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Guidelines for Reporting Adverse Events Associated with Vaccine Products



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GUIDELINES FOR REPORTING ADVERSE EVENTS ASSOCIATED WITH VACCINE PRODUCTS

**Supplementary guidelines for the
Canadian Pharmaceutical Industry**

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I. INTRODUCTION

These Guidelines are a Supplement to the “Guidelines for Reporting Adverse Reactions to Marketed Drugs” (Cat. H49-106/1996E) distributed by Canada Communications Group - Publishing and should be used with them. Where the two documents differ in requirements or definitions, in the case of vaccine products these guidelines should be followed.

A. BACKGROUND — DRUGS AND VACCINES

As announced in the Canada Gazette Part II, Vol. 129, No. 24, in accordance with Schedule No. 844, the Food and Drug Regulations were amended to require manufacturers of **all** drugs marketed in Canada to submit adverse drug reaction (ADR) reports according to defined criteria, effective January 1, 1996. The amendment harmonizes definitions of ADRs with those of the World Health Organization (WHO), the Council for International Organizations of Medical Sciences (CIOMS), the International Conference on Harmonization (ICH) and the U.S. Food and Drug Administration (FDA).

In order to facilitate the ADR reporting process for manufacturers, the Therapeutic Products Programme (TPP) (previously known as the Drugs Directorate) prepared official guidelines for

the Canadian pharmaceutical industry entitled “Guidelines for Reporting Adverse Reactions to Marketed Drugs” (TPP Guidelines). The TPP Guidelines (but not the Regulations) specifically exclude vaccine products, as the postmarketing surveillance of vaccines is the responsibility of the Division of Immunization, Bureau of Infectious Diseases, at the Laboratory Centre for Disease Control (LCDC). This separation of drug and vaccine adverse event reporting has been in place since 1987. The Division of Immunization collaborates with the Vaccines Division of the TTP’s Bureau of Biologics and Radiopharmaceuticals in this activity. The Division of Immunization retains the responsibility for conducting postmarketing surveillance activities and maintaining the Vaccine Associated Adverse Event Surveillance System (VAAESS). Both TPP and LCDC fall under the umbrella of the Health Protection Branch (HPB) of Health Canada, however, and where the Regulations refer to “the Director”, this is defined in the *Food and Drugs Act* as the Assistant Deputy Minister, HPB.

The purpose of this document is to provide additional information for companies that manufacture or distribute vaccine products regarding special considerations for the reporting of adverse events associated with vaccines.

B. PRINCIPLES OF ADVERSE REACTION REPORTING FOR VACCINES

At Health Canada, vaccine ADRs are referred to as “vaccine associated adverse events” or VAAEs. As with the activities of the Bureau of Drug Surveillance described in the TPP Guidelines, voluntary reporting of suspected events by health care providers is a key element in the monitoring of vaccine safety. Although there are similarities with the reporting of adverse reactions to drugs, as described in the TPP Guidelines, reporting of events associated with vaccines is distinguished by several unique characteristics:

1. Reporting of cases of VAAEs to LCDC is through public health authorities in each province, in contrast to reporting of ADR cases, which are reported directly to the TPP through regional centres or through industry. For vaccines, more than 95% of cases are reported directly to a local health unit rather than through a manufacturer; in contrast, approximately 40%-50% of ADR reports are submitted to TPP by manufacturers.
2. There will be cases of VAAEs reported to the manufacturer directly by the consumer rather than by a health care professional.
3. In contrast to ADRs, a greater proportion of VAAEs are reported to LCDC by public health practitioners than by physicians or pharmacists. Public health nurses constitute about 90% of VAAE reporters, a proportion similar to that of the pharmacists who report the majority of ADRs. This is expected for vaccines for several reasons. Public health clinics deliver a high proportion of vaccinations across Canada, and in many provinces the routine childhood immunization programs are provided exclusively by public health authorities. Even in jurisdictions where private physicians

deliver vaccines, nurses at local public health units receive telephone calls from practitioners who wish to report a reaction.

