MI	Myocardial Infarction	Myocardial infarction
Myocarditis	Myocarditis	Myocarditis
Perimyocarditis	Perimyocarditis	Myocarditis
Heart flutter/Fluttering feelng in chest	Palpitations	Palpitations
Pericarditis	Pericarditis	Pericarditis
Decreased heart rate/decreased pulse rate	Heart rate decreased	Heart rate decreased
Increased heart rate/increased pulse rate	Heart rate increase	Heart rate decreased
Heart rate above 100bpm / High heart rate / Fast heart rate	Tachycardia	Tachycardia
Heart rate less than 60bpm / Low heart rate	Bradycardia	Bradycardia
Racing heart	Heart racing	Palpitations
Taste/Smell/Voice Changes		
Hoarse/hoarseness/Voice disturbance	Hoarse voice/hoarseness of voice/Voice disturbance	Dysphonia
Loss of taste	Ageusia	Ageusia
Loss of smell	Smell loss	Anosmia
Unable to speak/loss of speech	Loss of speech	Aphasia
Difficulty finding words	Word finding difficulty	Aphasia
Lost voice/inability to speak	Loss of voice	Aphonia
Slurring	Slurred speech	Dysarthria
Taste metallic/bitter	Dysgeusia	Dysgeusia
Metallic smell/smell alteration	Metallic smell	Parosmia
Distorted sense of smell/smell change	Parosmia	Parosmia

Auditory/Occular			
Hard of hearing/Hearing impaired/hearing decreased	Hearing decreased	Hypoacusis	
Noise sensitivity/noise intolerance	Sound sensitivity increased	Hyperacusis	
Ringing in ears/constant noise in ears	Tinnitus	Tinnitus	
Sensitivity to light	Photophobia	Photophobia	
Double vision/seeing double	Double Vision	Diplopia	
Floaters/eye floaters/floaters in eye	Vitreous floaters	Vitreous floaters	
Symptoms of Infection			
Inflammatory markers increased/high/abnormal	Inflammation	Inflammation	
Septic shock	Septic shock	Septic shock	
Fever/pyrexia/increase in body temperature (usually over 37.5 C)	Fever	Pyrexia	
Concomitant Disease			
Pre existing condition progressed (do not code disease itself as a reaction term) eg. Alzheimers (Dementia) progressed; multiple sclerosis progressed	Concomitant Disease Progression / Disease progression	Concomitant Disease Progression / Disease progression	**also include drug ineffective if clearly indicated.**
Cancer / neoplasm progressed - Do not code the disease itself as a reaction term. The neoplasm should not be coded on its own ie breast cancer aggravated/progressed, as it maps back to breast cancer and not the progression.	Neoplasm progression	Neoplasm progression	**also include drug ineffective if clearly indicated.**
Relapse of a condition suffers (the return of the disease or the signs and symptoms of a disease after a period of improvement)	Disease recurrence neoplasm recurrence / recurrent cancer	Disease recurrence neoplasm recurrence / recurrent cancer	
Blood Pressue			
Postural Hypotension/BP drop upon standing	Postural hypotension	Orthostatic Hypotension	
Low blood pressure	Hypotension	Hypotension	
High blood pressure	Hypertension	Hypertension	
Blood pressure decreased / BP dropped	Blood pressure decreased	Blood pressure decreased	
Blood pressure increased	Blood pressure increased	Blood pressure increased	
Can't control BP	Blood pressure inadequately controlled	Blood pressure inadequately controlled	
High then low blood pressure / Low then high	Blood pressure fluctuation	Blood pressure fluctuation	
Musculoskeletal			
Joint pain/pain in joints/painful joints/aching joints	Joint Pain	Arthralgia	
joint inflammation/inflammation in joint	joint inflammation	arthritis	
Floppy/low muscle tone	Floppy	Hypotonia	
Joint stiffness	Joint Stiffness	Joint Stiffness	
Arms feeling weak/legs weak/weakness in arms and legs	Weakness of limbs	Muscular weakness	
Muscle ache/general aches and pains/body ache/pain	Myalgia	Myalgia	
Seizure/Convulsion			
Tonic clonic seizure/convulsion	Tonic-clonic seizure	Generalised tonic-clinic seizure	
Grand Mal	Grand Mal Seizure	Generalised tonic-clonic seizure	
seizure/seizure like activity	Seizure	Seizure	
Convulsion	Convulsion	Seizure	
Syncopal seizure	Seizure	Seizure	
Febrile seizure	Febrile seizure	Febrile convulsion	
Menstrual Disorder	** always code '**menstrual disorder**' plus any relevant terms**		

There are a lot of different types of menstral disorders. Type in '***menstrua**', you will get everything under menstrual and menstruation.		
Menstrual disorder	Menstrual disorder	Menstrual disorder
Postmenopausal bleeding/spotting	Postmenopausal bleeding	Postmenopausal haemorrhage
Injection Site Reactions	**code as '**vaccination site reaction**' if 3 or more of these terms are used**	
Injection site pain	Vaccination site pain	Vaccination site pain
Injection site bruising	Vaccination site bruising	Vaccination site bruising
Injection site redness	Vaccination site erythema	Vaccination site erythema
Injection site swelling	Vaccination site swelling	Vaccination site swelling
Injection site rash	Vaccination site rash	Vaccination site rash
Injection site warmth	Vaccination site warmth	Vaccination site warmth
Local reaction	Vaccination site reaction	Vaccination site reaction
Injection Site Reactions	**code these term separately**	
There are a lot of different types of injection site reactions. Type in '**injection site**', and you will be able to see them all.		
Injecion site itching	Vaccination site itching	Vaccination site itching
Injection site nodule	Vaccination site nodule	Vaccination site nodule
Injection site mass	Vaccination site mass	Vaccination site mass
Injection site cellulitis	Vaccination site cellulitis	Vaccination site cellulitis
Injection site abscess	Vaccination site abscess	Vaccination site abscess
Injection site induration	Vaccination site induration	Vaccination site induration
Injection site reaction extending from joint to joint (if this term is used done code injection site reaction)	Extensive swelling of vaccinated limb	Extensive swelling of vaccinated limb
Unable to lift arm/decreased range of movement	Injected limb mobility decreased	Injected limb mobility decreased
Respiratory		
Turning blue/lips blue/blue/grey colour due to reduced oxygen, blue skin	Cyanosis	Cyanosis
Shortness of breath/SOB/feeling short of breath/feeling out of breath	Shortness of breath	Dyspnoea
Difficulty breathing	Difficulty breathing	Dyspnoea
Nasal discharge/runny nose/snotty nose	Nasal Discharge	Rhinorrhoea
High-pitched whistle when breathing	Stridor	Stridor
Throat Tightness	Throat Tightness	Throat Tightness
Wheeze/audible wheeze, wheezing	Wheeze	Wheezing
Immune System		
GBS/Guillain-Barre Syndrome/Guillain Barre/Barre Syndrome	Guillain Barre Syndrome	Guillian-Barre Syndrome
Swollen lymph nodes	Lymphadenopathy	Lymphadenopathy
Painful Lymph node	Lymph node pain	Lymph node pain
Muscle twitch/muscle pulsating	Muscle twitch	Muscle twitching
Nervous System		
Abnormal or uncoodinated movements/unsteady gait/staggering	Ataxia	Ataxia
Electric shock feeling/ felt electric shocks	Electric shock sensation	Electric shock sensation
Nerve pain	Nerve pain	Neuralgia
Stroke like symptoms	Neurological symptom	Neurological symptom
Sleeping more than usual/sleepiness/drowsiness	Somnolence	Somnolence
Weakness or the inability to move on one side of the body/associated with stroke.	Hemiparesis	Hemiparesis
Weakness or the inability to move on one side of the body	Hemiplegia	Hemiplegia
Weakness or the inability to move the left side of the body	Hemiplegia (left)	Hemiplegia

Weakness or the inability to move the right side of the body	Hemiplegia (right)	Hemiplegia
Total or partial loss of sensation in a part of your body	Hypoaesthesia	Hypoaesthesia
Gastrointestinal		
Appetite low/not feeling hungry/poor appettite	Appetite lost	Decreased appetite
Loose motion/loose stool/liquid Feacal discharge/got the runs/trots/runs	Diarrhoea	Diarrhoea
Blood in urine	Blood in urine	Haematuria
Black stools/tar-like stools/sticky stools	Melena	Melaena
Nausea/feeling like vomiting/feeling about to throw up/N&V (then also code vomiting)	Nausea	Nausea
Lump feeling in throat, throat feels strange	Throat Discomfort	Oropharyngeal discomfort
Sore throat/pain in throat	Sore throat	Oropharyngeal Pain
Vomiting/threw up (food/liquid)/vomited/N&V (then also code nausea)	Vomiting	Vomiting
Thoracic		
Pressure on chest/weight on chest	Chest pressure	Chest discomfort
Chest tightness/chest was tight	Chest tightness	Chest discomfort
Chest pain/pain in chest area/left or right chest pain	Chest pain	Chest pain
Blood Disorders		
Clot Blood/blood clot	Thrombosis	Thrombosis
CRP Increased/c-reactive protein high (normal levels <10mg/L)	CRP increased	C-reactive protein increased
D-dimer increased/fibrin increased (normal levels >0.50ng)	Fibrin D-dimer increased	Fibrin D-dimer increased
ESR increased (normal levels 1-13mm/hr male, 1-20mm/hr female)	ESR increased	Red blood cell sedimentation rate increased
Fibrinogen increased (normal levels 200-400mg)	Fibrinogen	Blood fibrinogen
Platelets low <150	Thrombocytopenia	Thrombocytopenia
Platelets high (normal levels 150-450L)	Increased platelets	Platelet count increased
Platelets decreased (normal levels 150-450L)	Platelet count decreased	Platelet count decreased
Troponin (only if increased) (normal levels 0-0.04ug/mL)	Troponin	Troponin
White Blood Cell (WCC) increased (normal levels 4,000-11,000 microlitre)	White blood cell count increased	White blood cell count increased
General Disorders		
They had symptoms, but didn't specify what they were	Adverse event following immunisation	Adverse event following immunisation
Pain in armpit/pain under arm	Armpit pain	Axillary pain
COVID Toes	Purple toes syndrome	Blue toe syndrome
Jaw clenching/teeth clenching	Teeth clenching	Bruxism
Chills/shivers/rigors/cold and shaking (don't code if patient has fever)	Chills	Chills
Felt clammy/hands felt damp/forhead damp etc	Clammy	Cold sweat
Difficulty swallowing	Dysphagia	Dysphagia
Burning/tingling or stinging of the urethra/urination difficult/urination pain	Dysuria	Dysuria
Nose bleed/bloody nose/bleeding nose	Nose bleed	Epistaxis
Can't walk very far/can't go to he gym	Decreased exercise endurance	Exercise tolerance decreased
feeling hot (without fever)	Feeling hot	Feeling hot

Sweaty/Diaphoretic/feeling sweaty/Diaphoresis	Sweating	Hyperhidrosis
Difficulty sleeping	Difficulty sleeping	Insomnia
Baby became sick after being breastfed/mother had vaccine or medicine	Exposure during breast feeding	Maternal exposure during breast feeding
Unable to walk far/Unable to get around	Mobility decreased	Mobility decreased
No reaction/Felt fine/Nil/Nothing	No adverse reaction	No adverse event
Severe headache that somes on rapidly	Thunderclap headache	Thunderclap headache

INTERNAL USE ONLY

Adverse Event Management System (AEMS) Case Entry Manual

Version 0.1 – Draft - Last updated 1 October 2024

Purpose

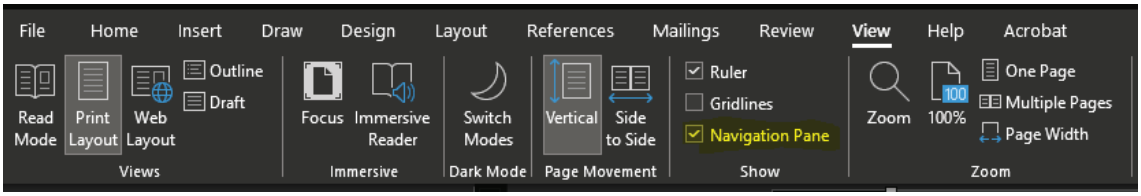
This document is intended as a work instruction for Adverse Event and Medicine Defect Section (AEMDS) staff to navigate the AEMS database for adverse event case entry and processing. The work instruction describes the entry and coding of information from a variety of reporting sources, including emailed reports, CIOMS forms, JIC File Uploads, EDI cases and online adverse event forms. Some basic knowledge and training for AEMS and reporting tools such as QLIK is assumed in this guide.

This document is intended to work in conjunction with other processes, Standard Operating Procedures and Work Instructions already in place within the Pharmacovigilance Branch.

Navigating this manual

Work instructions for different types of case entry are separated into distinct sections within this manual.

Please use the Navigation pane function in Word to navigate to the relevant section of the manual. Go to the 'View' tab in the top section of your page and tick 'Navigation Pane':



Selecting cases for entry/processing

Work priorities for data entry team members can be found in D24-3813955. Any updates to this list are announced in the 'DBT' group chat on Microsoft Teams and pinned for easy reference. Please consider this list when selecting cases for processing/entry and seek clarification from your supervisor or another manager in the Database Team if needed.

INTERNAL USE ONLY

Entering emailed reports into AEMS (Not CIOMS)

see 2. Entering CIOMS into AEMS

1.1 Locate an emailed report for entry into AEMS

a) Open Outlook --> Go to ADR Reports inbox

b) Click open --> 'AEMS Database Team'

c) Click open --> 'Reports to Enter'

d) Click open --> Relevant file depending on rostered tasks – e.g. 'Vaccine reports – Initial'

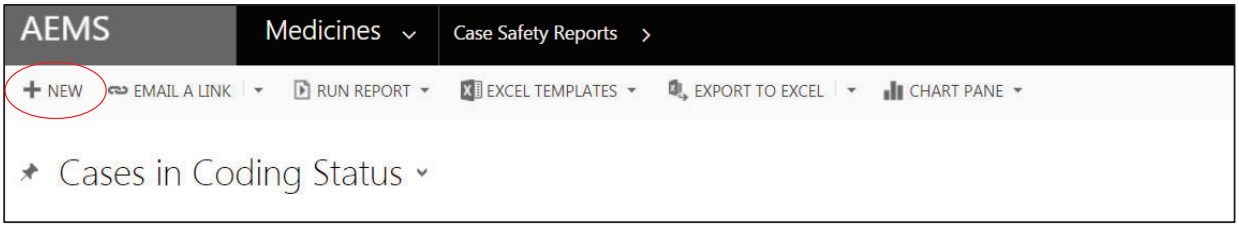
e) Choose an email for entry and move it to your named team folder.

f) View the attachment to ensure it is an **Initial** report. If it is follow-up Literature or Clinical Trial report, move into the appropriate folder.

g) Open the email and save to desktop.

1.2 Create a new case and enter case administration

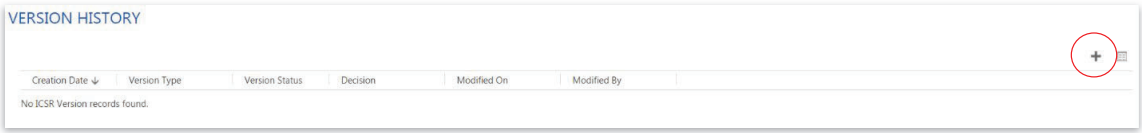
Click New to create a new report:



- In the Report Details section, enter information as follows:
  i. Sender Type – Select appropriate
  ii. Received Date – Date we received the email
  iii. Senders ICSR Identifier – Enter if relevant (if no relevant number use patient initials)
  iv. Organisation – Select if relevant
  v. Input Channel – select appropriate (Email / fax)

- Once complete click 'save'

- In the **Version History** section click on the plus symbol located on the right-hand side of the screen



1. In the **Case Administration Section**, enter information into the following fields:

   a) Type of Report

Summary of Comments on Document 2 MR.PDF

Page: 2

Number: 1 Author: s22 [redacted] Date: 29/10/2024 11:43:00 AM

I think we should add this as there is a separate Work instruction

I. Spontaneous – Majority of these reports

II. Report from study – If the report states it is a clinical trial, clinical study or Individual patient use see 'Report from Study'

III. Other – If the report states that it is a patient support program, patient monitoring service, compassionate use, expanded access, product familiarisation, early access program or solicited report

b) Therapeutic Product Type – Choose the product type of the suspected product
   a. Options are 'medicine', 'vaccine', 'biological' or a combination of these

c) If 'other' is selected for 'type of report' complete the following:
   a. Study type: Other studies

Once complete click 'Save'

1.3 Enter case narrative and comments

Add the Case Narrative – this is the 'story' of what happened, an account of the progression of an adverse event or events. Ensure the Medical History goes into this field.

a) Ensure **no personal/identifying details** are included.

Check - Hospitals, clinic, doctor names

Check - patient or kin names

Check – addresses, general location

Check - date of birth

Tips on de-identifying reports

Please avoid using symbols (e.g. #) to replace redacted information. We need information to be deleted in a way that is understandable, but symbols may be misinterpreted by downstream software applications.

For example:

Original Text

- Presented to Southside Hospital on 14th June, initially simple effusion and progress to complex effusion.

- Confirmed community acquired pneumonia, complicated by empyema. Transferred to Northside Women's Hospital on 28/06/2023.

Preferred Text

- Presented to hospital on 14th June, initially simple effusion and progress to complex effusion.

- Confirmed community acquired pneumonia, complicated by empyema. Transferred to another hospital on 28/06/2023.

Page: 3

Number: 1 Author: S22 [redacted] Date: 28/10/2024 5:24:00 PM
Need to link it

If you have text that is complicated to adjust – e.g. Ali sent a message to Roger about Chloe, then you can remove the identifying information and replace with **[redacted]**.

b) Any **administrative information**, or anything **not medically relevant** to the case, should go in the reporter comments section – e.g. consent to seek information, text directed at the TGA.

c) Check the formatting and readability of the narrative.

- Include spaces between logical blocks of information to help with readability.
- Think about chronology (e.g. treatment details should be added after the description of the adverse event(s)).

d) For complex and/or lengthy case narratives – include any reported reactions/diagnoses in the first few lines of the narrative.

e) **For reports from TGA forms – e.g. medicine/vaccine defect form**

- Read through the information and include in the case narrative **only what is necessary** to describe the adverse event(s) or other issue that occurred and the outcome.

1.4 Enter patient details

In the **Patient Details** section enter information into the following fields (if the information is not supplied leave field blank):

a) Patient initials – (The letter of the first name and the letter of the surname)

b) Sex – if not reported, select 'unspecified'

c) Date of Birth

d) Age (number)

e) Age (unit) – ensure the correct unit is chosen

f) Age group – If the DOB and Age are not given the narrative may indicate the Age group, if so complete this field

g) Patient weight (**note:** weight should be in kg)

h) Ethnicity (**note:** drop down menu – select best fit if information is available)

i) Ethnic sub-group (**note:** drop down menu – this refines Australian Peoples)

j) Patient State – enter state if reported, if not clear enter UNK into this field

If a vaccine report:

k) Pregnancy Status at Time of Vaccination - If not known select 'unknown'

l) Previous reaction to vaccinations - If not known select 'unknown'

m) Previous COVID 19 diagnosis - If not known select 'unknown'

Death Information - Check the report to see if the ADR resulted in death if not, leave this field blank

Page: 4

Number: 1 Author: S22 [redacted] Date: 29/11/2024 8:42:00 AM
Remove italics from F and G

a) If the ADR resulted in death and a date of death has been supplied enter this date into the **Date of Death** field, if no date has been supplied leave this field blank and complete the **Date of Death Null Flavour** choosing 'UNK' from the drop down list.

b) If the case narrative provides **Autopsy Information** Choose 'Yes' or 'No' from the drop-down list. If this information was not provided leave this field blank and complete the **Autopsy Done Null Flavour** choosing 'UNK' from the drop down list.

Once complete click 'Save'

1.5 Enter reaction details (coding)

a) Identify reaction(s) from the report

b) Click the '+' below REACTION DETALS

- New reactions should be filled in with all data available.
- **Removing reactions –** When opened, reactions can be removed by selecting 'REMOVE' from the head banner. To remove multiple reaction terms, select the box next to the '+'. Highlight one line at a time and select remove from the banner immediately above the list.
- Re-do steps for each reaction code if more than one reaction. Noting that the seriousness criteria only needs to be completed for the first reaction.

c) Add reaction details

- Note: Things to look for, as the process is specific:
  - Miscarriage
  - Secondary exposure
  - Fatality

- Lowest Level Term
  - Refer to Appendix 1 – Adverse event term selection and coding of reports in AEMS using MedDRA for information and advice on using MedDRA
  - When searching for terms in AEMS, using the * symbol at the beginning of the search term will provide all terms containing that word.

- Reported Reaction
  - Sponsor and government reports only minimal modification. Reports from medical practitioners, nurses and pharmacists may require some alterations, however the reported reactions can reflect a diagnosis if that is given in either the case narrative or reported reactions. Client, patient or independent reports must reflect the observed reactions. It is important that no diagnosis is inferred, reactions must reflect the observations.

- Onset Date – Complete when available - this should be as accurate as possible. Refine from the narrative if the date does not look correct. Calculate date from narrative if possible.

- End Date – Complete when available - this should be as accurate as possible. Refine from the narrative if the date does not look correct. Calculate date from narrative if possible.

- Duration (Number) – if dates are not provided or if in hours / minutes / seconds

Page: 5

Number: 1 Author: S22 [redacted] Date: 28/10/2024 4:36:00 PM
Not sure what the process is for miscarriage and secondary exposure

Number: 2 Author: S22 [redacted] Date: 28/10/2024 4:37:00 PM
Not relevant in entering emails - remove.
Discuss using this field for unusual ADRs where MedDRA coding may be different or condition aggravated etc

INTERNAL USE ONLY

- Duration (Unit) – select from predefined terms.

- Outcome
    - **Note:** Drop down menu
        - Recovered/Resolved
        - Recovering / Resolving
        - Not Recovered/ Not Resolving / Ongoing
        - Recovered Resolved with Sequelae
        - Fatal
        - Unknown

    - **Note:** FATAL CASES – to track these properly, the correct detail must be entered in 4 locations:
        - Death information >
        - Date of Death OR Date of Death Null Flavour - must be filled in
        - AND Autopsy OR Autopsy Null Flavour - must be filled in
        - Reaction Details > outcome - select FATAL - **Essential**
        - Seriousness Criteria > Results in Death - Select Yes – **Essential**

- Country of occurrence
    - **Note**: Need to enter only if event did not occur in Australia
        - TGA does not record reactions which occurred as a consequence to an exposure outside Australia.
        - Note that some vaccinations can be given in Australian outposts and these are considered Australian cases.
        - Reports not given in Australia are to be reviewed by a senior officer.
        - Reports of vaccination given in the Asia-Pacific region are to be referred to the appropriate team.

    - **Note:** Foreign reports
        - Add data in any case - if the country has been added accidently it is easy to correct the report. If the report is not entered it may not be possible to find the report in the future.

d) Identify Seriousness Criteria

- Check each box that is appropriate.
    - **Note:** Was the patient ADMITTED to hospital?
        - Visit(s) to the Emergency Department or Casualty Department are not hospital admission.

    - **Note:** Identifying if case report is serious (these are yes, no or not answered)
        - Results in Death
        - Caused/Prolonged Hospitalisation
        - Congenital Anomaly/ Birth Defect
        - Life Threatening
        - Disabling/Incapacitating
        - Other Medically Important Condition

e) Add management details

Page: 6

Number: 1 Author: S22 [redacted] Date: 28/10/2024 4:41:00 PM
To discuss

Number: 2 Author: S22 [redacted] Date: 28/10/2024 4:41:00 PM
We do not add foreign cases the triage team respond to the email at triage stage

- Include for serious cases, particularly hospitalisation.
- Identify timeframes and include details as appropriate.

f) Save and close.

1.6 Enter drug information details

a) Identify the medicine(s) or vaccine(s) relevant to the case

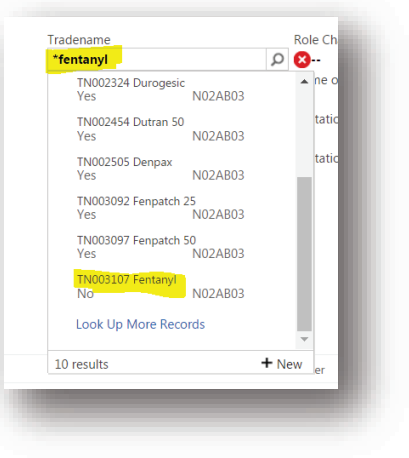
b) Click on the '+' below the DRUG INFORMATION DETAILS heading

c) Enter product details

- Reported product name - Enter the suspect drug name, if both tradename and active ingredient are given enter the tradename only (free text field) in the Reported Product Name

- There are three ways to search for the Tradename in the Tradename field:

  1) If the drug has been reported with a tradename: In the Tradename field, search for the suspect drug name.
  2) If only the generic name is given: Enter a * in front of the drug name. This search will also bring up all tradenames for the drug you are searching for, ensure you choose the generic name



  3) If searching for the generic name is unsuccessful using instructions from 2) complete the steps described in Appendix 1 – searching for medicines

- If the drug is not listed in the database leave this field blank noting this report will need to be referred for review after completion.

- Select the role classification ('suspect' or ' concomitant' or 'interacting')

  Once complete click 'Save'

- Enter dosage information

- Enter indications, if this information is available

  Save and close

- Repeat process for all Suspect and Concomitant drugs

1.7 Enter reporter details

a) Primary source information details

- In the **Primary Source Information Details** section click on the plus symbol located on the right-hand side of the screen and a new window will open.
- In the **Reporter Details**, enter the Qualification of the primary source (if given).
- If the Primary Source is not clear change the 'Is also sender of ICSR' field to 'yes'

b) Sender details

- Sender type – selection required.
  - Regulatory Authority = Government organisation
  - Health Professional = Organisation representing these
  - Regional Pharmacovigilance Centre = State immunisation representative including SAEFVIC
  - WHO Collaborations
  - Other (eg. distributor or similar organisations) = as described
  - Patient/Consumer = Member of the public with no other affiliation and as described.

- Organisation Name – if not provided – type Unknown
- Department Name – not required
- Organisation Type
- Occupation or Profession
- Title
- Given Name
- Middle Name
- Family Name
- Street Address
- Email
- Telephone

c) Save

1.8 Add a document to the report

For an emailed case, save the original email and any other relevant files to the AEMS report.

a) In the **Associated Document Details** section click on the plus symbol located on the right-hand side of the screen and a new window will open.
b) In the **Document Details** choose the following options:

   a) Source – External

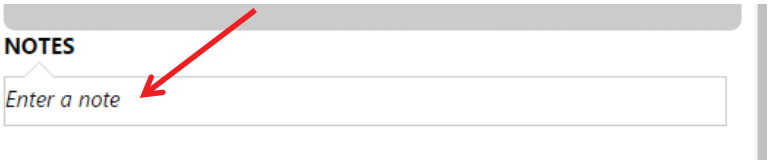
   b) Document Attached – Yes

   c) Document Type – Original Case report

   d) Date received – insert date we received the email / fax

Once complete click 'Save'

c) Click the cursor in the 'Enter a note' field



d) Scroll down to the 'Attach button' - Click attach – choose file and find the email that was saved on your desktop.

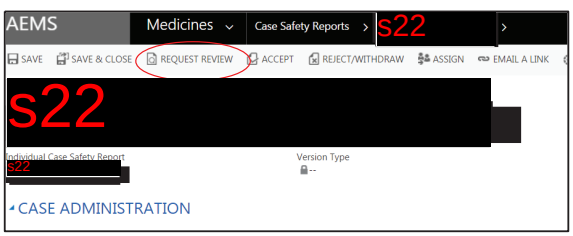
e) Click Done once attached

Once complete click 'Save & close'

1.9 Referring a report for review

All emailed / Faxed reports are to be assigned to review

a) At the top ribbon of the report, click the Request Review Tab



a) In the pop-up window a comment can be added, explaining the reason for review. For example - add trade name; unsure of coding. Change the assigning to Epmma Medicines Review.

b) Once complete click ‘save and close’.

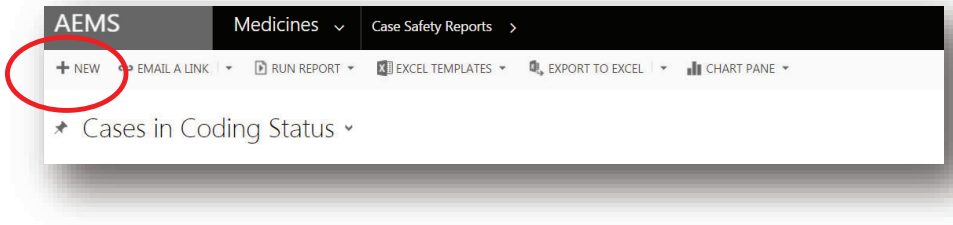
c) Close all email attachments and move the email from your email folder into the 'Filing ADR' (for medicines) or ‘Filing VAX’ (for vaccines) folder in Outlook.

2. Entering CIOMS into AEMS

2.1 Locate a CIOMS Report for entry into AEMS

a) Open Outlook
b) Go to s22 [redacted] email
c) Click '2. Reports folder'
d) Move the sponsor reports (CIOMS) you are going to enter into your team folder
e) View the attachment to ensure it is an **Initial Medicine** report. If it is a vaccine, follow-up Literature or Clinical Trial report, move into the appropriate folder.
f) Open the first email and save to desktop
g) Open AEMS in Chrome

Click 'New'

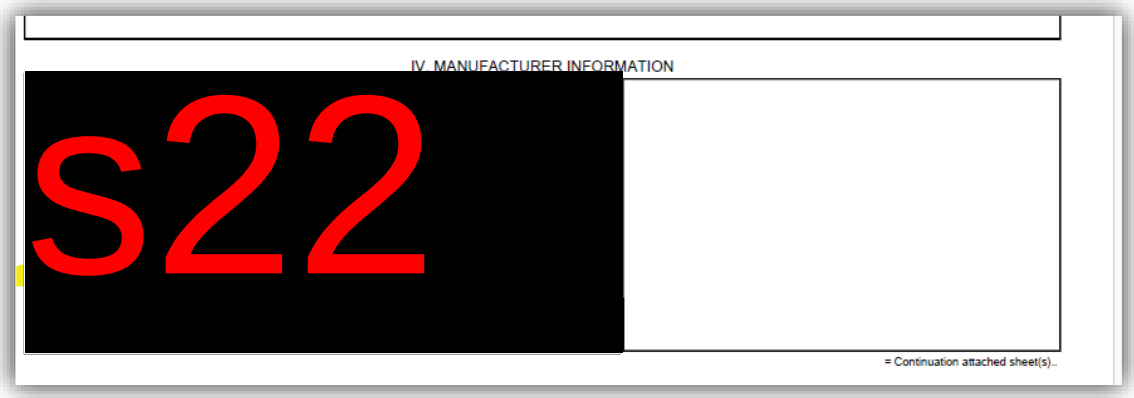


2.2 Create a new case in AEMS

In the **Report Details** section enter information into the following fields:

a) Sender Type – Pharmaceutical company

b) Received Date – Date received by manufacturer located in the CIOMS



c) Senders ICSR Identifier – This is the MFR Control No. located on the CIOMS

s22

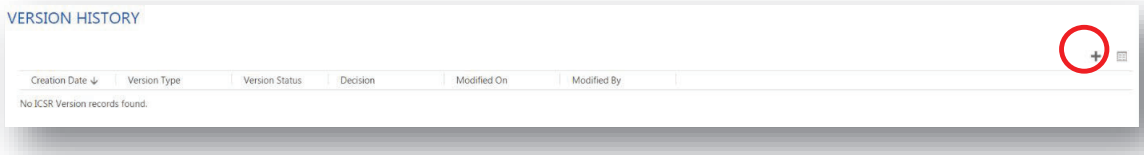
(Cont.)

d) Organisation – Select Pharmaceutical Company, by searching for the company name
   - if more than one option matches the company name check the email signature block to see if there is a match. If still unclear, check with another database team member. Australian Sponsors can be identified with Ltd Pty

e) Input Channel – Choose the method the report was sent in – Email

Once complete click 'Save'

In the **Version History** section click on the plus symbol located on the right-hand side of the screen



2.3 Complete the case administration section

a) Type of Report
   i. Spontaneous – If the report is a spontaneous report the CIOMS will state this in the first line of the narrative.

s22

   ii. Other – if the report states that it is a patient support program, patient monitoring service, compassionate use, expanded access, product familiarisation, early access program or a solicited report.
   iii. If the report states it is a clinical trial, clinical study or individual patient use, see *** 1 eport from study

b) Therapeutic Product Type – Choose the product type of the suspected product

Page: 12

Number: 1 Author: S22 Date: 7/08/2024 4:52:00 PM +10'00'
Insert as appendix

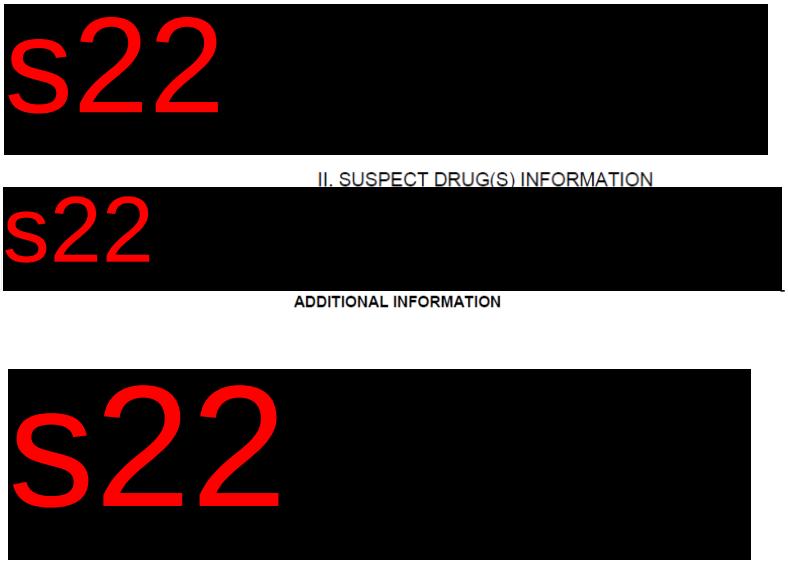
i. Options are 'medicine', 'vaccine', 'biological' or a combination of these

c) Once completed, click 'save'.

2.4 Complete the Case Narrative Section

a) Copy the Case Description on the CIOMS (include any relevant test/lab data). Start from the 'case description', and ensure to remove any patient identifiers, company comments or causality assessments. Check for any symbols or special characters and remove these as well. Check if the case narrative continues on page 2 of the CIOMS form.

See also 1.3 Enter case narrative and comments for further advice on deidentifying case narrative.



b) Relocate causality comments from the reporter to 'report comments'

c) Relocate sponsor comments to 'sender comments'

d) Click 'save'

2.5 Complete the Patient Details Section

a) In the Patient Details section enter information into the following fields (if the information is not supplied leave field blank):

i. Patient initials – if not supplied leave blank
ii. Sex – if not reported, select 'unspecified'
iii. Date of Birth
iv. Age (number)
v. Age (unit) – ensure the correct unit is chosen
vi. Age group – If the DOB and Age are not given the narrative may indicate the Age group, if so complete this field
vii. Patient State – enter state if reported in the primary source, but if not clear enter UNK into this field

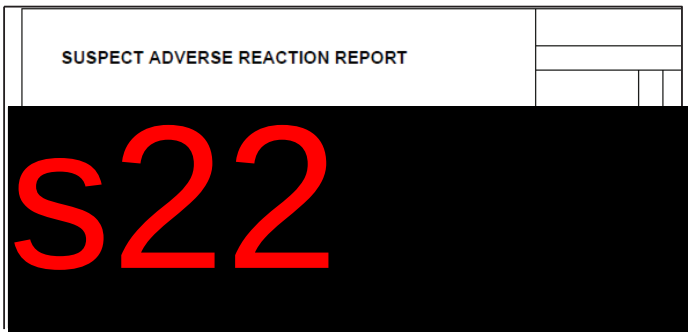
viii. Death Information - Check the CIOMS report to see if the ADR resulted in death if not, leave this field blank
ix. If the ADR resulted in death and a date of death has been supplied enter this date into the **Date of Death** field, if no date has been supplied leave this field blank and complete the **Date of Death Null Flavour** choosing 'UNK' from the drop down list.
x. If the case narrative provides **Autopsy Information** Choose 'Yes' or 'No' from the drop-down list. If this information was not provided leave this field blank and complete the **Autopsy Done Null Flavour** choosing 'UNK' from the drop down list.

b) Click 'save'

2.6 Enter reaction details

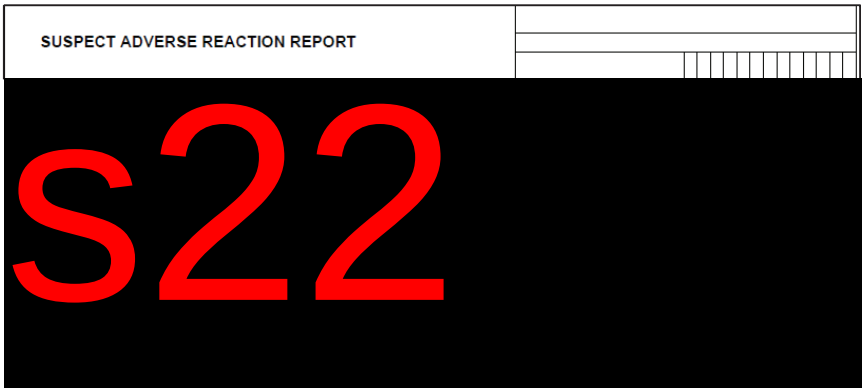
In the **Reaction Details** section click on the plus symbol located on the right-hand side of the screen and a new window will open

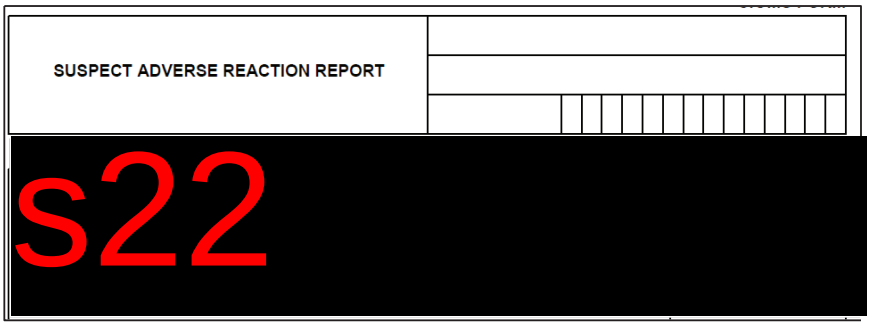
a) In the Reaction Details enter information into the following fields:
   i. Lowest Level Term field – This reaction term can be found on the CIOMS report in the top left hand corner, noting the MedDRA term that is to be entered will be in brackets.
   ii. Some reports will have a higher-level term in square brackets, followed by lower-level terms – e.g. [cytokine release syndrome] ([pyrexia], [chills], [headache], [fatigue]). It is only necessary to code the higher-level term in these cases.
   iii. Check the narrative for any additional terms



b) Outcome - complete this field if the information is available (check narrative)
   - If the ADR resulted in death choose 'fatal'

c) Seriousness criteria - complete all relevant fields. Refer to the check box which is located on the right side of the first page of the CIOMS. If no boxes are checked, choose 'yes' for Other Medically Important Condition. The reporter should indicate this in the body of the CIOMS, either at the beginning or end. However, even if not indicated, the trigger for submitting the CIOMS is that the adverse event is medically important.