4. There is often large-scale use of vaccines shortly after marketing in comparison with the slower distribution of drug products to the Canadian consumer.
5. Lot release numbers are important in VAAE surveillance.

As for other drug products, it should be emphasized that reports of adverse events from manufacturers or practitioners are for the most part only **suspected** associations. Reporters are not required to have made any formal causality assessment in their reports.

C. THE VACCINE ASSOCIATED ADVERSE EVENTS SURVEILLANCE SYSTEM (VAAESS)

Although vaccine manufacturers are required by law to submit reports on VAAEs received, the cornerstone of vaccine surveillance activities is a voluntary system in which health care providers (mainly public health nurses and physicians) report to local, provincial/territorial public health authorities events they feel are temporally associated with an immunization. These authorities forward all such reports for compilation at a national level to the Division of Immunization at LCDC. Although the form has many check boxes indicating serious VAAEs of interest, other severe or unusual events are also solicited and reported if the health care provider feels that they may have been due to the administration of a vaccine. The current edition of the *Canadian Immunization Guide*⁽¹⁾ provides more information on the nature of adverse events occurring with specific immunizing agents. The data from the reports received are entered into the

VAAESS, a computerized database. To calculate adverse event rates, the Division of Immunization obtains lot specific data from vaccine manufacturers on the number of doses of their products distributed across the country. These vaccine distribution data are used as an approximation of the actual number of doses of vaccine administered. Because of varying reporting practices, differences in lot-specific adverse event rates require cautious interpretation; however, they are useful in generating signals that should be further investigated.

The reporting of a VAAE by a health care provider is voluntary, with the exception of Ontario, which has specific mandatory reporting requirements. However, there is no evidence of a higher rate of reporting with this approach.

In addition to this passive reporting system, Canada also has an active surveillance system for serious VAAEs, vaccination failures and selected infectious diseases, known as IMPACT (Immunization Monitoring Program ACTive)⁽²⁾. The system is operated through a contract with the Canadian Paediatric Society and involves a network of 12 pediatric centres across Canada, where more than 90,000 children are admitted annually. The 12 centres account for more than 88% of all pediatric tertiary care admissions in the country. At each centre a nurse monitor and clinical investigator perform active case-finding based on a daily search of admission records for diagnoses of conditions potentially linked to immunization.

In order to enhance signal generating capabilities, an external and multidisciplinary advisory group, the Advisory Committee on Causality Assessment (ACCA), was set up in 1994 to assist with the evaluation of all cases involving serious events and to help identify signals for in-depth investigation⁽³⁾. The specific mandate of this group is to review, in a systematic fashion, all

serious VAAE reports (see Appendix 2 for definition of ACCA criteria) temporally associated with immunization that are reported to LCDC and entered into the VAAESS database.

D. GUIDELINES FOR INDUSTRY TO REPORT VACCINE ASSOCIATED ADVERSE EVENTS

Where to Report?

Because routine vaccination program delivery and the purchase of vaccines for public use are almost exclusively the responsibility of each province/territory, the monitoring of adverse events at the local level is vital. This allows the local medical officer of health to properly counsel vaccine recipients and providers when an adverse event is reported. It also permits him or her to maintain an awareness of the status of vaccination programs in the jurisdiction.

For these reasons, practitioners' reporting of adverse events directly to manufacturers, and indeed even directly to the LCDC, without reporting through a local medical officer of health is discouraged. There will always be instances in which practitioners, the public and provincial public health authorities report the same case to a manufacturer. In the case of the provincial authority, this is usually done as a duplicate of the report sent to the VAAESS program. In the case of members of the public or providers, it may be the only report made. It is vital in such circumstances that LCDC be made aware of such cases. The philosophy behind the case reporting network in place in Canada is to ensure that (1) the flow and exchange of vaccine safety information benefits the vaccine recipient first, through appropriate case management at the local level; (2) vaccine safety information is streamlined to avoid duplication during aggrega-

tion at the national level; and (3) it can be shared, to ensure that all key players are kept informed.

What to Report?

The reporting rules are those of the TPP Guidelines. The definitions of “serious” and “non-serious, unexpected”, although similar to those described in the TPP Guidelines, differ somewhat for VAAEs. Furthermore, because of requirements to monitor the safety of each lot of vaccines, the VAAESS program needs **all** reports related to vaccines, including “non-serious, expected”.

1. Serious

The definition of “serious” is listed in Appendix 2. In addition to the accepted international definition, there also is an LCDC-defined definition of “serious” listed in Appendix 2.

2. Non-serious, unexpected

This implies that product information available to the health care provider, such as the package insert and product monograph, did not describe the reaction and therefore vaccine recipients could not have been adequately warned. This situation occurs either because the reaction had not been reported before or was of such low frequency or of uncertain relation with the vaccine that it was not listed in, for example, the package insert or product monograph. Reporting these events is crucial in order to affect changes in the product information, if warranted, or to be able to counsel others who report similar events.

3. Non-serious, expected

Many reactions are expected by the nature of the response to vaccination (such as the rash that frequently occurs 7-10 days after measles vaccination, representing a mild measles-like illness in response to the live vaccine at the appropriate incubation period).

E. CONFIDENTIALITY OF CASE REPORTS — INDUSTRY ACCESS TO DATA

Under federal access to information (ATI) legislation, all case reports (with personal identifiers removed) are theoretically available on request to the public. However, VAAE data are considered medical records and, as such, photocopies of actual cases will not be provided even with identifiers removed, as it is theoretically possible for a link to a known case to be made. There are several exceptions to this LCDC policy regarding the provision of “detailed” (but with identifiers removed) case reports:

1. such case reports are provided to ACCA for evaluation;
2. such case reports will be provided on request to the company whose product is implicated, or when they are required for a periodic safety update to be completed;
3. such case reports are passed on (in this case with identifiers) to the appropriate provincial public health authorities so that they may be followed up as needed with a health care provider; and
4. anonymous case reports may be available for specific research purposes after ethical review of the study protocol.

Routine requests under ATI will be answered using aggregate data or, if necessary, line listings that include only basic information and exclude personal, provincial and manufacturer identities. All releases of information are accompanied by a “caveat document” (Appendix 3), adapted from that used by the World Health Organization’s International Drug Monitoring Program, to explain the nature of spontaneous case reporting, the difficulty in making causal inferences from such data, and a requirement that the requester

be responsible in the use that is made of the data according to the provision of the caveat document.

Any requirements for follow-up can be made through the Division. However, requests to follow up those cases reported through a provincial

public health authority (the majority) must first be cleared with the appropriate reporting province. In those cases the Division of Immunization does not have the authority to disclose personal identifiers.

II. GENERAL PROCEDURES FOR REPORTING – FEATURES UNIQUE TO VACCINES

Many of the procedures are consistent with the TPP Guidelines. This section highlights the features unique to vaccine products.

A. WHAT CONSTITUTES A VAAE REPORT

As stated in the TPP Guidelines, in making a report to a manufacturer, the practitioner is indicating that the observed event may have been caused by the drug or vaccine. For vaccine-related adverse events, the manufacturer should submit the report to LCDC. However, submission of such a report does not necessarily mean that the manufacturer accepts causality.

Follow-up information should be actively sought and submitted, as it becomes available, for any case on which information is not complete enough to adequately assess the adverse event and its relation to vaccination. VAAE reports submitted by the manufacturer to LCDC should be clearly labelled as “initial” or “follow-up” reports. In the follow-up report, specific reference should be made to the initial report, for example, by including the manufacturer number specific to the report. As well, a notation should be made if

the case was also reported to the appropriate provincial/territorial public health authority, since it will, in turn, resubmit the report to LCDC.

The Regulations to be followed by manufacturers refer only to submitting cases to the HPB. Therefore, in order to avoid duplication of VAAE reports, it is extremely useful for reports submitted from manufacturers to be labelled as to whether they were received from a provincial/territorial public health agency, a practitioner or a member of the public, and whether a copy has been sent to the relevant province/territory.

B. DOMESTIC VAAE REPORTS

Adverse reactions to vaccines occurring in Canada are considered “domestic” VAAE reports.