Seriousness Criteria

Results in Death	Results in Death Null Flavour	Life Threatening	Life Threatening Null Flavour
No	--	**No**	--
Caused/Prolonged Hospitalisation	Caused/Prolonged Hospitalisation Null Flav	Disabling/Incapacitating	Disabling/Incapacitating Null Flavour
No	--	**No**	--
Congenital Anomaly/Birth Defect	Congenital Anomaly/Birth Defect Null Flavc	Other Medically Important Condition	Other Medically Important Condition Null
No	--	**Yes**	--

d) Complete all steps for each reaction code if more than one reaction. However, the seriousness criteria only needs to be completed for the first reaction.

e) Once complete, click 'save and close'.

2.7 Enter drug information details

a) Enter the suspect drug name - if both tradename and active ingredient are given enter the tradename only (free text field) in the Reported Product Name

s22

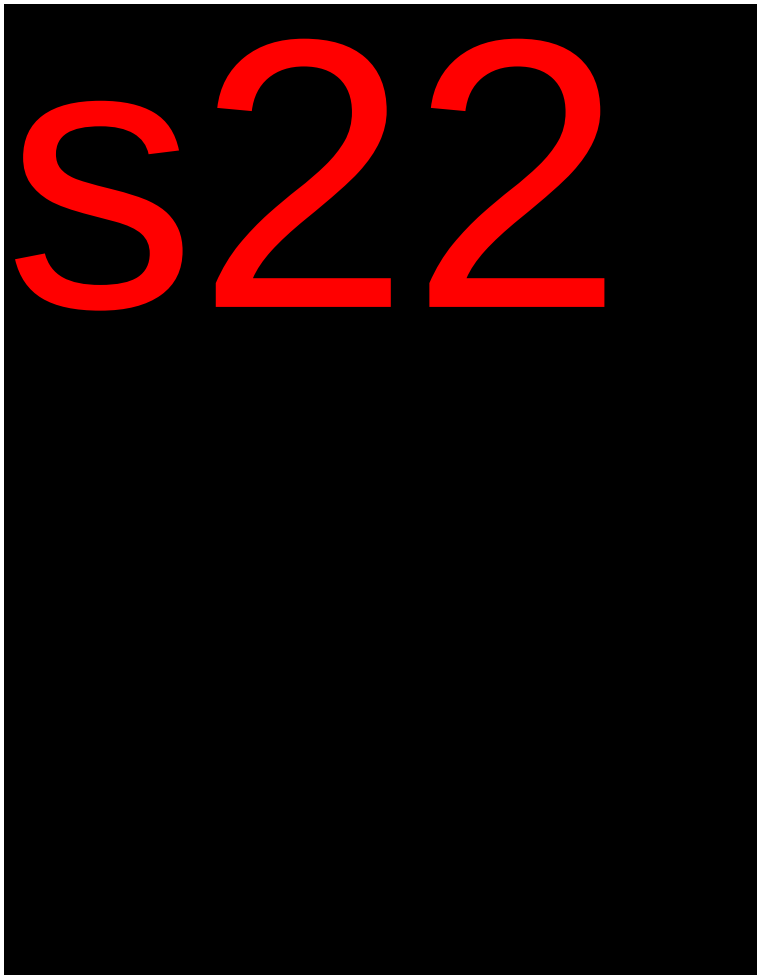
b) There are three ways to search for the Tradename in the Tradename field:
   i. If the drug has been reported with a tradename: In the Tradename field, search for the suspect drug name.
   ii. If only the generic name is given: Enter a * in front of the drug name. This search will also bring up all tradenames for the drug you are searching for, ensure you choose the generic name.
   iii. If searching for the generic name is unsuccessful using instructions from ii. complete the steps described in Appendix 2 – searching for medicines

c) If the drug is not listed in the database leave this field blank noting this report will need to be referred for review after completion. See 1.9 Referring a report for review.

d) Select the role classification ('suspect' or ' concomitant' or 'interacting')

   Once complete click 'Save & Close'

e) Repeat process for all Suspect and Concomitant drugs ensuring you look at the other pages of the CIOMS as quite often they continue on other pages (see image below).



2.8 Enter primary source information details

In the **Primary Source Information Details** section click on the plus symbol located on the right-hand side of the screen and a new window will open.

a) In the Reporter Details, enter the Qualification of the primary source (if given). Most often the reporter will be identified in the case narrative, but it may also be entered on the CIOMS next to the Manufacture details ('25b. Name and address of reporter'). The Primary source is the person who reported the ADR to the sponsor.

b) If the Primary Source is not clear change the 'Is also sender of ICSR' field to 'yes'

c) Click 'save and close'

2.9 Complete sender details

a) Add the email address in the Sender Details section ensuring that you use the group email address which is usually in the body of the email (You may sometimes find this email address is in the CC field). If the group email address is not given use the email address from which the report was sent.

2.10 Attach the CIOMS form and associated email to the report

In the **Associated Document Details** section click on the plus symbol located on the right-hand side of the screen and a new window will open.

a) In the Document Details choose the following options:
   i. Source – External
   ii. Document Attached – Yes
   iii. Document Type – Original Case report
   i. Date received – insert date CIOMS received by TGA (i.e. email date)

   Once complete, click 'save'

b) Click the cursor in the 'Enter a note' field

Page: 18

Number: 1 Author: S22 [redacted] Date: 29/11/2024 8:26:00 AM
Make sure there are no symbols that will stop it going into TRIM

Number: 2 Author: S22 [redacted] Date: 29/11/2024 8:27:00 AM
Should be numbered as IV

c) Scroll down to the 'Attach button' - Click attach – choose file and find the email that was saved on your desktop.

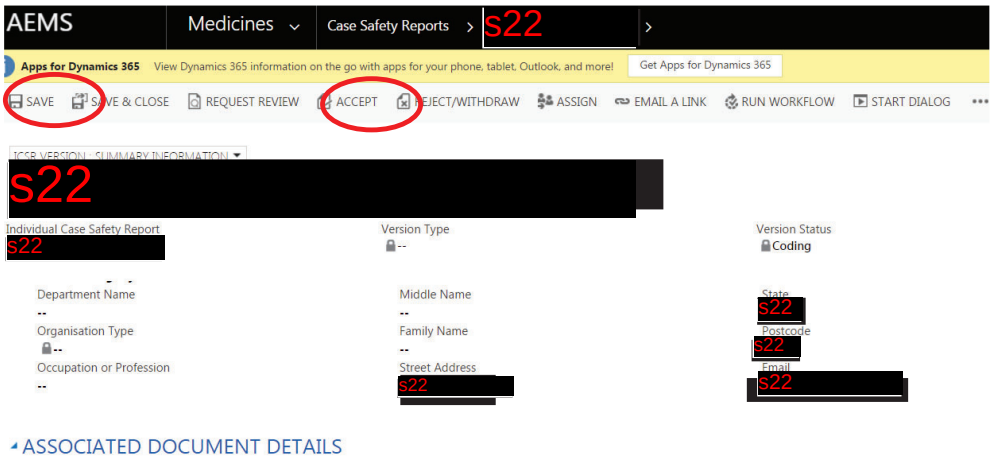
d) Click Done once attached

Once complete click 'Save & close'

2.11 Accept the report or refer for review

All [1]atal / ICU / PICU reports of children (under 18yrs) are to be assigned to review

a) Determine if the case requires Review if not click **Save** then the **Accept** button.



b) A new box will pop up, click submit. The system will automatically send out an acknowledgment letter to the sponsors email address. (see [2]example acknowledgment letter)

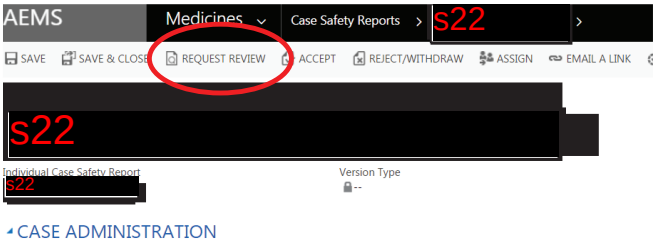
c) Requires review: There are several reasons why a case will be sent to review: **Serious reports, Drugs names to be added into AEMS, Requires further advice.** Cases can be sent for review if you are unsure of any aspect of the ADR entering process. Examples could be unsure of correct coding terminology, cannot read narrative, unusual ADR.

I. Click the **Request Review**

Page: 19

Number: 1 Author: S22 [redacted] Date: 28/10/2024 5:47:00 PM
To discuss if any changes for other CIOM reports to be reviewed

Number: 2 Author: S22 [redacted] Date: 28/10/2024 5:49:00 PM
Need to link



II. In the pop-up window an optional comment can be typed. For eg: ICU, Fatal, Please add drug

III. Change the **Assigning To** drop down to Epmma Medicines Review

Once complete click 'Save & Close' and file the email into the Filing ADR email folder

3. Processing JIC reports (File Uploads)

3.1 Information to review

a) Case narrative and comments:

- Remove any identifying information
  - See 1.3 Enter case narrative and comments for advice on deidentifying the case narrative.
  - Where one or two personal details need to be removed, copy this information into the 'reporter comments' section and remove from the case narrative.
  - If multiple edits are required, copy the whole text of the case narrative into 'reporter comments' then remove the personal details from the case narrative.
  - Reminder: Information identifying a state/JIC should be redacted (e.g. mention of 'WAVSS')

- Medical history may appear in the Medical History (Unstructured) field – copy and paste this information into the case narrative.

- Any **administrative information**, or anything **not medically relevant** to the case, should go in the reporter comments section – e.g. consent to seek information, text directed at the TGA.

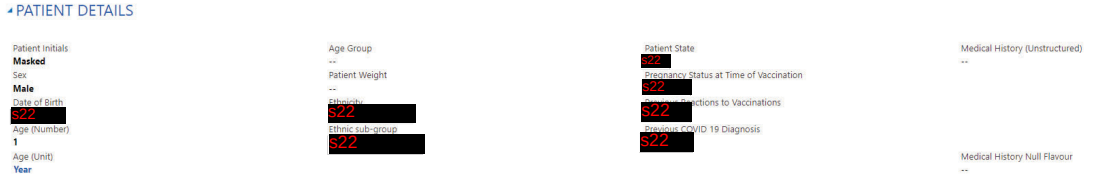
- Check the formatting and readability of the narrative.
  - Include spaces between logical blocks of information to help with readability.
  - Think about chronology (e.g. treatment details should be added after the description of the adverse event(s)).

- For complex and/or lengthy case narratives – include any reported reactions/diagnoses in the first few lines of the narrative.

b) Patient details

Check patient details

- If sex has not been provided, enter it as unknown
- Check the age (if there is Age (unit) but now Age (number), report Age (number)
- Fill in Ethnicity and Ethnic sub-group if provided in the report
- Make sure the Patient State is added
- Fill in Pregnancy status at time of vaccination (If the patient is male choose 'N/A'), previous reactions to vaccinations, previous COVID 19 diagnosis – If unknown select unknown



Page: 21

Number: 1 Author: S22 [redacted] Date: 29/11/2024 8:45:00 AM
If there is no age (number), Age (unit) needs to be removed.

Number: 2 Author: S22 [redacted] Date: 29/10/2024 11:49:00 AM
I don't get this

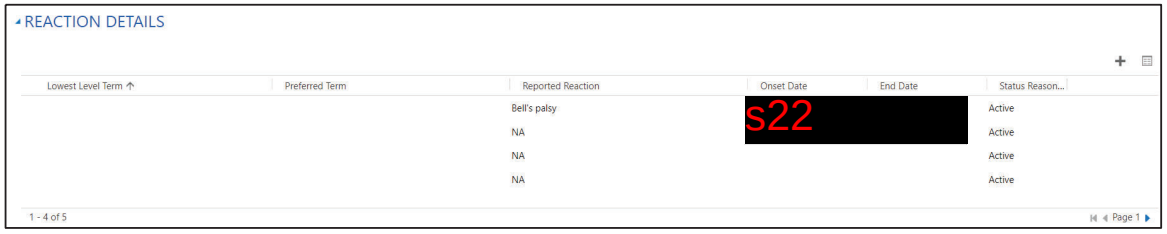
Number: 3 Author: S22 [redacted] Date: 29/10/2024 11:59:00 AM
I added this from the online work instruction further down

- If there is text in the Medical History (Unstructured), copy this into the case narrative adding the title – Medical History.

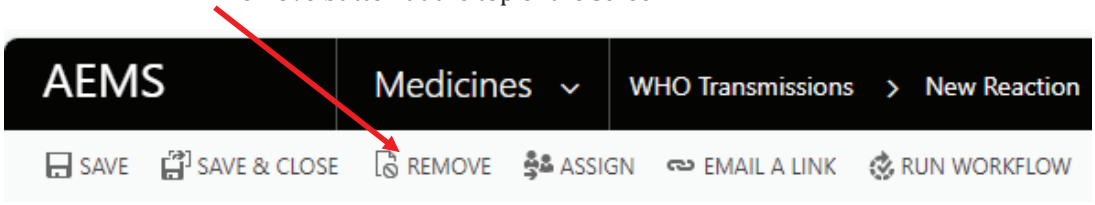
c) Reaction details

See 1.5 Enter reaction details (coding) for more information.

- Use lower level terms
- Double click on the row to open the reaction
- Code any reaction terms provided by the reporter
- Check the case narrative for other reaction terms (click on the + to add each new reaction)
- Calculate Onset Date and End Date from the case narrative and Start Date of the vaccine
- Do not put information into the Reported Reaction field, this is only for external use
- Ensure to copy any information in the Reported reaction field into the case narrative adding the title – Reported reactions
- Remove any times that say 12:00 (any other times can stay)
- Rows that have NA in the Reported Reaction field can be used to add reactions before creating new rows by using the + button. Remove NA from the Reported Reaction field and change or remove dates as needed.

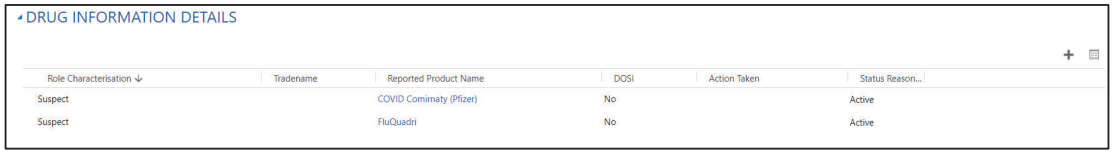


- Any rows that have NA in the Reported Reaction, and are not needed for other reactions can be removed by opening that reaction line and clicking on the Remove button at the top of the screen

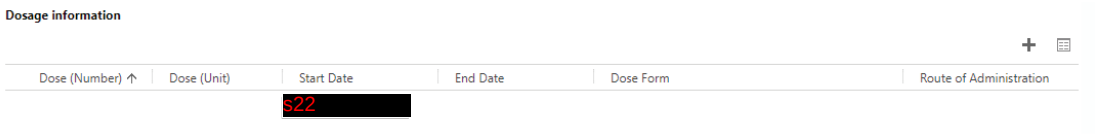


d) Drug information details

- Double click on the row to open the entry for the vaccine
- Using the * symbol at the beginning of the vaccine name helps with finding all possible options
- Searching for COVID will bring up all the COVID tradenames
- Fill in all tradenames provided
- Check the case narrative for other vaccines (click on the + to add each new vaccine)
- Check the case narrative for vaccine start dates
- Click on save (not save and close)



- Scroll down and open Dosage Information
- Remove any times that say 12:00 (any other times can stay)
- Make sure all the information is in the correct fields (sometimes the dose can be put in the free text Dosage Text field
- Save and close



- To go back to case level and click on the ICSR Version number (top left of the screen)

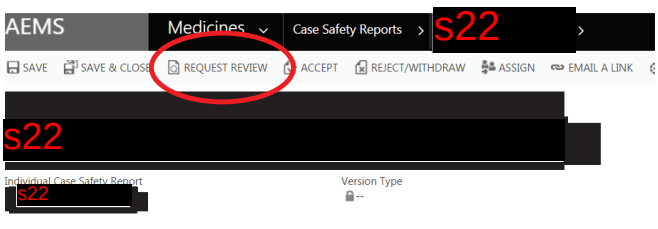
- Repeat this process with all vaccines.

3.2 Accept the report or refer for review

All [1]tal / ICU / PICU reports are to be assigned to review

a) Determine if the case requires Review if not click **Save** then the **Accept** button.
b) If the report needs to go to review

I. Click the **Request Review**



Page: 23

Number: 1 Author: S22 [redacted] Date: 28/10/2024 5:47:00 PM
To discuss other JIC reports to be reviewed

II. In the pop-up window an optional comment can be typed. For eg: ICU, Fatal, Coding help
III. Change the **Assigning To** drop down to Epmma Medicines Review

Once complete click 'Save & Close'

4. Processing EDI reports

4.1 Information to review

1. If the report is an **amendment**, check the previous version to see if it was **rejected**.
    - If rejected as a duplicate, reject as a duplicate again.
    - If rejected because of missing information, check to see if the information has been received.
        - If yes, process and accept the report
        - If no, reject the report again.

2. Make sure the Therapeutic Product Type is correct.

3. Check the Case Narrative for discrepancies, duplicates, or if the report originally came from the TGA.
    - If the report has another AEMS number or states it came from the TGA or a regulatory authority in the case narrative, it's likely to be a duplicate (process the duplicate cases as per 7. Processing duplicates).
    - If it is a literature report, please make sure the citation is in the case narrative (the citation can often be found in the associated documents).

4. Checked the patient details for strange DOB or invalid age.

5. Put in Unspecified if sex not filled in or mention in the Case Narrative.

6. Check the Patient State field. If state not provided in the Primary Source Information Details, fill Patient State in as **UNK**.

7. Check Reaction Details.
    - Check Case Narrative for **reaction** dates.
    - Remove any duplicate coding (preferred term).

8. If Death has been coded the reaction term needs to be changed to Adverse Event.
    - Fill in Date of Death, and if an autopsy was done or not.
    - The Date of Death is the End Date of the reaction.
    - Change relevant reaction outcomes to Fatal and resulted in death to yes.