Priority (15-day) Reports

All reports of **serious** VAAEs must be forwarded to LCDC within **15 calendar** days of the receipt of the report by the Canadian manufacturer. Although they are not explicitly covered under regulations, the Division of Immunization also considers as **serious** cases those that would fall

under ACCA review criteria (see Appendix 2 for definition). These should also be forwarded under the 15-day criteria.

Reports to Regional Centres (managed by the Therapeutic Products Programme)

This provision applies only in cases in which a reporter has forwarded a vaccine-related report to a Regional Centre managed by the TPP. If a manufacturer becomes aware of a report that has been submitted by a practitioner to one of the TPP Regional Centres (listed on the reverse of the latest drug ADR reporting form - HC-4016), the manufacturer should still submit the report to LCDC in the appropriate fashion. Although the ADR Reporting Section of TPP is aware of the need to forward all vaccine-related cases to LCDC, it cannot be assumed that the reporter has indeed actually sent the case to the Regional Centre, or that it did not get lost or delayed for some other reason and thus was never submitted to LCDC.

Consumer Reports

On receiving reports from consumers, it is recommended that a manufacturer encourage consumers to report the reaction through their physicians or local public health department. The nature of the vaccine postmarket surveillance program in Canada, as outlined in these guidelines, should be explained to consumers in order to encourage reporting through public health departments. If vaccine recipients agree to report their VAAE to their provider or public health units, the manufacturer should still submit a 15-day (preliminary) report as required by the Regulations, in case consumers do not follow through. In order to avoid duplicate reporting, it would be helpful to note that the consumer may be reporting this case to the public health department. If reporting to their provider is unsatisfactory to the consum-

ers, the manufacturer should then attempt to obtain as much information as possible from them, including the name of the physician and/or local public health unit.

Other Non-serious Reports

Since the monitoring of adverse reactions to vaccines includes both a search for rare, serious and unexpected events as well as lot-by-lot monitoring and surveillance for programmatic errors, which rely often on case reports that may describe more minor reactions, manufacturers are asked to submit **all** VAAE reports that come to their attention to LCDC. VAAE reports are defined as any vaccine adverse event that is communicated, for example, by telephone, e-mail, fax, or letter, to a manufacturer and that is duly recorded as a VAAE report by the manufacturer under its standard operating procedures.

Although not covered under the Regulations for expedited reporting (only as reportable on request or within annual summaries), LCDC nevertheless requests that minor reaction reports be forwarded as soon as practical to its monitoring program, but at least within 30 days. In the same way as for priority (15-day) reports, the Division will forward the cases to the appropriate provincial/territorial public health authority.

C. FOREIGN ADVERSE REACTION REPORTS

Priority (15-day) Reports — Foreign Cases

VAAEs occurring outside Canada for vaccines in use outside Canada, when a product with the same composition is licensed and distributed in Canada, are considered “foreign” reports and are to be forwarded as outlined in the TPP Guidelines.

D. UNUSUAL FAILURE IN EFFICACY — DOMESTIC REPORTS

Lack of efficacy has been considered an adverse reaction for many years in the Canadian Food and Drug Regulations. For all vaccines, LCDC monitors effectiveness from time to time through epidemiologic investigations of outbreaks of vaccine-preventable disease. There will always be individuals who do not respond serologically to the administration of a vaccine, and therefore vaccine failures are anticipated. Thus, failures in efficacy of vaccines are not as important as for other drug products. The requirement for reporting lack of efficacy under the Regulations, which in fact **pertain only to new drugs** according to the definition in Section C.08.001, need not be applied to vaccines. From time to time, however, LCDC may still place certain vaccines under special surveillance to monitor lack of efficacy for a limited period of time. In those cases a request will be made in writing to the manufacturer or distributor of the product involved to ask that it applies the Regulations, monitors the vaccine and submits reports to the LCDC.

E. SUMMARY REPORTS OR PERIODIC SAFETY UPDATE REPORTS (PSURs)

As is the case for drugs, the summary report is to be prepared annually and upon special request by the Director. The summary report is to be maintained on site (or be easily accessible) and, **WHEN REQUESTED**, it is to be submitted to the monitoring program for VAAEs at LCDC within 30 calendar days of the request.

In general, the summary report will consist of three sections: a summary line listing of VAAE reports received during the review period, a critical analysis of them, and recommended actions.

The summary report should be prepared as outlined in the TPP Guidelines. It is recognized that the line listing that includes non-serious reports represents some duplication of reporting in the case of vaccines. This situation is acknowledged and accepted.

Should a manufacturer feel that it has insufficient direct VAAE reporting, and that international reports from the parent company are inadequate to conduct the proper critical analysis, LCDC can be contacted for the data that was submitted directly to the Division. Summary line listings of VAAE reports stripped of all vaccine recipient and reporter identifiers can be provided to the manufacturer in order to facilitate meeting the requirements of the Regulations.

F. REPORTS FROM STUDIES ON MARKETED VACCINES

Manufacturer Sponsored Studies

For studies conducted on marketed vaccines that are **not subject to the Investigational New Drug (IND) Regulations** (C.08.005 and C.08.005.1) the TPP Guidelines should be followed for all serious, domestic VAAEs; serious, unexpected foreign VAAEs are reported to the manufacturer by the investigator(s) so that the manufacturer can provide such reports to the Division of Immunization, LCDC within the 15-day period specified in the Regulations (see Appendix 2 for a summary of the reporting requirements).

Studies conducted on marketed products that are **subject to the IND Regulations** (e.g. studies on new age groups) are to be sent to the TPP Bureau overseeing the IND Submission (usually the Bureau of Biologics and Radiopharmaceuticals) through the central office of the Submission and Information Policy Division (see Appendix 4 for address).

Blinded Reports

As is the case for adverse drug reactions, if the manufacturer receives a report from the investigator that is blinded to individual vaccine recipient treatment, the code must be broken before submitting the report to LCDC.

Non-Manufacturer Sponsored Studies

Follow the TPP Guidelines.

G. AUDIT

Same as the TPP Guidelines.

H. FORMS

Acceptable Forms

The use of either the “Report of a Vaccine Associated Adverse Event” form (HC/SC 4229 (03-96)) or the CIOMS I form is the acceptable

method of reporting VAAEs to LCDC. A copy of the first form is included in Appendix 5. If a report is received on an individual form from an association, hospital, pharmacy or other source, it is not necessary for the manufacturer to transcribe the report onto one of the above-mentioned forms.

Key Data Elements

The minimum information required for reporting purposes is an identifiable vaccine recipient, a suspect medicinal product, an identifiable reporting source, and an adverse event. For vaccines, the lot number is very important. The reporting form included in Appendix 5 can serve as a model to guide the collection of items that enhance the quality of a VAAE report. Attempts should be made to obtain information on as many listed items as are pertinent to the case, and in sufficient detail to allow for independent causality assessment of the case.

REFERENCES

1. National Advisory Committee on Immunization. *Canadian immunization guide*. 5th ed. Ottawa: Health Canada, 1998.
2. Pless R, Duclos P. *Reinforcing surveillance for vaccine-associated adverse events: The Advisory Committee on Causality Assessment*. *Can J Infect Dis* 1996;7:98-9.
3. National Advisory Committee on Immunization. *National guidelines for childhood immunization practices*. *CCDR* 1997;23(ACS-6).

APPENDIX 1 — COMMON ACRONYMS

ACCA	Advisory Committee on Causality Assessment	IND	Investigational New Drug
ADR	adverse drug reaction	IMPACT	Immunization Monitoring Program ACTIVE
AE	adverse event	LCDC	Laboratory Centre for Disease Control
ATI	Access to Information	TPP	Therapeutic Products Programme
CIOMS	Council for International Organizations of Medical Sciences	VAAEs	Vaccine Associated Adverse Events
CPS	Canadian Paediatric Society	VAAESS	Vaccine Associated Adverse Event Surveillance System
FDA	Food and Drug Administration - USA	WHO	World Health Organization
ICH	International Conference on Harmonization		