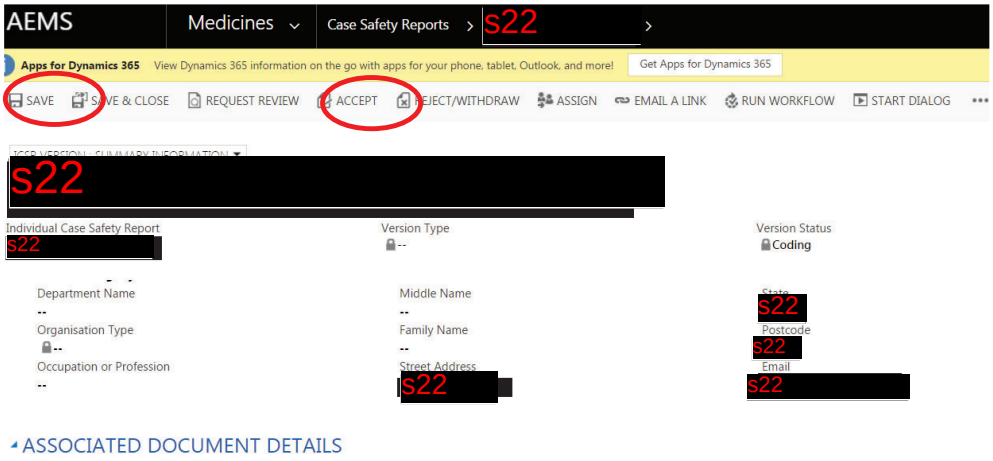
9. Fill in Tradenames.
    - Please follow the rules for choosing a tradename (please see 1.6 Enter drug information details, Appendix 2 – searching for medicines and Appendix 3 – selecting tradename not specified).
    - Check the case narrative to see if the tradename is included in the description, but the sponsor has entered the generic name in the reported product details (we are in process of rectifying this issue with sponsors)
    - Fill in the reported product name with relevant drug name if **unknown** has been prefilled (for process, see Appendix 4 – unknown drug in reported product name).
    - See Appendix 6 for instructions on how to process reports where the same vaccine is listed multiple times.
    - Check the prefilled tradenames are accurate against the reported product name

4.2 Accept the report or refer for review

a) Go to 1.10 Accepting a report for information on how to accept the report once complete
b) Refer the report to review

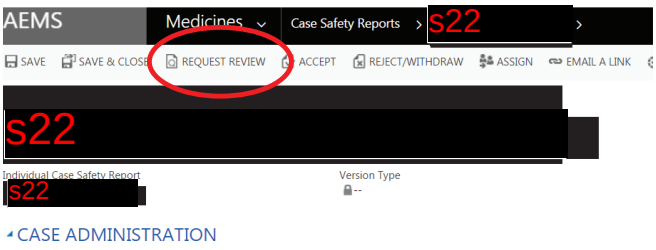
All Fatal / ICU / PICU reports of children (under 18yrs) are to be assigned to review

d) Determine if the case requires Review if not click **Save** then the **Accept** button.



e) A new box will pop up, click submit.
f) Requires review: There are several reasons why a case will be sent to review: Serious reports, Drugs names to be added into AEMS, Requires further advice. Cases can be sent for review if you are unsure of any aspect of the ADR entering process.

IV. Click the **Request Review**



V. In the pop-up window an optional comment can be typed. For eg: ICU, Fatal, Please add drug
VI. Change the **Assigning To** drop down to Epmma Medicines Review

Page: 26

Number: 1 Author: S22 [redacted] Date: 28/10/2024 5:47:00 PM
To discuss if any changes for other CIOM reports to be reviewed

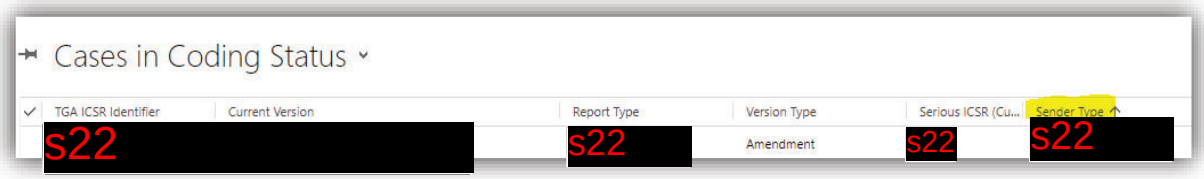
5. Processing online reports from consumers/health professionals

5.1 Identify and assign online reports for processing

In AEMS under the 'Cases in Coding Status' view, consumer and health professional reports can be identified by the sender type.

Note – Throughout this process, after you have amended or entered a field press 'save'

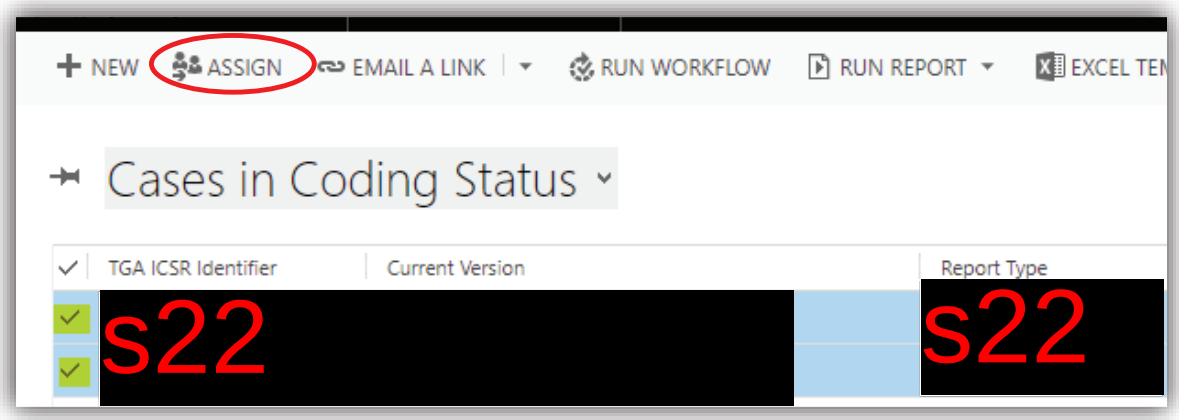
See Section 1. Entering information in AEMS – general information for additional details on case entry and processing.

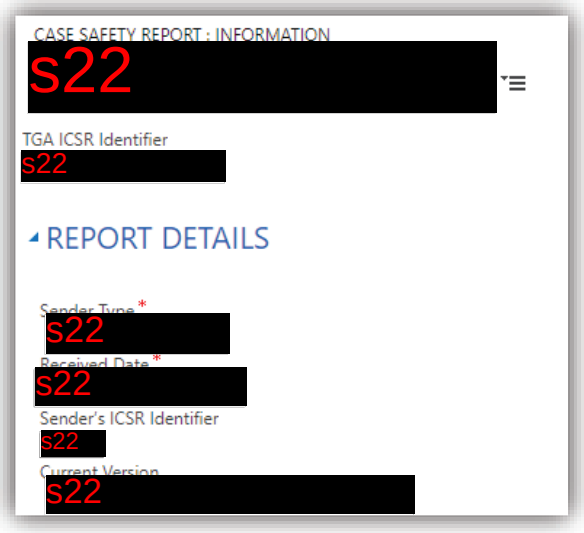


a) Click the tickbox column next to the report you are completing to highlight the report - click assign – assign the report to yourself.

Note: you can assign multiple reports at once

b) Double click into the first report





5.2 Complete the Case Administration section

a) Check Therapeutic Product Type is correct

b) Ensure the Sender's ICSR Identifier does not contain identifiable information. If blank - input the patient's initials.

c) Complete study type if relevant

Note: Drop down menu

- Clinical trials
- Individual Patient Use
- Other Studies

5.3 Complete the Case Narrative and Comments section

a) Remove any identifying information
   - See 1.3 Enter case narrative and comments for advice on deidentifying the case narrative.

b) Medical history may appear in the Medical History (Unstructured) field – copy and paste this information into the case narrative.

c) Sometimes the 'reported reactions' field includes information that should be in the case narrative. Copy and paste this information into the case narrative using the heading reported reactions.

d) Any **administrative information**, or anything **not medically relevant** to the case, should go in the reporter comments section – e.g. consent to seek information, text directed at the TGA.

e) Check the formatting and readability of the narrative.

- Include spaces between logical blocks of information to help with readability.
- Think about chronology (e.g. treatment details should be added after the description of the adverse event(s)).

f) For complex and/or lengthy case narratives – include any reported reactions/diagnoses in the first few lines of the narrative.

5.4 Complete the Patient Details section

a) **Patient initials** – Ensure only initials are in this field. Remove any names.

b) **Sex** – If left blank choose 'unspecified' in the drop down

c) **Age (number), Age (unit)** – ensure this makes sense (quite often the unit defaults to months)

d) **Patient weight** – This is measured in Kilograms. Check the narrative to see if this was mentioned. Fill in if information available.

e) **Ethnicity / Ethnic sub-group** - Check the narrative to see if this was mentioned. Fill in if information available.

f) **Patient state** – Can be most often identified through the sender details or primary source. If unknown enter 'UNK'

g) **Medical History (unstructured)** – Copy this information into the narrative ensuring all identifiable information is removed.

For Vaccine reports only

h) **Pregnancy status at time of vaccination** – Read the narrative - if not specified choose 'unknown' in the drop down. If the patient is male choose 'N/A'

i) **Previous reactions to vaccinations** - Read the narrative - if not specified choose 'unknown' in the drop down.

j) **Previous COVID-19 diagnosis** - Read the narrative - if not specified choose 'unknown' in the drop down.

5.5 Death information

Only complete if processing a fatal report - otherwise go to section 5.6.

a) **Date of death** – Enter the date of death if specified, this can be in day/month/year format or month/year. If unknown leave blank.

b) **Date of death Null Flavour** – Complete this field if date of death is unknown. From the drop down select UNK.

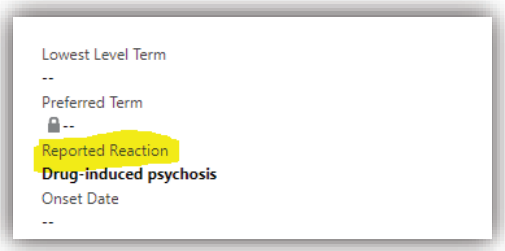
c) **Autopsy done** – Complete this field from the drop down if known – if unknown leave blank.

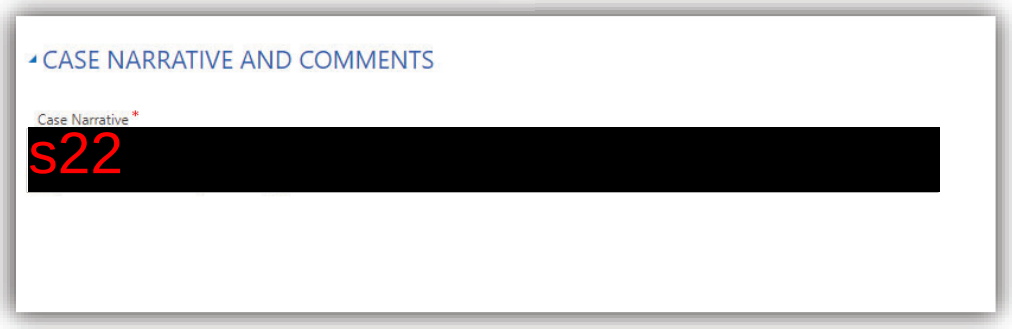
d) **Autopsy done Null Flavour** - Complete this field if Autopsy done is unknown. From the drop down select UNK.

5.6 Reaction details

Please see 1.5 Enter reaction details (coding) for more information.

a) Double click into the first reaction - copy the reported reaction details and paste them into the narrative. Use the heading 'Reported reactions'. Repeat this for each separate reaction.





b) **Lowest Level Term** - Identify the reaction from the reported reaction field and from the narrative and enter. Please note: each reaction is entered separately. Open and remove any invalid / unnecessary terms.

c) **Preferred Term** – This is prepopulated once the lowest level term is entered. Ensure no preferred term is duplicated. Remove if duplicated.

d) **Onset Date** – If completed check this makes sense. If blank check narrative and add any relevant dates. This can be in day/month/ year or month/year format. If no information leave blank.

e) **End date** - If completed check this makes sense. If blank check narrative and add any relevant dates. This can be in day/month/ year or month/year format. If no information leave blank.

f) **Outcome** – If blank check narrative and add any outcomes otherwise select 'unknown'.

g) **Seriousness criteria** – If not completed check narrative and chose relevant criteria.

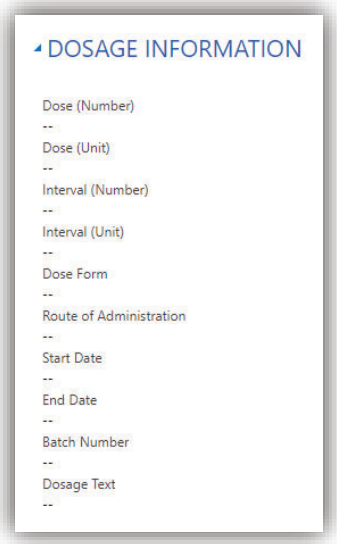
Note: Only select caused / prolonged Hospitalisation if patient was admitted to a ward. Not if patient was seen in ED.

5.7 Management details

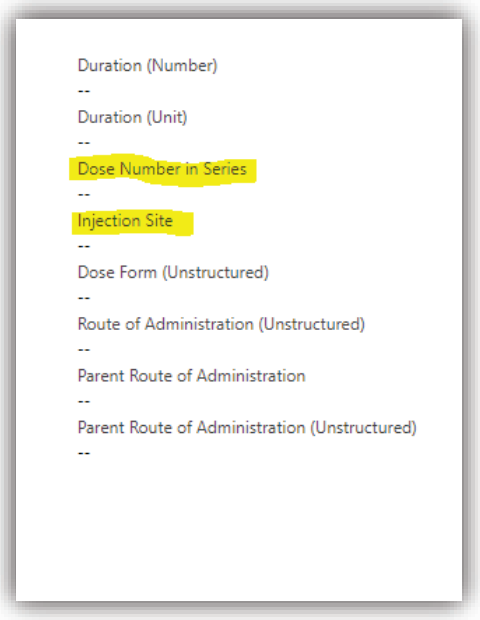
a) Management of event – Select the appropriate management from drop-down.
b) Description (other) – If management of event is other (specify) describe in this field. Eg: 'Saw specialist'. This field can also be used to describe seriousness of hospitalisation such as ICU, PICU.
c) Days Hospitalised - If relevant check narrative and add information.
d) Discharge Date - If relevant check narrative and add information.

5.8 Drug information details

a) Double click into the first field.
b) **Tradename** - Enter the tradename, from either the reported product name or the narrative (for searching tips see Appendix 2 – searching for medicines)
c) **Authorisation Number** – Check the ARTG for the tradename of the product if this number is provided
d) **Dosage information** – Check the narrative and the reported product name for details and complete the following fields if information is available.



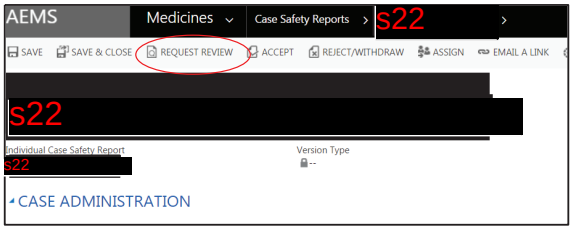
e) For vaccines, complete the below additional fields:



5.9 Refer report for review

All Consumer / health professional reports are to be assigned to review

a) At the top ribbon of the report, click the Request Review Tab



a) In the pop-up window a comment can be added, explaining the reason for review. For example - add trade name; unsure of coding. Change the assigning to Epmma Medicines Review.

b) Once complete click ‘save and close’.

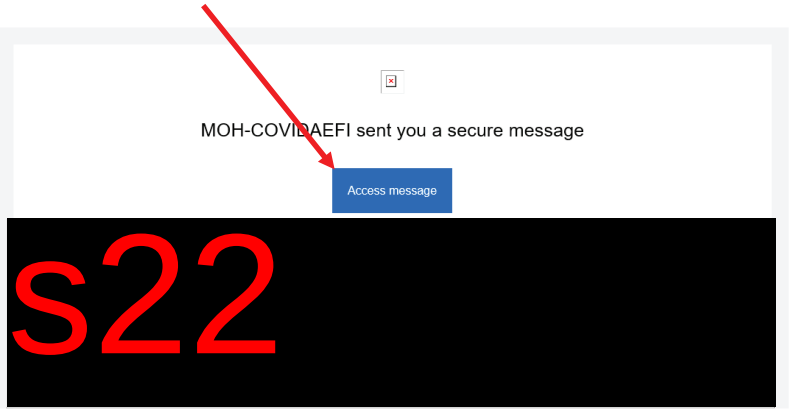
INTERNAL USE ONLY

6. Processing follow-up information

6.1 Processing follow-up information received from NSW Health

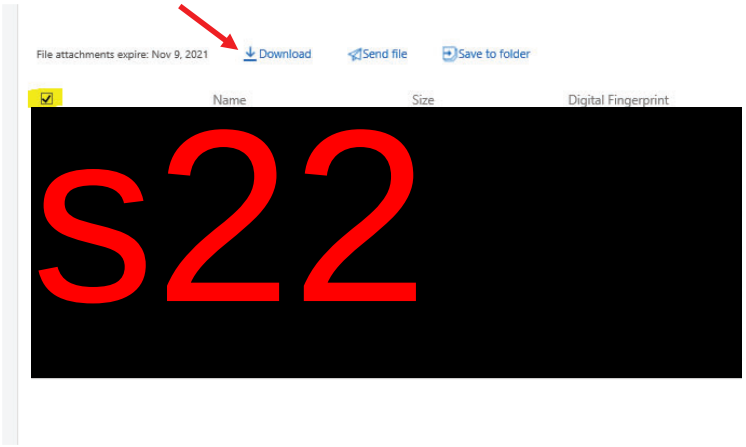
Selecting and attaching updates and editing the report

a) Select the follow-ups you are going to process and move them into your team folder
b) Drag the email to your desktop (or another easy to access location on your computer)
c) Click Access Message



d) If you click on the link and the report is expired, reply to NSW health. "Sorry the link has expired can you please resend this report."
    - Links expire after 14 days
    - Move the expired report into the 'filing VAX' folder
e) Enter the username: s22
f) Enter the password: **(pinned in the Email Triage chat on Teams)**
g) Place a tick in the top box which will in turn tick all the attachments

h) Click download



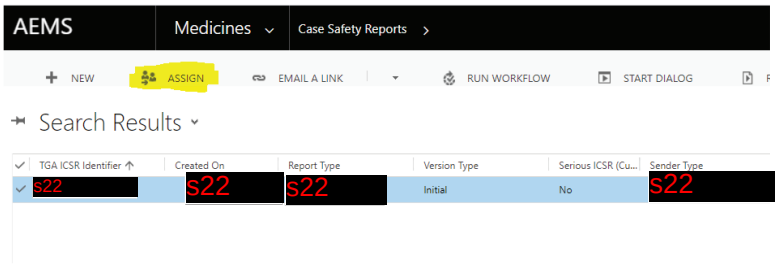
i) If you are using **Google Chrome** - A box will pop up - click the arrow next to save - click save as – then save in the same place you dragged the email to (either desktop or folder)

Note: If the download box doesn't pop up, you can easily drag the file into the correct folder and change the setting in Chrome for future downloads.

j) If you are using **Microsoft Edge** – you can view the Zip file by clicking the down arrow in the top right corner. You can save the download the same place you dragged the email to (either desktop or folder).

k) Copy the TGA report number or NSW ICSR number, which is usually located in the subject line of the email, and paste it into the search bar of AEMS

l) Place a tick next to the case and assign the case to yourself.



m) Click into the version of the case and check the notes section to see if the follow-up is in response to a Request for Information (RFI). If so, see note below:

> If the follow-up has been received in response to a request that was sent out from the AEMDS team:
>
> - When the case is ready to be completed, send the case for review to the specific person who requested the information, adding in the notes section 'RFI response has been received' or words to that effect.

n) Click amend (ensure the version is also assigned in your name). Ensure the case remains in your name as you work through the report.

o) In the Reason for update field type 'follow-up received [the date we received the email]' - this can then be copied into the narrative under the original narrative.

Reason for Update
Amendment of ICSR - follow-up received 26/10/2021

p) Click the ZIP folder that you previously saved to open and access.
q) Open the AEFI TGA Case export form, if available. This frequently has the most complete information.
   - NSW Heam panel/expert panel review document frequently has a comprehensive summary.

r) Coroners information / reports should be mentioned in 'senders' comments', but no information from the report should be included in the case narrative.

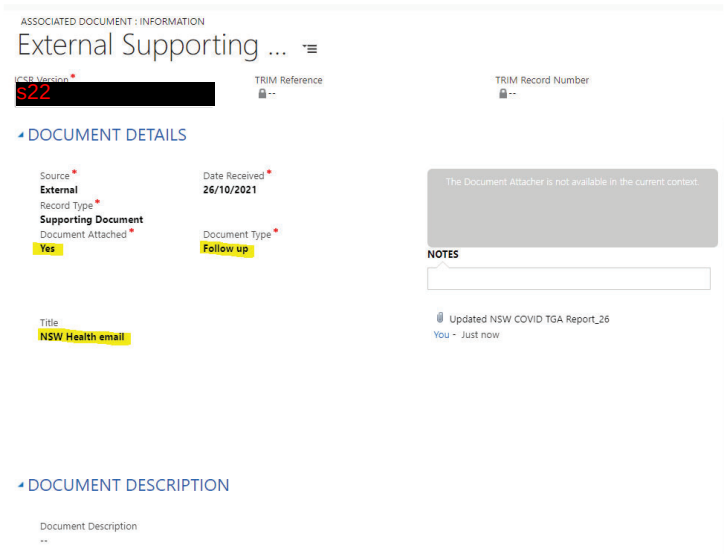
s) Add the additional information in the AEFI form to the narrative (you may have to compare with what is originally in the narrative) – see 1.3 Enter case narrative and comments for further information on case narrative requirements
   - Title update with 'Follow-up information received [date received]'
   - Add the NSW ISCR number into the Sender's ICSR Identifier if missing
   - Code any extra reactions and remove any if necessary **(note: if you remove a reaction term from a fatal case ensure at least one active reaction term has fatal marked as the outcome and 'yes' is chosen for results in death).** Refer to Appendix 1 – Adverse event term selection and coding of reports in AEMS using MedDRA for further advice.

t) Open the other attachments to read through and add additional information/code if necessary. It is usually good to add an ED diagnosis to case narrative if available. If there is any extra information in the body of the email this also needs to be added to the narrative. See below.

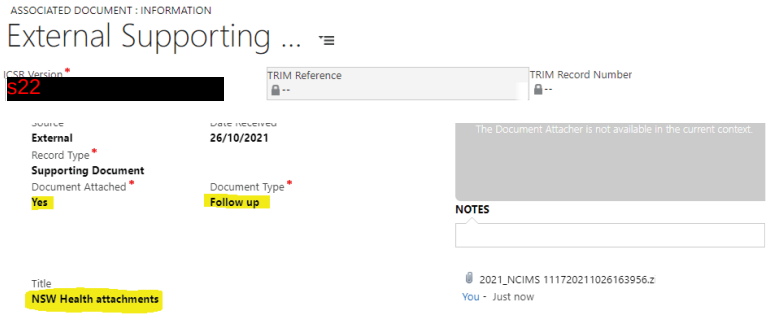
s22 [redacted]

u) Attaching documentation
   - On the main screen attach each document separately using the '+' for every document or attachment. See 1.8 Add a document to the report for information on how to attach documents.
   - In the Associated document details in AEMS add the email and complete the highlighted fields as shown below. Click 'save and close'.

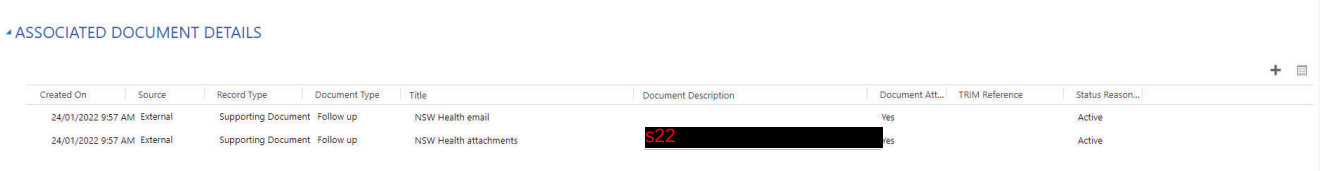
INTERNAL USE ONLY



v) Then add the 'ZIP File', noting the document description can be copied from the bottom of the health email. List the titles of the PDFs contained in the ZIP file as shown below.

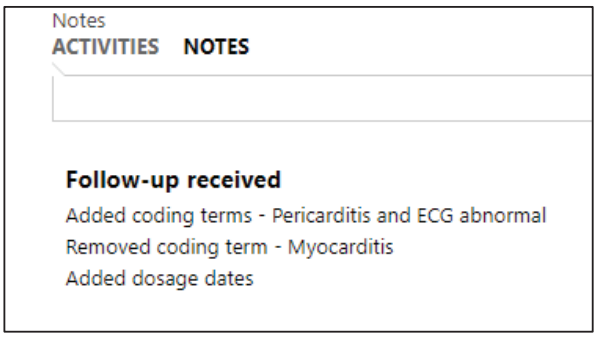


w) This is what the attachment section should look like:



x) In the notes section list the changes you have made to the report - see example list below. This makes it easy for the review team to see what has been updated.

E.g.:



- Note which coding terms were added/removed
- Note any changes to the vaccine
- Note any changed patient details
- Keep comment short and clear

y) The case can now be completed or sent to review if applicable. See 1.10 Accepting a report or 1.9 Referring a report for review

z) Move the email into 'Filing Vax' folder when finished.

6.2 Processing non-NSW Health follow-ups

The process for these follow-ups is the same as that described in 6.1 Processing follow-up information received from NSW health. However, as there is usually no special access requirement, the full email can be attached to the case (so there is no need to have the email and any file attachments added separately).

Please ensure you save and attach the email in html or msg format (**not** pdf).

Move the email into the appropriate folder when finished, 'Filing Vax' for vaccines and 'Filing ADR' for medicines.

6.3 Processing File Upload follow-ups

a) Check you are in the correct report, both the AEMS number and the ICSR Identifier.

b) Check the Reporter Comments in AEMS to see if it is a duplicate report (the new information always goes onto the Master report)

c) Check the patient details and update anything that is missing, including age.

<patientinitials>s22</patientinitials>
<sex>Female</sex>
<dateofbirth>s22</dateofbirth>
<agenumber>25</agenumber>
<ageunit>Year</ageunit>
<ethnicity/>
<ethnicsubgroup>s22</ethnicsubgroup>
<weight/>

d) Update any information from the case narrative that is not already in there, including reactions, stop and start dates for reactions, outcome, hospitalisation.

Please take the time on this section to calculate dates.

In this example s22

s22

s22

e) Add any new drug information. Update Start, batch number, dose in series number, etc.

<reportedproductname>s22</reportedproductname>
<routeofadmin/>
<startdate>s22</startdate>
<batchnumber/>
<dosenumberinseries>s22</dosenumberinseries>
<injectionsite/>
<routeofadminunstructured/>

f) Update any reaction information including dates and outcomes.

<reportedreaction>s22</reportedreaction>
<onsetdate>s22</onsetdate>
<enddate/>
<managementofevent>s22</managementofevent>
<descriptionother>**Text exceeds 100-character limit, refer to Case Narrative for reaction details.**</descriptionother>
<outcome/>

g) Attach the follow-up email to the case. See 1.8 Add a document to the report for information on how to attach documents.

h) The case can now be completed or sent to review if applicable. See 1.10 Accepting a report or 1.9 Referring a report for review

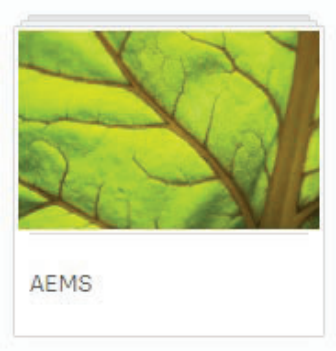
7. Processing duplicates

7.1 Searching for duplicate reports in AEMS or QLIK

Searching via QLIK

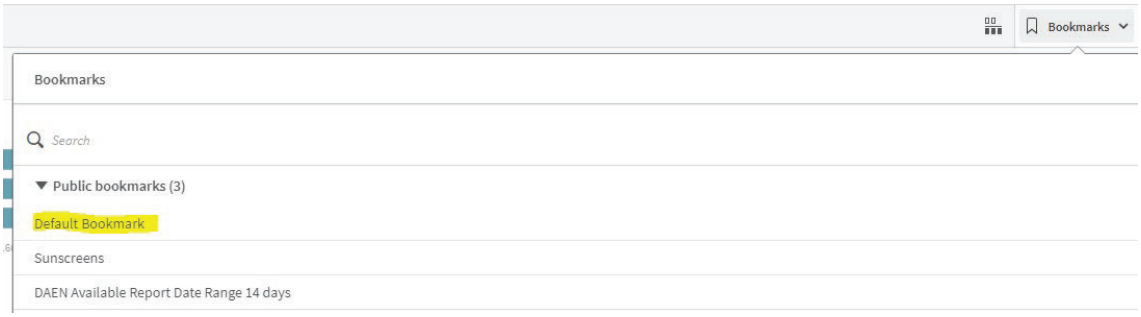
a) Open the QLIK browser: Qlik Sense Hub (central.health)

b) Click on the AEMS app under HPRG Published:



c) Click on the 'AEMS Dashboard' sheet under 'Public sheets'

d) Under 'bookmarks' – select 'Default Bookmark'



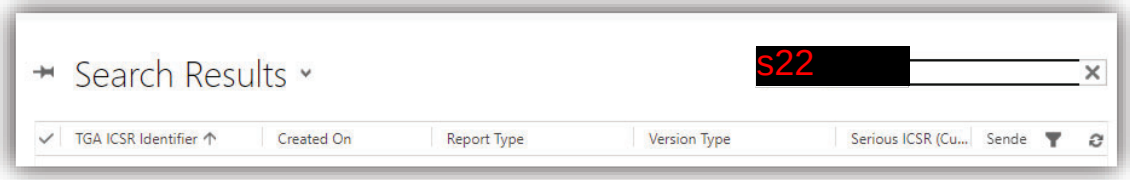
e) Select the appropriate filter categories based on the information available in the report. For example, you could filter on tradename, reaction terms, age, state, case report date (can narrow down search to a particular time period).

f) You can view the details of your filtered cases using another sheet, such as 'Case Line Listing' or Public/Full Case Details.

Searching via AEMS

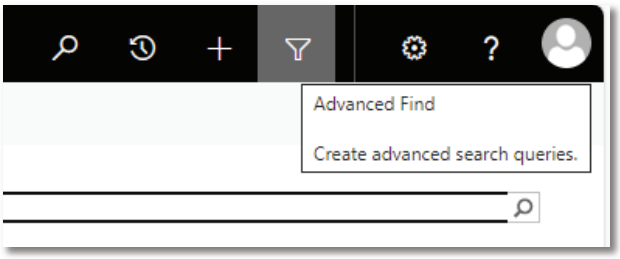
a) Searching AEMS using a Sender's ICSR Identifier

- In the AEMS search bar, enter the Sender's ICSR Identifier using a '*' symbol as a wildcard.

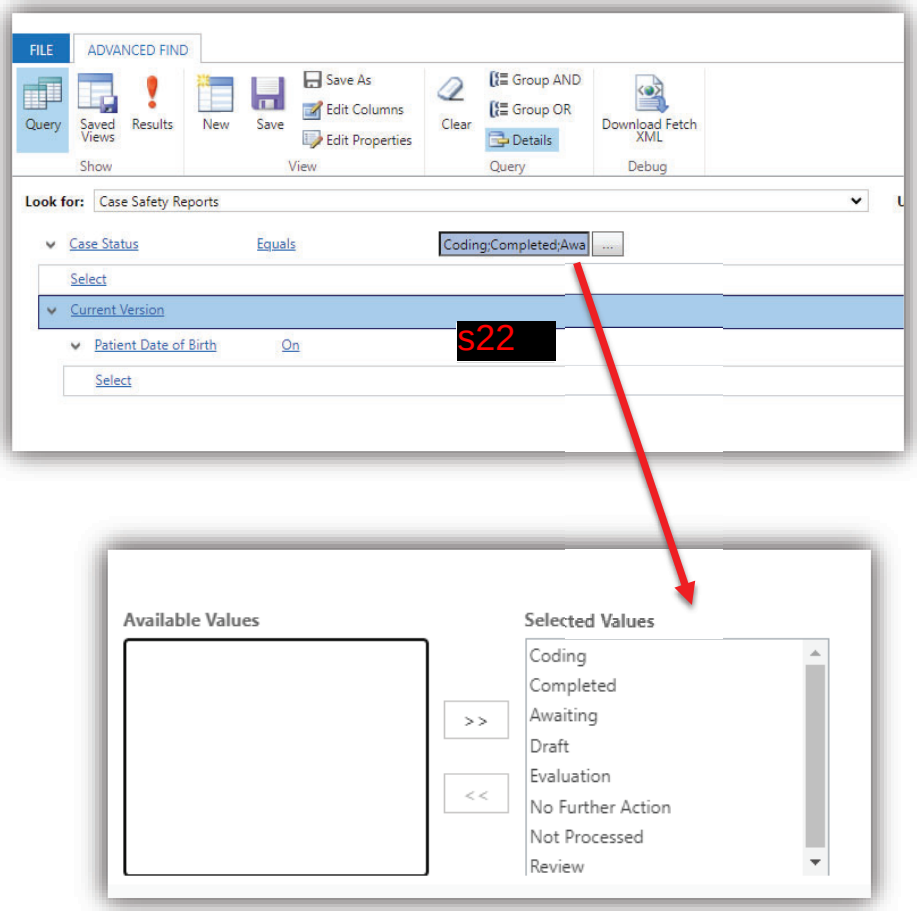


b) Searching by patient date of birth (and setting up a saved search)

- Click on 'Advanced find' in AEMS, then click 'New'



- Select criteria as per the image below, then click 'Save' to save your search. You can now search for reports by patient date of birth by editing the date as needed.



7.2 Processing duplicates

Prioritise reports in the following order:

1. Keep reports with attachments or follow-up information already on them.
2. Electronic transmission – R2 format (keep this over any other format - medicines)
3. Online form – registered client (keep this over email, mail or fax)
4. Email
5. Mail or fax
6. File Upload – Note: States & Territories are informed of the rejected JIC case number and provided with the master report case number in a letter.

Remember to always:

- Transfer any information from the duplicate report to the master report, including, reactions, drugs, case narrative and attachments (if any)
- The master report is the report that will be accepted into the system, and all further information is put onto this report.
- Check to see if there is a JIC ICSR Identifier number on the rejected report and put into the ICSR Identifier number on the master report.
- IF, FOR ANY REASON, THE JIC REPORT WILL BE RETAINED AS THE MASTER DO NOT AMEND THE SENDERS ICSR FIELD AS THIS WILL CAUSE DUPLICATION IN THE SYSTEM.

Key steps:

1. Identify the master case (to retain) and the duplicate case (to reject)
    - Note: if separate reports for same patient but different dose in series, then the reports should be connected as a sequence and not duplicated
2. Amend both cases – ensuring they are both in case status 'coding'
3. Connect the master case to the duplicate case – see detailed processing steps for further details.
4. Include details of the linked cases in reporter comments - see detailed processing steps for further details.
5. Reject duplicate case and send rejection letter (If the rejected case is a consumer, please ask a Database Team manager for advice before sending the rejection letter) - see detailed processing steps for further details.
6. Transfer critical information from the duplicate case to the master case, including:
    - JIC ICSR identifier in the master report in 'Sender's ICSR identifier'
    - Additional case narrative details
    - Additional reaction details
    - Additional drug information
    - Attachments if any
7. Include details of linked cases in reporter comments
8. Accept the case – a new acknowledgement letter is not required

Page: 41

Number: 1 Author: s22 Date: 29/11/2024 8:39:00 AM
s47C

Number: 2 Author: s22 Date: 29/10/2024 12:24:00 PM
s47C

Number: 3 Author: s22 Date: 1/03/2024 10:48:00 AM
s47C

Number: 4 Author: s22 Date: 4/10/2024 2:30:00 PM +10'00'
s47C

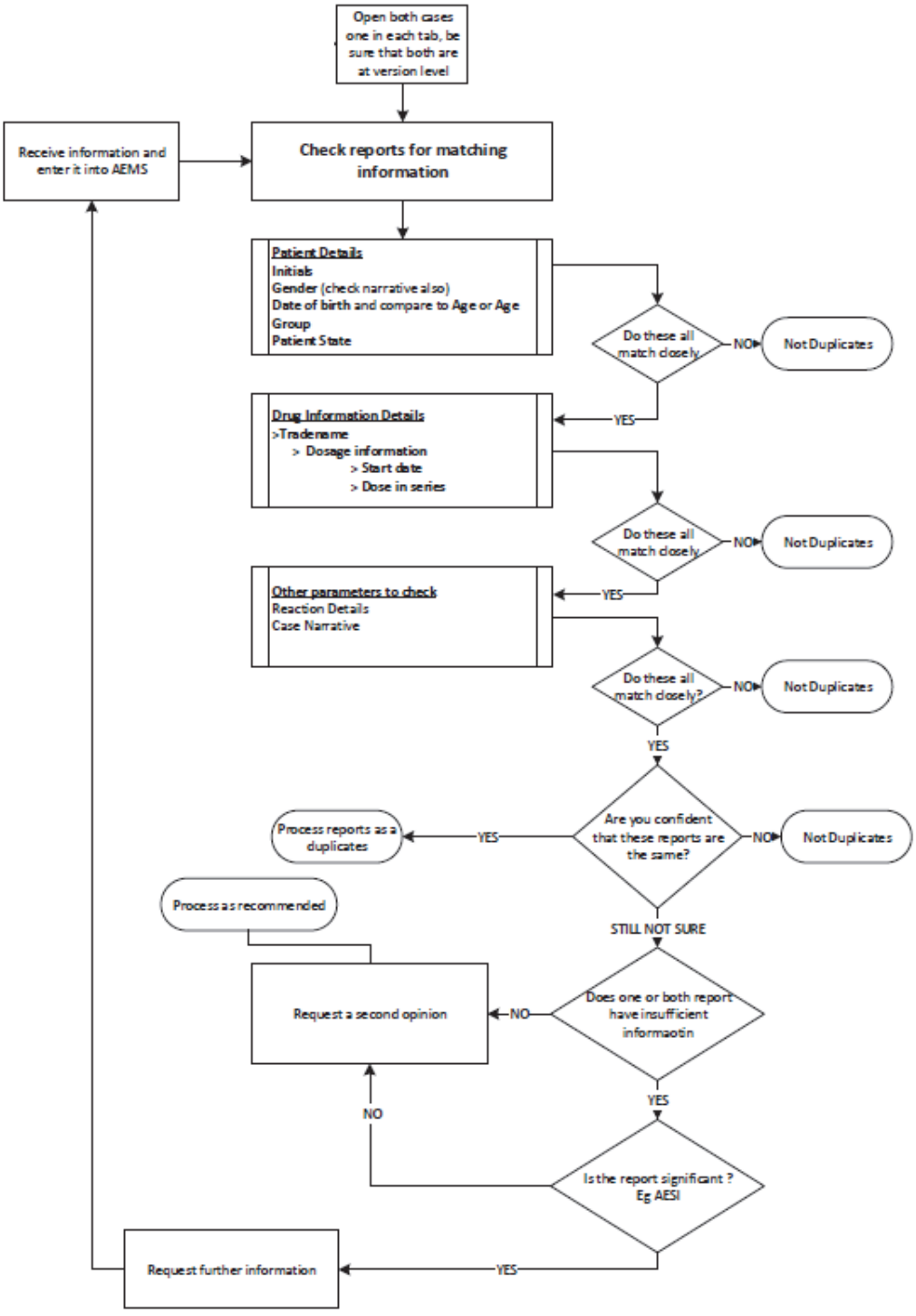
Number: 5 Author: s22 Date: 29/11/2024 8:38:00 AM
s47C