APPENDIX 2 —

SUMMARY OF REPORTING REQUIREMENTS

DEFINITION OF SERIOUS

Type of Reaction	Report Within 15 Days	Report Within 30 Days ¹	Supply Annual Summary (PSUR) ²	Type of Vaccine New or All
DOMESTIC REPORTS				
(Spontaneous/Published)				
All Serious (see below)	x	-	x	All
Non Serious, Unexpected	-	x	x	All
Non Serious, Expected	-	x	x	All
Lack of Efficacy (see text)	-	-	-	Ad hoc (see text)
FOREIGN REPORTS				
(Spontaneous/Published)				
Serious Unexpected	x	-	x	All
Serious Expected	-	-	x	All
Non Serious Unexpected	-	-	x	All
Unusual situations (see text)	-	x	x	All
DOMESTIC REPORTS³				
Serious Unexpected	x	-	x	All
Serious Expected	x	-	x	All
Lack of Efficacy	x	-	x	Some (see text)
FOREIGN REPORTS³				
Serious Unexpected	x	-	x	All

¹ This 30 day provision is not covered under the Regulations. It is, however, a special request of the Division of Immunization.

² As a **minimum**, the types of reaction to include in the Annual Summary are based on the recommendations in the Final Report of CIOMS Working Group II (see Appendix 3 for ordering address). However, for VAAE, all reports received by a manufacturer are requested.

³ Studies not under an IND submission.

Definition of “Serious”

“Serious” is defined as any reaction that

- *results in death or is life-threatening*
- *requires in vaccine recipient hospitalization or prolongation of existing hospitalization*
- *results in persistent or significant disability or incapacity*
- *is a congenital anomaly/birth defect.*

In addition, LCDC defines “serious” for the purpose of database extraction for review by the ACCA as meeting the following diagnoses

or criteria (see the VAAE reporting form in Appendix 5):

- *anaphylaxis – all cases*
- *convulsion – afebrile and hospitalized*
- *febrile seizure with hospitalization for 3 days or more*
- *encephalopathy and encephalitis/meningitis – all cases*
- *anesthesia/paresthesia and paralysis – all cases*
- *Guillain Barré syndrome – all cases*
- *thrombocytopenia – all cases*
- *other severe or unusual events **with hospitalization***

APPENDIX 3 — CAVEAT STATEMENT

CAVEAT: The vast majority of reports on which this summary is based are submitted by health practitioners and to a lesser extent lay persons. Each report represents the suspicion, opinion or observation of the individual reporter. Cause and effect relationships have not been established in the vast majority of reports submitted. The information contained in these reports to the Health Protection Branch has not been reviewed as to cause and effect relationship by Health

Protection Branch scientists. Only a small proportion of suspected adverse reactions are reported to the program, consequently this information must not be used to estimate the incidence of adverse reactions. Reports submitted by pharmaceutical manufacturers are included in this summary. This summary contains unpublished data and is provided to you with the understanding that this data will be used only within your immediate organization.

APPENDIX 4 — IMPORTANT ADDRESSES

The preferred method of reporting vaccine associated adverse events (VAAE) is by mail, although the Division has its own direct fax line. All VAAE reports and summary reports for marketed vaccines should be sent to:

*Division of Immunization
Bureau of Infectious Diseases, LCDC
LCDC Bldg, Tunney's Pasture
Postal Locator: 0603E1
Ottawa, Ontario K1A 0L2
Telephone: 613-957-1340
Fax: 613-952-7948*

VAAEs reported as per the **IND** Regulations should be clearly labelled as such and sent to:

*Submission and Information Policy Division
Bureau of Drug Policy and Coordination, TPP
1620 Scott Street, Unit 14
Postal Locator Code, 3000E
Ottawa, Ontario K1A 0L2*

Information on the WHO ADR Terminology Dictionary can be obtained from:

*Sales and Public Relations Manager
The Uppsala Monitoring Centre
(WHO Collaborating Centre for International
Drug Monitoring)
Stora Torget 3
S-753 20, Uppsala, Sweden*