Number: 6 Author: s22 Date: 29/10/2024 12:24:00 PM
s47C

Number: 7 Author: s22 Date: 4/10/2024 2:31:00 PM +10'00'
s47C

INTERNAL USE ONLY

Duplicate decision tree – how to identify/confirm duplicate reports

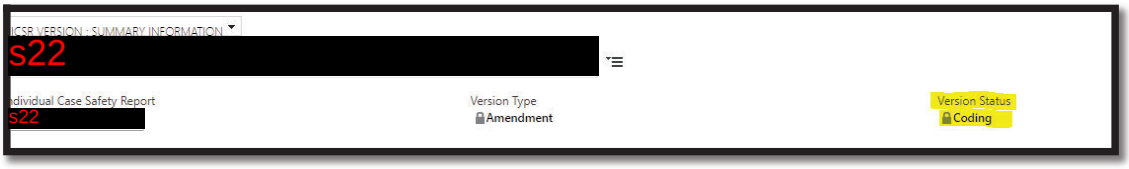


INTERNAL USE ONLY

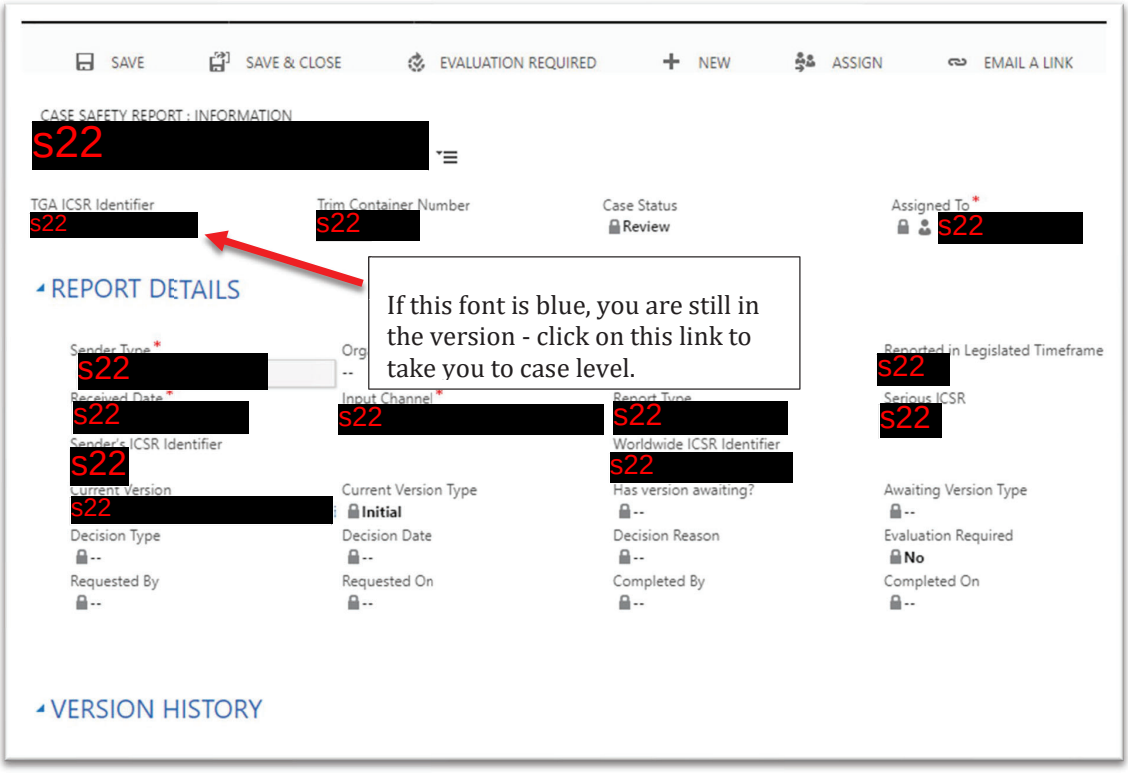
Detailed processing steps:

a) Open AEMS twice in separate screens or in separate tabs. It is easier to show each screen on separate monitors.

Click into the latest version and amend each report ensuring the version status is set to 'coding'.

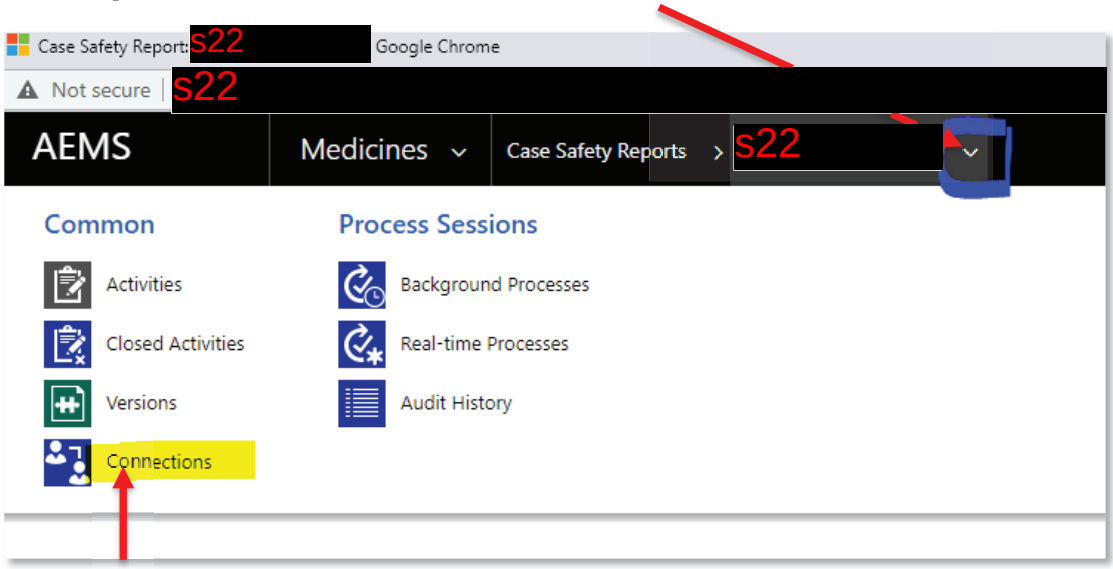


b) Copy the TGA report number in the case you are rejecting. In the case you are keeping as the master go to the case level (not version):

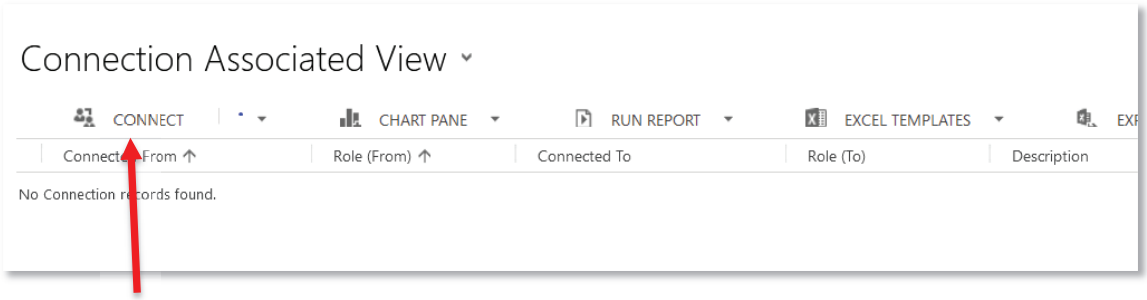


INTERNAL USE ONLY

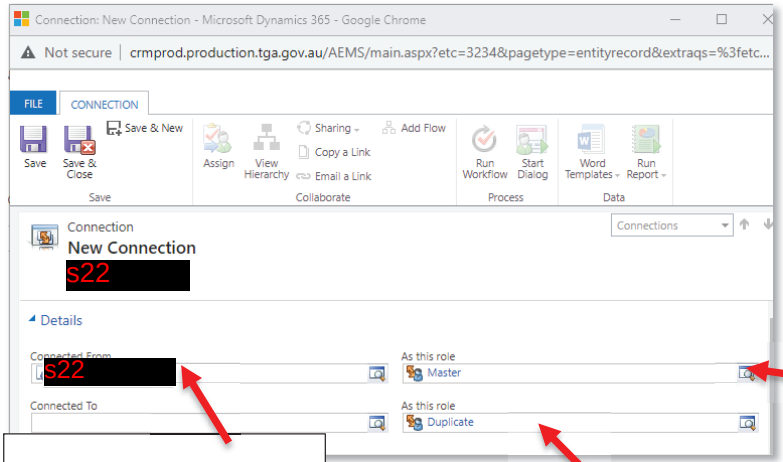
At the top of the screen, click on the arrow next to the AEMS number.



Click on Connections



Click on connect.



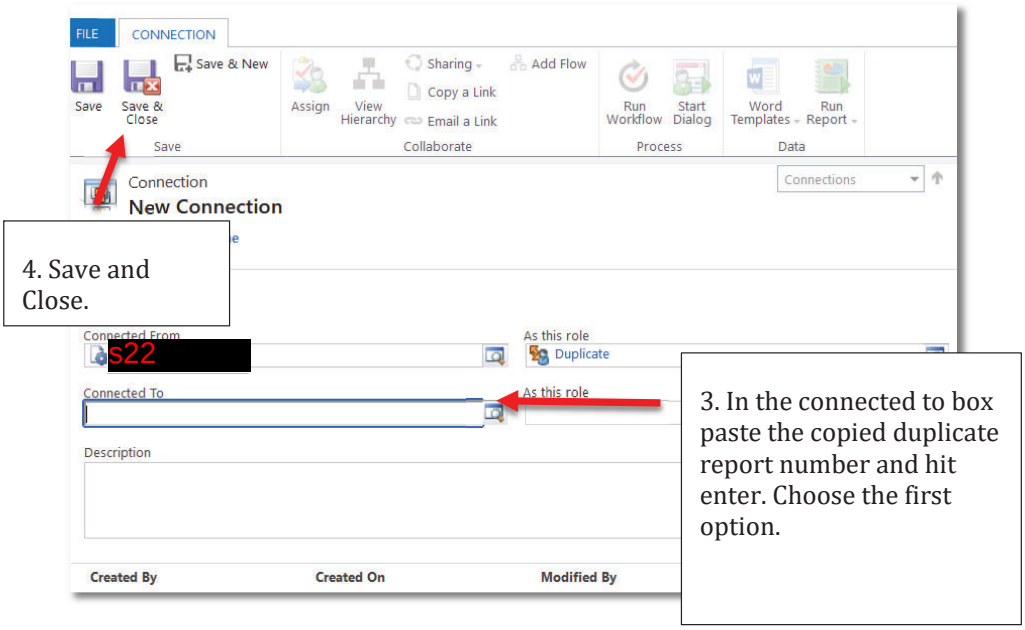
1. In the Connected From box is the report number that will be the master.

2. Click the search box to the right and choose master

Duplicate will automatically appear

Page: 44

Number: 1 Author: S22 Date: 15/09/2023 8:40:00 AM +10'00'
Not needed



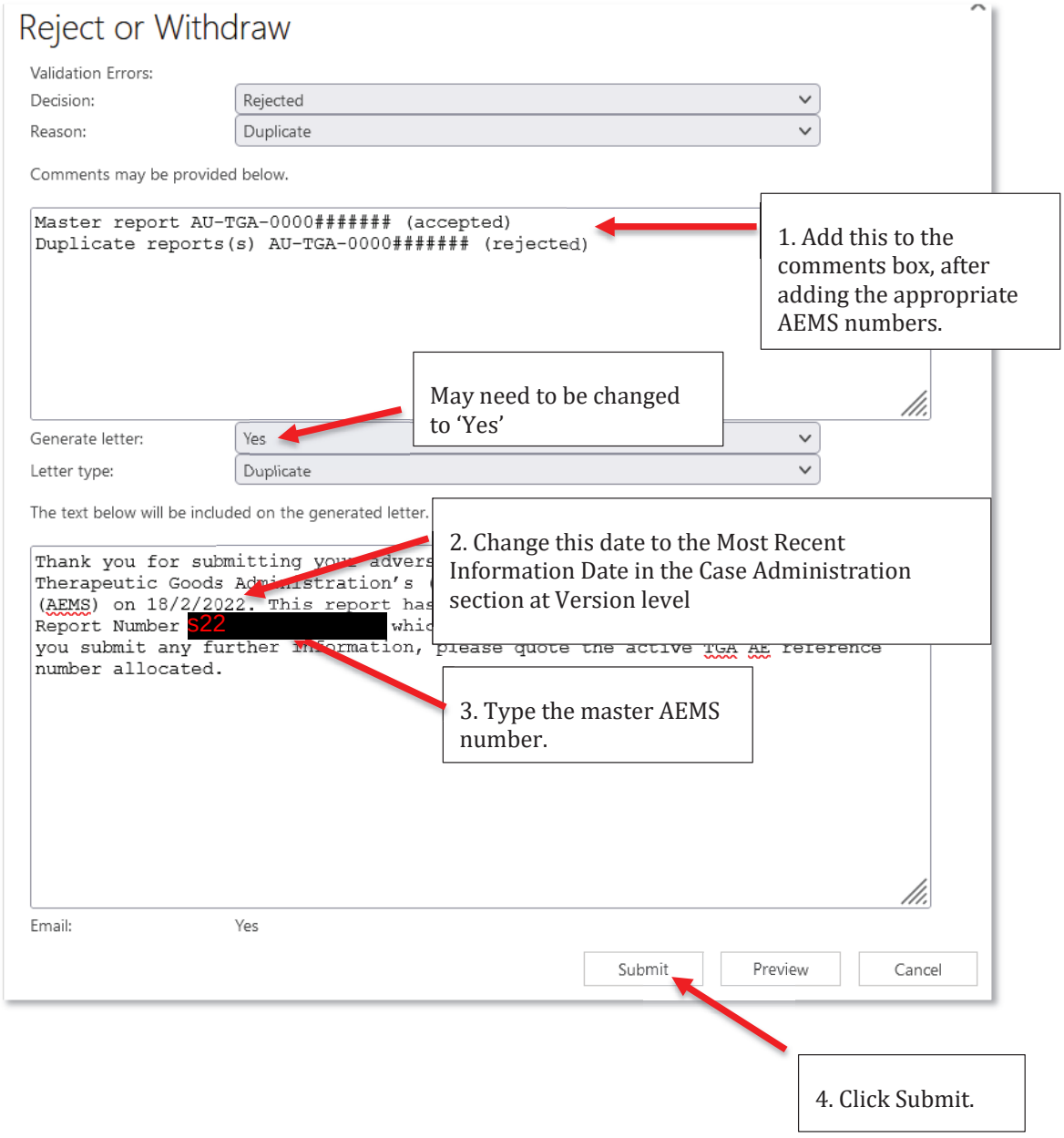
Click on the AEMS number in the black bar at the top of the report and it will take you back to the report.

c) For the duplicate case, add a note in 'reporter comments' indicating the master/duplicate reports

Master report AU-TGA-0000####### (accepted)
Duplicate reports(s) AU-TGA-0000####### (rejected)

Reject the case and send a letter to the reporter informing them of the active case number, as shown below:

INTERNAL USE ONLY



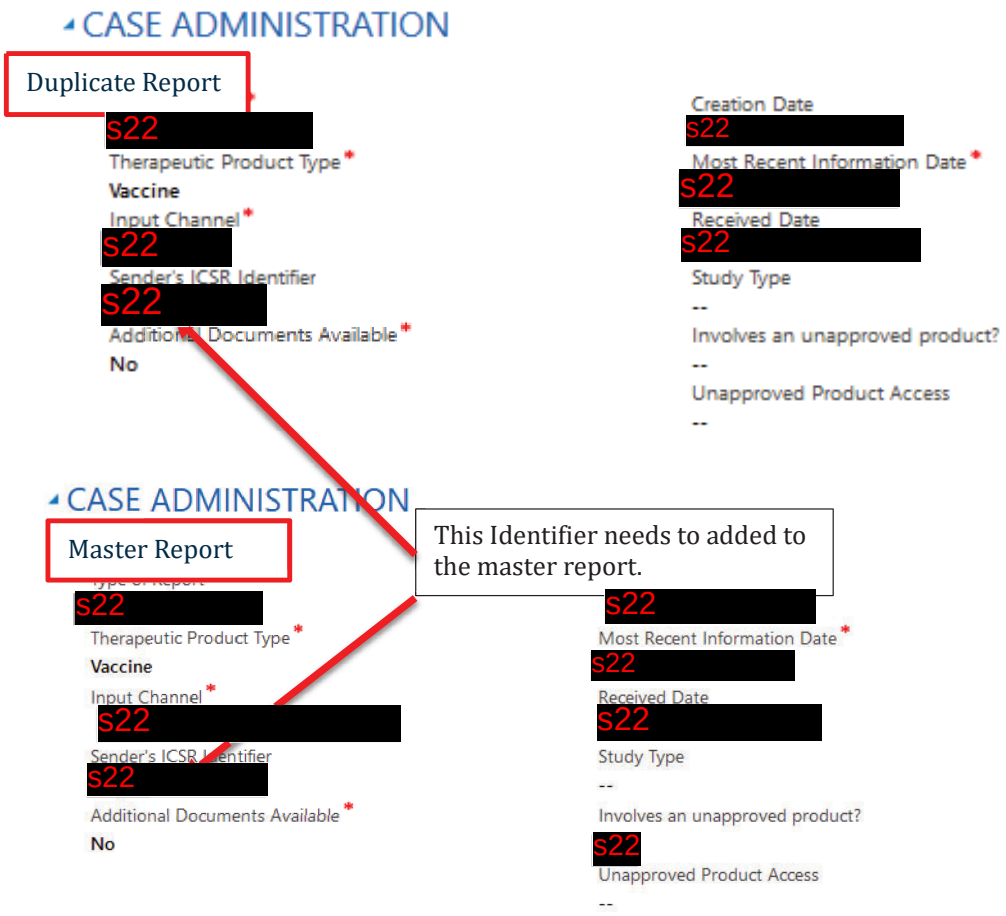
d) Go back to the **Master** report and add the following note under 'reporter comments':

Master report AU-TGA-0000####### (accepted)
Duplicate reports(s) AU-TGA-0000####### (rejected)

ALWAYS

- Transfer any information from the duplicate report to the master report, including, reactions, drugs and case narrative.
- The master report is the report that will be accepted into the system, and all further information is put onto this report.
- Check to see if there is a JIC ICSR Identifier number on the rejected report and put into the ICSR Identifier number on the master report, as shown below:

INTERNAL USE ONLY

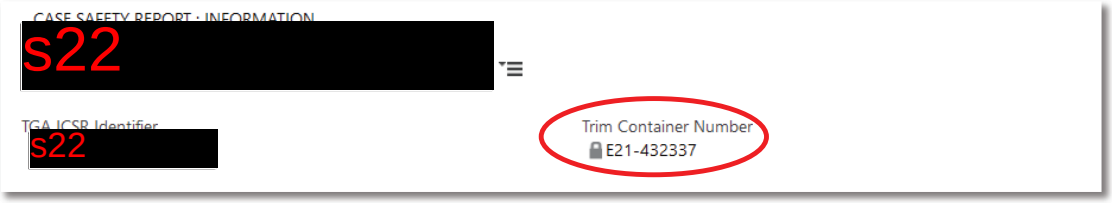


When we are notified of a duplicate via email:

Respond to the email notifying us of the duplicate

> Good Morning/Afternoon,
>
> Thank you for your email.
>
> TGA reference number AU-TGA-0000####### has been identified as a duplicate of AU-TGA-0000####### which is the active number for this case. If you submit any further information, please quote the active TGA AE reference number allocated.

Send and save in the TRIM folder relating to the Master report (the number can be found at the case level of the report). File the original email received to the same TRIM folder.



All information relating to this event now goes into the master TRIM folder.

INTERNAL USE ONLY

Connecting reports as a sequence:

Before processing a report as a 'duplicate' - check the Dosage Information under the Product Details section

If the vaccine was given on different dates and/or it is specified that the reports relate to different doses, then they need to be connected as a **sequence** in AEMS. For example:

Dose 1

Dose (Number)	Duration (Number)
--	--
Dose (Unit)	Duration (Unit)
--	--
Interval (Number)	Dose Number in Series
--	s22
Interval (Unit)	Injection Site
--	s22
Dose Form	Dose Form (Unstructured)
--	--
Route of Administration	Route of Administration (Unstructured)
s22	--
Start Date	Parent Route of Administration
s22	--

Dose 2

Dose (Number)	Duration (Number)
--	--
Dose (Unit)	Duration (Unit)
--	--
Interval (Number)	Dose Number in Series
--	s22
Interval (Unit)	Injection Site
--	s22
Dose Form	Dose Form (Unstructured)
--	--
Route of Administration	Route of Administration (Unstructur
s22	--
Start Date	Parent Route of Administration
s22	--

In both reports under 'reporter comments', add a note to the case to indicate which report is Dose 1 and Dose 2:

Reporter Comments
Dose 1 report s22
Dose 2 report

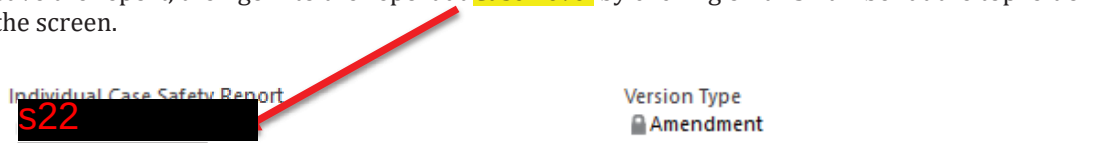
If the reports do not specify doses, but relate to the same patient, you can use the following format:

Sequence 1 report AU-TGA-0000XXXXXX

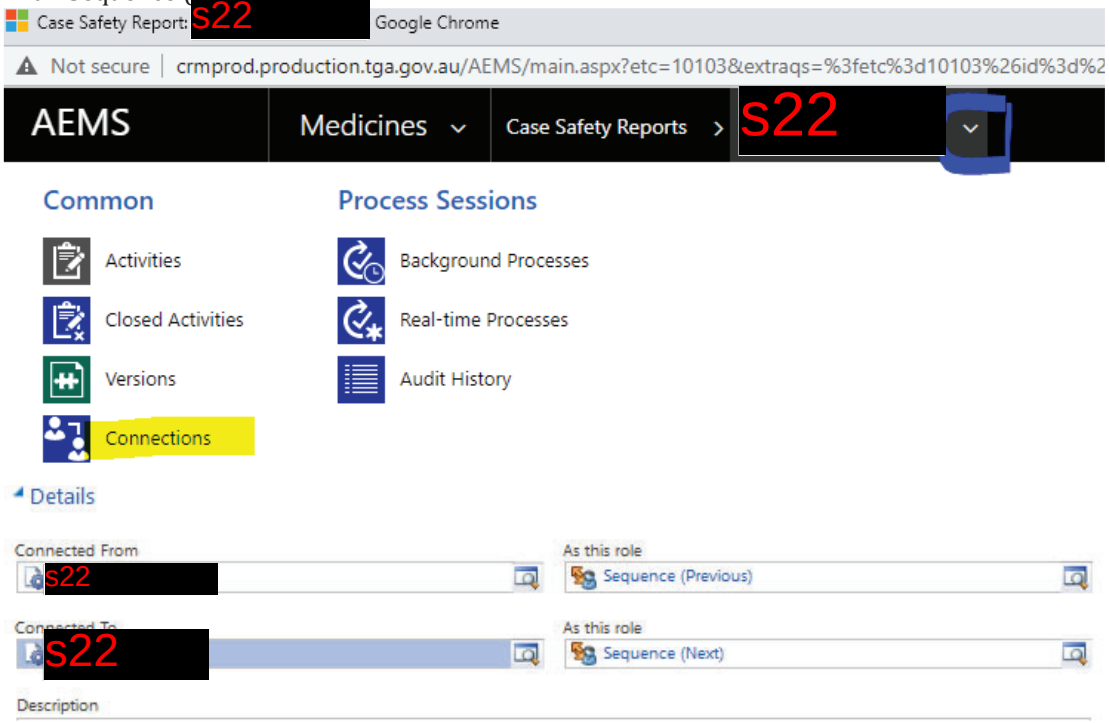
Sequence 2 report AU-TGA-0000XXXXXX

INTERNAL USE ONLY

Save the report, then go into the report at Case Level by clicking on this number at the top left of the screen.



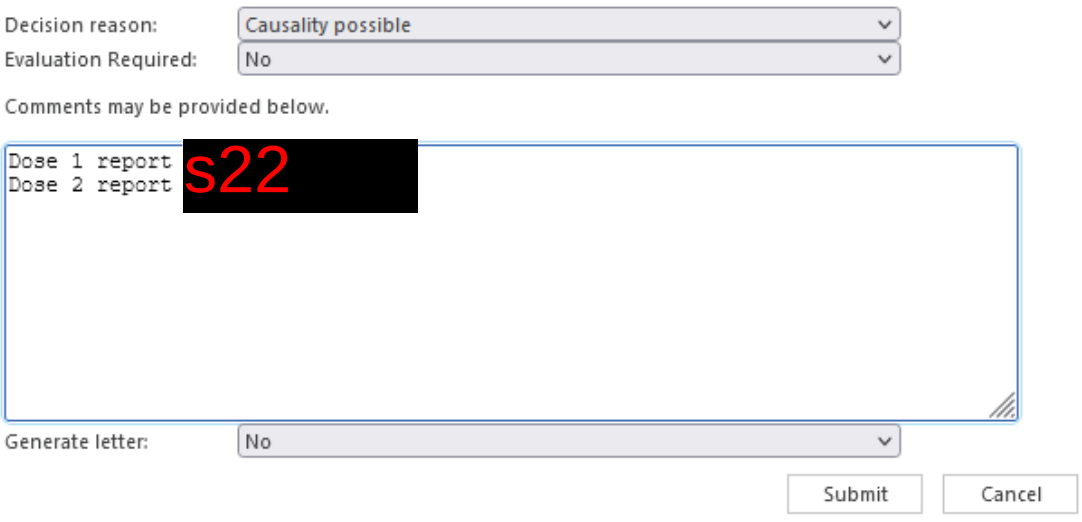
Make the role for dose 1 'Sequence (Previous)' and the role for Dose 2 will automatically populate with 'Sequence (Next)'



Save and close.

Go into the report at Version level and accept the report.

Enter the sequencing information into the notes section and click submit.

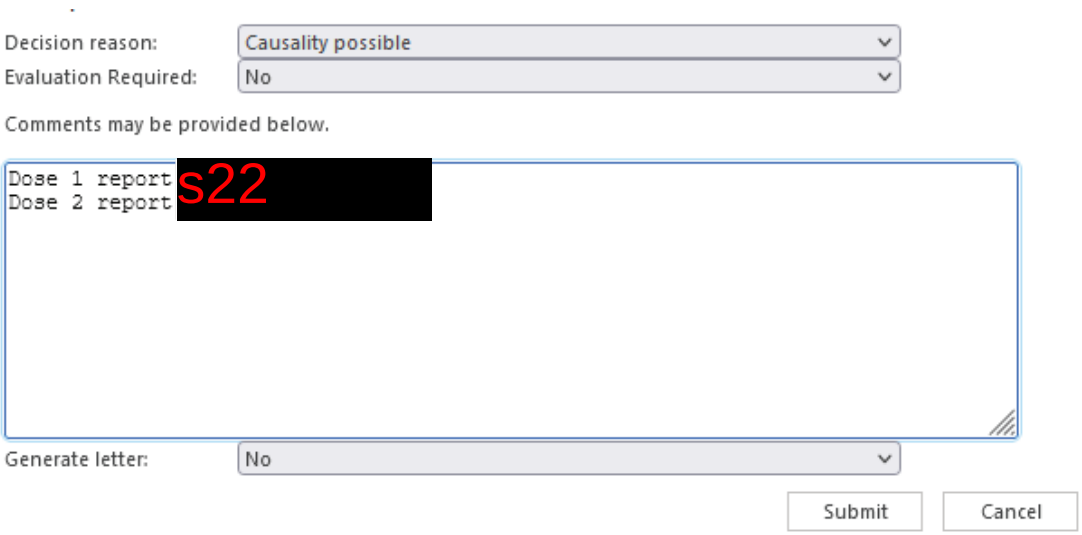


INTERNAL USE ONLY

Amend the second report and under reporter comments, add a note to the case to indicate which report is Dose 1 and Dose 2 or Sequence 1 or Sequence 2.

Accept the report.

Enter the sequencing information into the notes section and click submit.



If we receive a duplicate of a sequenced report:

- The reports that are sequenced will now become the **master** reports for those doses.
- **For example:** If a new report is received for dose 2, add all the information to the master dose 2 report as follow-up information, then reject the new report as a duplicate of the master dose 2 report.

INTERNAL USE ONLY

Version and approval

Version, date	Description	Prepared by	Authorised by
0.1, 4 October 2024	Draft for comment	s22 [redacted] s22 [redacted] s22 [redacted]	N/A

Appendix 1 – Adverse event term selection and coding of reports in AEMS using MedDRA

To select and code reported adverse event and reaction terms, we refer to the Medical Dictionary for Regulatory Activities (MedDRA). MedDRA is a clinically validated international medical terminology used by regulatory authorities and the regulated biopharmaceutical industry.

MedDRA is our primary reference for adverse event term selection. It is important to avoid deviating from MedDRA based on individual requests and preferences, or older coding 'references' or 'conventions'. Any deviation from following the MedDRA guidance must be robustly documented within the case with rationale.

Useful links

For accurate and consistent term selection, we refer to the **MedDRA Term Selection: Points to Consider** document:

https://admin.new.meddra.org/sites/default/files/guidance/file/001006_termselptc_r4_24_mar2024.pdf

Other useful resources:

- Internal MedDRA training presentation part 1: D23-5308011
- Internal MedDRA training presentation part 1 - slides: D23-5246908
- Internal MedDRA training presentation part 2: D23-5368447
- Internal MedDRA training presentation part 2 - slides: D23-5368435
- MedDRA support documentation (check for updated documents here): https://www.meddra.org/how-to-use/support-documentation/english
- Online MedDRA training materials: https://www.meddra.org/training-materials

Viewing MedDRA terms – MedDRA desktop browser

The MedDRA desktop browser is a useful tool for searching appropriate terms.
See the following intranet link for information on how to install the MedDRA browser and update the dataset to the latest version: Instructions for installing MedDRA.docx (sharepoint.com).
In the browser, you can type a descriptive term into the search bar (or use the advanced search function, as appropriate) to load a list of available terms. Select the most appropriate, specific terms that you can find to describe each adverse event listed in the report.
The following webpage summarises the main features of the MedDRA browsers: Browsers | MedDRA

Viewing MedDRA terms – AEMS

MedDRA is incorporated into AEMS, and you are required to select an appropriate LLT for each reported adverse event when entering case information. If searching for terms in AEMS, use the * symbol at the beginning of your search term to load all terms with that word in it.

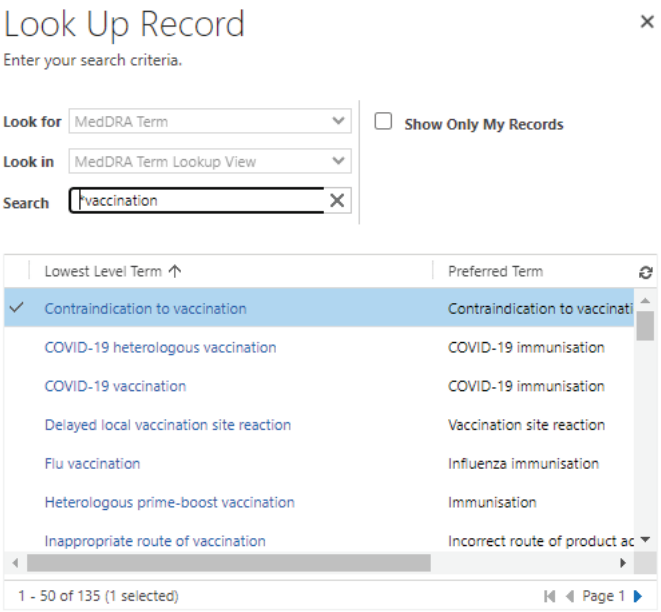
For example:

Page: 52

Number: 1 Author: s22 Date: 19/09/2024 11:23:00 PM +10'00'
I would add a line here about using MedDRA as the primary reference and avoiding deviating from MedDRA based on individual requests and preferences or older 'coding references/conventions'. Any deviation from following MedDRA guidance should be robustly documented within the case with rationale.

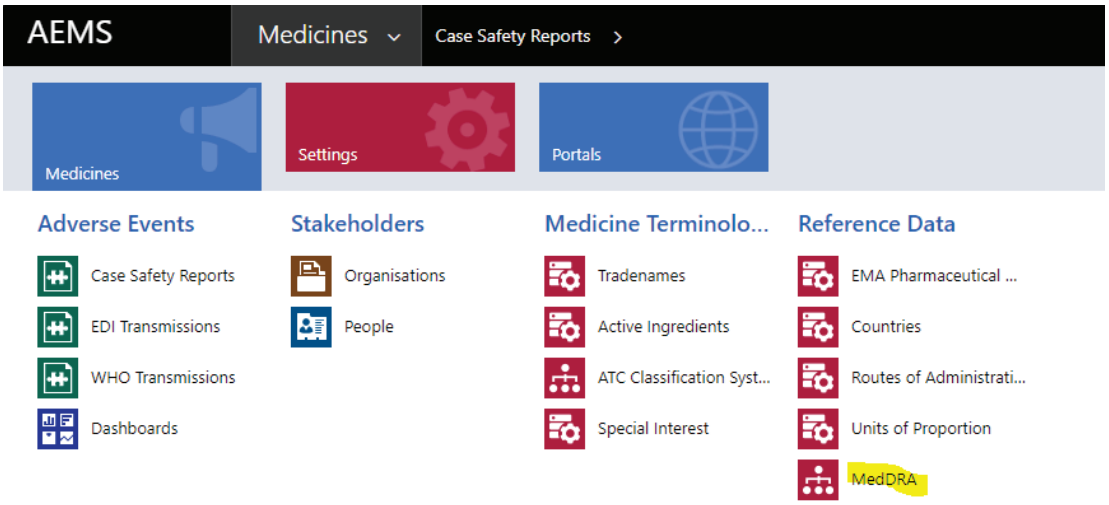
Number: 2 Author: s22 Date: 20/09/2024 2:16:00 PM +10'00'
Added this in

INTERNAL USE ONLY



When you have added a LLT and saved the reaction, the Preferred Term (PT) will be automatically added by the system.

Another way to search for MedDRA terms in AEMS is to view the reference dataset. To do this, go to Medicines --> MedDRA:



Use the search bar to find terms, utilising the * symbol at the beginning of your search term to load all terms with that word in it.

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General advice and preferences for coding

- Always refer to the MedDRA Term Selection: Points to Consider document
- A single Preferred Term (PT) should appear only once as a reaction term in a case. If a Preferred Term (PT) appears more than once in the list of selected reactions for a case, please select only one of the relevant LLT/reaction terms that map to that PT and remove the additional reactions terms to avoid duplicating the PT. You can type all the reactions related to that PT in the 'Reported Reaction' field within the remaining reaction entry.
- **Do not code** 'death' as a reaction – the reaction term should be selected according to the reported adverse event, with 'Outcome' listed as fatal, and seriousness criteria correctly selected. If there is insufficient information regarding the adverse event, please code 'adverse event NOS' or 'adverse event following immunisation' as appropriate.
- **Do not code** 'hospitalisation' as a reaction – the reaction term should be selected according to the reported adverse event, with seriousness criteria reflecting the hospitalisation. If there is insufficient information regarding the reported adverse event, please code 'adverse event NOS' or 'adverse event following immunisation' as appropriate.
- Where both a diagnosis and characteristic signs or symptoms are reported: It is acceptable to select both the reported diagnoses AND all reported signs/symptoms as reaction terms in the case. If you are completely certain that the reported individual signs/symptoms are clinically consistent with the reported final diagnosis, then you may select only the final or definitive diagnosis if it has been clearly reported. **DO NOT assume a diagnosis based on reported signs/symptoms.**

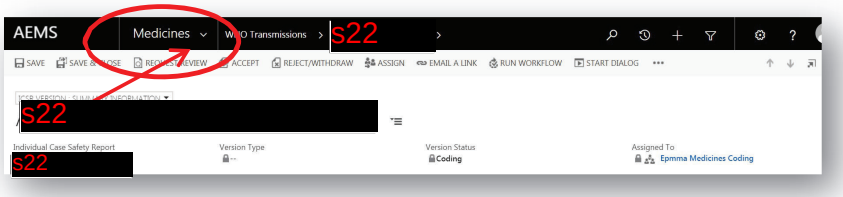
  Please note that according to the MedDRA guidelines, the preference is to only select a term for the reported final diagnosis. However, depending on the report, or the clinical understanding and experience of the coder, it may not always be clear what signs or symptoms are consistent with a particular diagnosis. Where there is any uncertainty, it is acceptable and preferred to include the reported diagnosis AND any reported signs or symptoms.

Any uncertainties or coding questions – please reach out to your supervisor or another Database Team manager and/or send the case up for review (including a note outlining the question/issue).

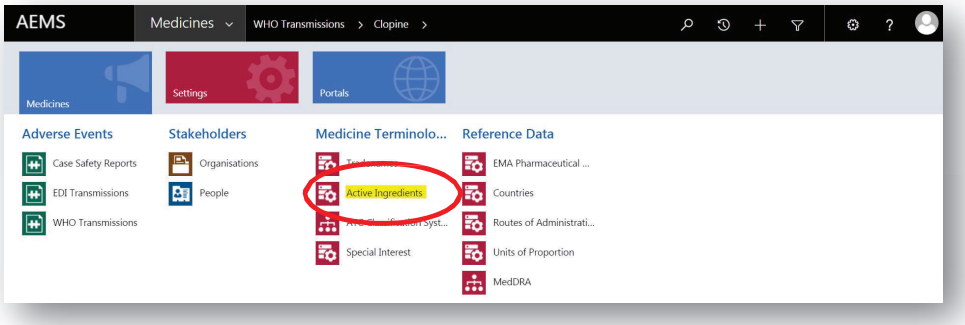
INTERNAL USE ONLY

Appendix 2 – Searching for medicines

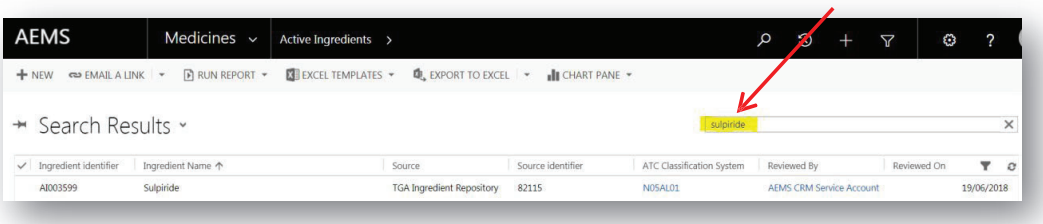
1. Click on the drop down arrow next to the **Medicines** tab



2. Right click on the **Active Ingredients** tab which is listed under **Medicine Terminology** and click 'Open link in new tab'



3. In the search for records bar, type in the generic drug name and press enter - double click on the result



4. Scroll down to the **Associated Tradenames** table at the bottom of the screen which will show if there is a 'Tradename not specified' code already added for the generic. If there is a record in the Associated Tradenames table click on the Tradename not specified link which will open up a new window. If there is not a 'Tradename not specified' record go straight to step 20.

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Number: 1 Author: S22 [redacted] Date: 29/10/2024 12:29:00 PM

I want to discuss changing doing this as I have had issues before with people accidently changing something.

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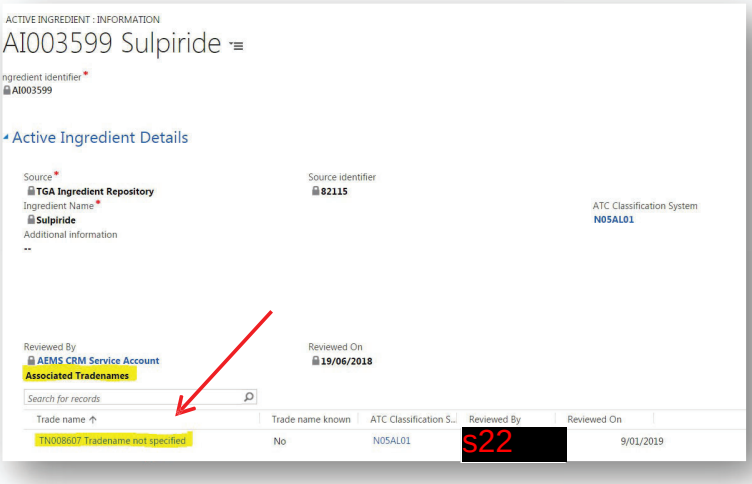
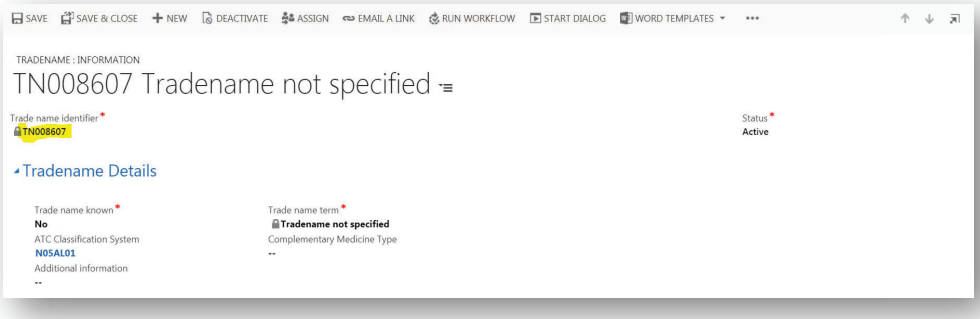
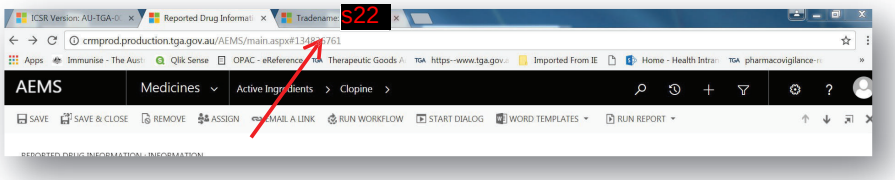


5. Copy the Tradename identifier



6. Return to the previous Reported Drug Information tab and paste the TN code you just copied into the Tradename field.



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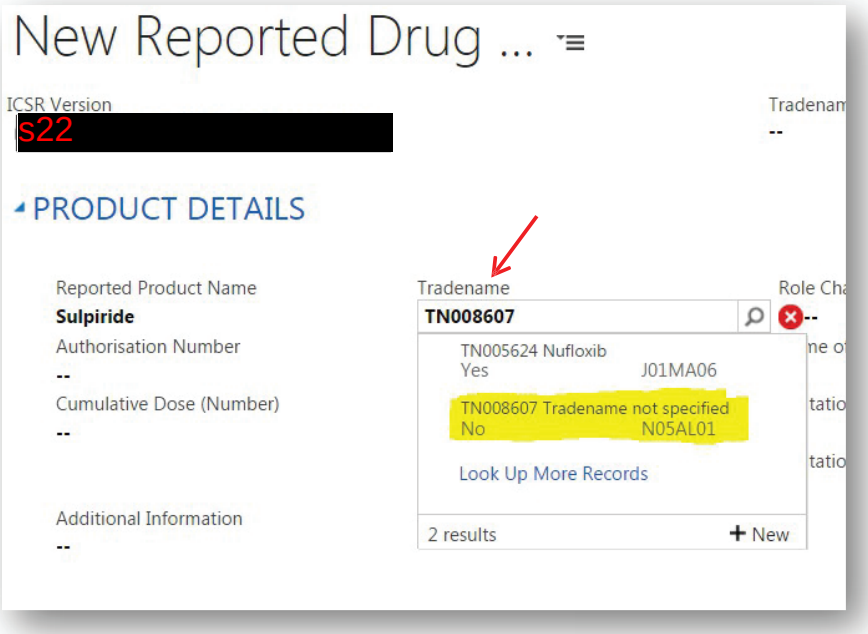
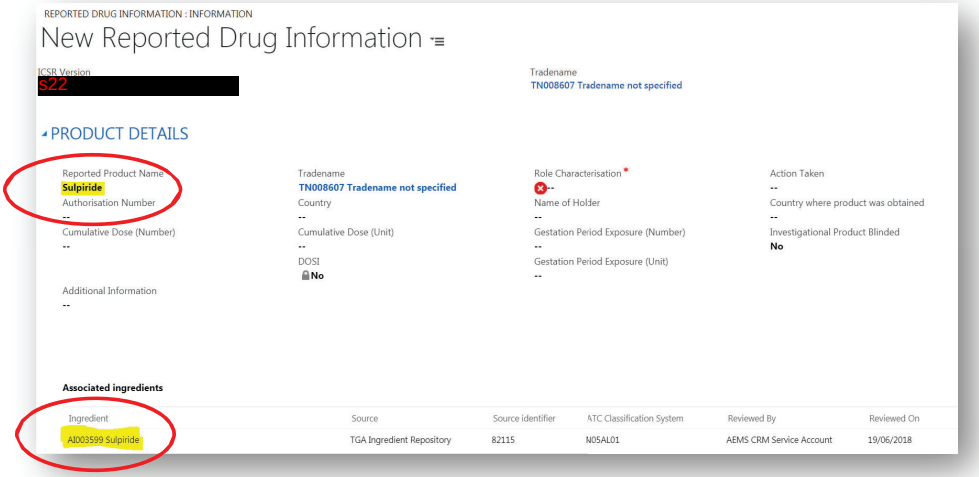


7. Ensure that the ingredient listed in the associated ingredients table at the bottom of the page is the correct reported generic drug.



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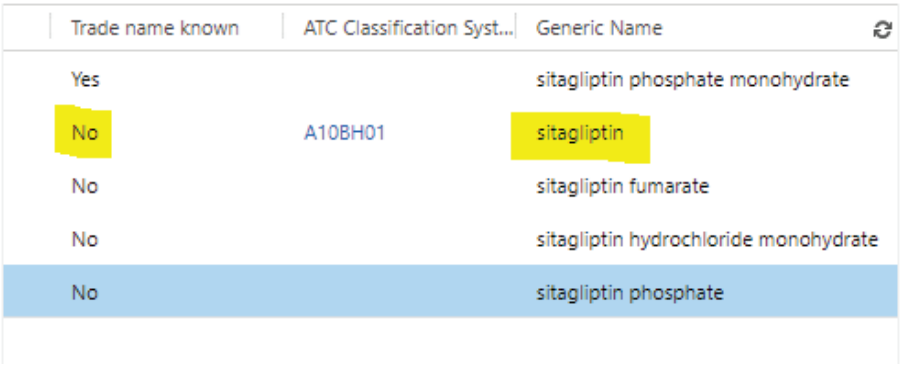
Appendix 3 – Selecting tradename not specified

When choosing drugs that don't have a tradename and there are multiple options available, it's essential to ensure you select the correct one.

E.g. Sitagliptin has options of Sitagliptin fumarate, Sitagliptin phosphate, sitagliptin hydrochloride monohydrate. If the report doesn't specify, there is a sitagliptin by itself that can be chosen.



Trade name known	ATC Classification Syst...	Generic Name
Yes		sitagliptin phosphate monohydrate
No	A10BH01	sitagliptin
No		sitagliptin fumarate
No		sitagliptin hydrochloride monohydrate
No		sitagliptin phosphate

If no tradename is specified in the report, make sure that the option coded is not a tradename.

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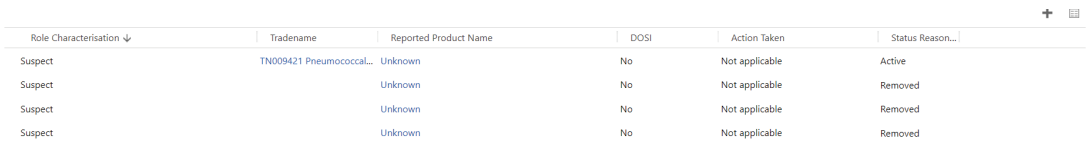
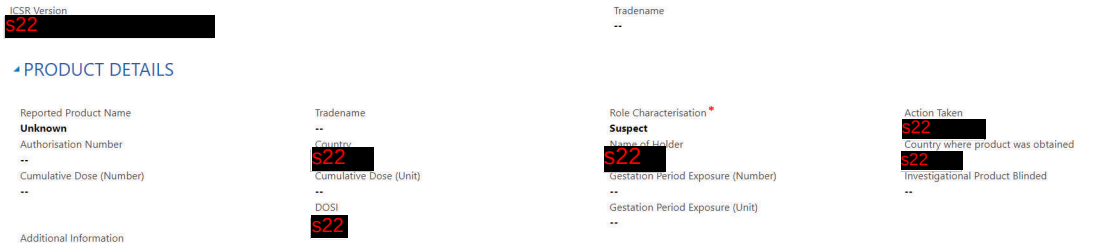
Appendix 4 – Unknown drug in reported product name

With EDI reports, we don't remove drugs that come through as Unknown.

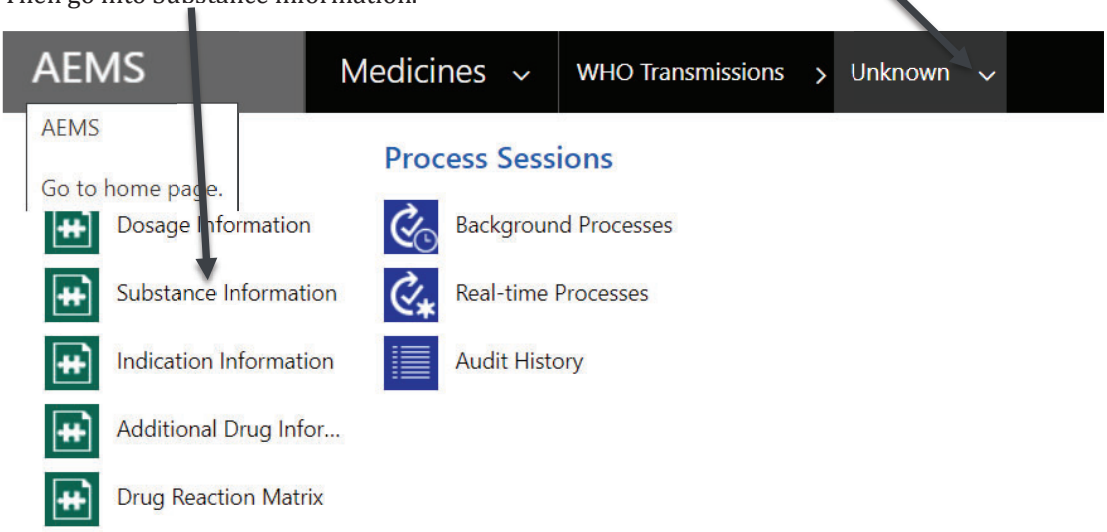


Double click in the row, to open the drug information.

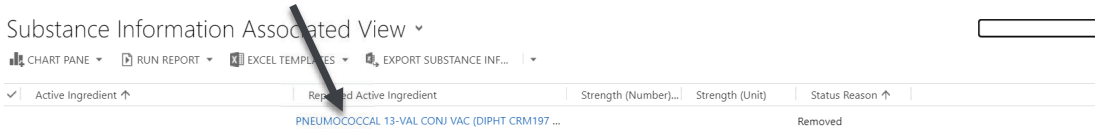


Click on the twisty next to Unknown

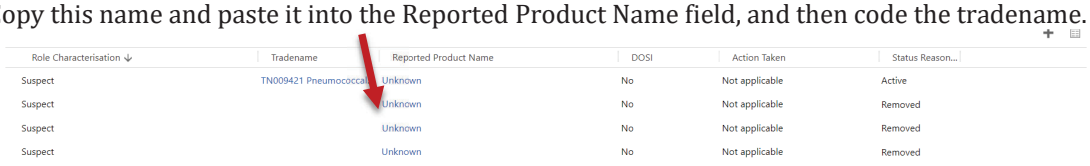
Then go into Substance information.



This is the name of the Drug



Copy this name and paste it into the Reported Product Name field, and then code the tradename.



Note: Always replace Unknown with the with the name of the drug.

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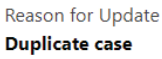
Appendix 5 – Nullification of a report

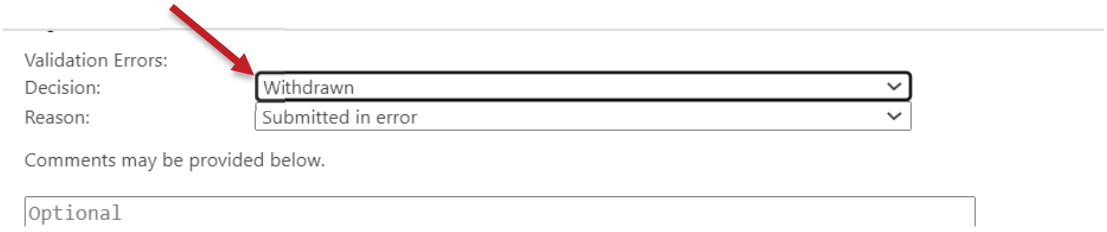
Sometimes a sponsor will ask for a report to be nullified in our system.

Usually, the sponsor will put the reason for the nullification in the **Reason for Update** field. If it's not there you can have a look in the case narrative.

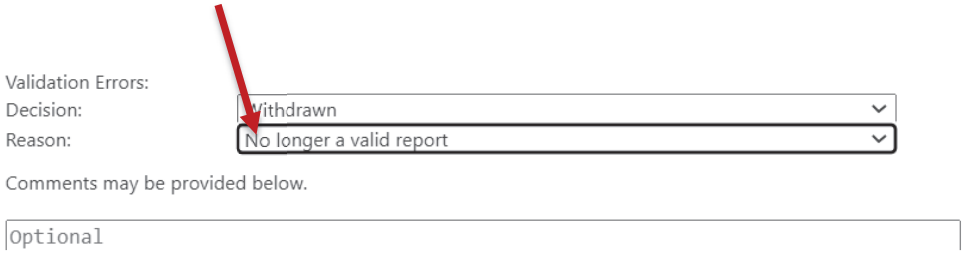


At version level click on Reject/Withdraw case at the top of the screen

Choose Withdrawn



Change Reason to No longer a valid report.



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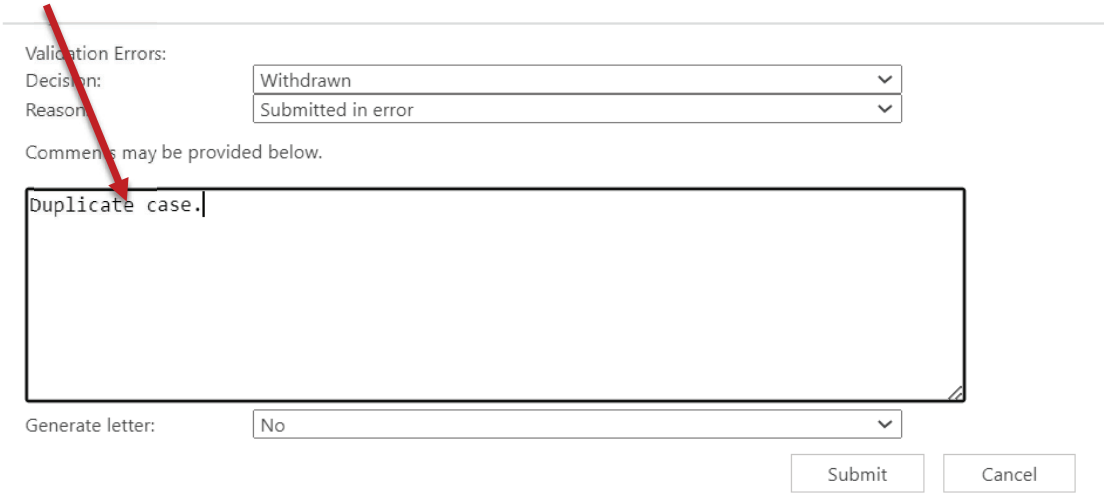
And paste the reason for the nullification into the Comments box.



Click on submit.

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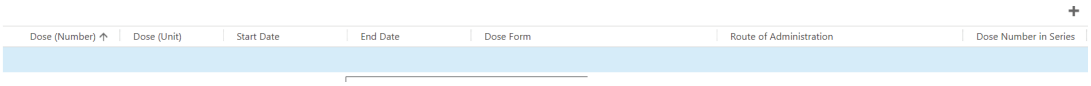
Appendix 6 – EDI reports - multiples of the same vaccine name (excluding COVID-19 vaccines)

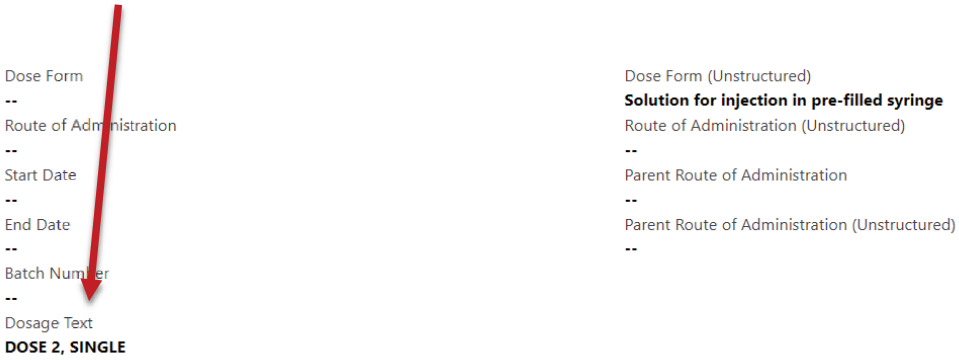
Do not remove multiple vaccine names.

Role Characterisation	Tradename	Reported Product Name	DOSI	Action Taken	Status Reason...
Suspect	TN006068 Prevenar 13	Prevenar 13	No	Not applicable	Active
Suspect	TN006068 Prevenar 13	Prevenar 13	No	Not applicable	Removed
Suspect		Unknown	No	Not applicable	Removed

Under the vaccine name, move your mouse to hover over the Dosage information. If it comes up blue then there is information there, double click on that row.



When you open it, you will see what dose the vaccine was. This need to then be put into the Dose Number in Series field.



Do this for each listed vaccine.