Final Report of CIOMS WorkingGroup I (Standardized ADR Report Form), CIOMS Working Group II (Guidelines for the Format for Periodic Safety Updates), and CIOMS Working Group III (Guidelines for Preparing Core Clinical-Safety Information on Drugs) can be obtained from:

*CIOMS
c/o World Health Organization
Avenue Appia, 1211 Geneva 27, Switzerland*

APPENDIX 5 — VACCINE ASSOCIATED ADVERSE EVENTS REPORTING FORM



Health
Canada

Santé
Canada

In confidence to: Division of Immunization
L.C.D.C., Tunney's Pasture 0603E1
Ottawa, Ontario K1A 0L2
(613) 967-1040 1-800-363-6456 FAX (613) 998-6413

REPORT OF A VACCINE ASSOCIATED ADVERSE EVENT

Protected when completed

IDENTIFICATION										
PATIENT IDENTIFIER	PROVINCE/TERRITORY	DATE OF BIRTH	YEAR	MONTH	DAY	SEX	DATE OF VACCINE ADMINISTRATION	YEAR	MONTH	DAY
						<input type="checkbox"/> Male <input type="checkbox"/> Female				

VACCINES						
VACCINE(S) GIVEN	NUMBER IN SERIES	SITE	ROUTE	DOSEAGE	MANUFACTURER	LOT NUMBER

ADVERSE EVENT(S) **PROVIDE A CLINICAL HISTORY AND REPORT THE DIAGNOSIS BY ICD-10 CODES. Report only events which cannot be attributed to co-existing conditions. Additional information for all events should be provided under SUPPLEMENTARY INFORMATION on reverse side. Record interval between vaccine administration and onset of each event in minutes, hours or days.**

LOCAL REACTION AT INJECTION SITE		MIN	HOURS	DAYS
<input type="checkbox"/> INFECTED ABSCESS (tick one or both of the options below) (i) positive gram stain or culture <input type="checkbox"/> (ii) existence of purulent discharge with inflammatory signs <input type="checkbox"/>				
<input type="checkbox"/> STERILE ABSCESS/ABSCESS No evidence of acute microbiological infection				
<input type="checkbox"/> SEVERE PAIN AND/OR SEVERE SWELLING (tick one or both of the options below) (i) lasting 4 days or more <input type="checkbox"/> (ii) extending past nearest joint(s) <input type="checkbox"/>				
<input type="checkbox"/> SCREAMING EPISODE/PERSISTENT CRYING Inconsolable for 3 hours or more; OR quality of cry definitely abnormal for child and not previously heard by parent(s)				
<input type="checkbox"/> FEVER Highest recorded temperature (Report only 38.0C (102.4F) or above) Temperature: _____ °C (or _____ °F) Site: rectal <input type="checkbox"/> oral <input type="checkbox"/> axilla <input type="checkbox"/> skin <input type="checkbox"/> tympanic <input type="checkbox"/> Temperatures believed to be high but not recorded Should be supported by the presence of other systemic symptoms				
<input type="checkbox"/> ADENOPATHY (tick one or both of the options below) (i) enlarged lymph node(s) <input type="checkbox"/> (ii) atrophy of lymph node(s) <input type="checkbox"/> Site(s): _____				
<input type="checkbox"/> PANCRITIS Swelling with pain and/or tenderness of parotid gland(s)				
<input checked="" type="checkbox"/> ANAPHYLAXIS OR SEVERE SHOCK Explosive, occurring within minutes after immunization, and evolving rapidly towards cardiovascular collapse AND requiring resuscitative therapy				
<input type="checkbox"/> OTHER ALLERGIC REACTIONS (tick one or more if the options below) (i) wheezing or shortness of breath due to bronchospasm <input type="checkbox"/> (ii) swelling of mouth or throat <input type="checkbox"/> (iii) skin manifestations (e.g. hives, eczema, pruritus) <input type="checkbox"/> (iv) facial or generalized edema <input type="checkbox"/>				
<input type="checkbox"/> RASHES (other than hives) Lasting 4 days or more AND/OR requiring hospitalization Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____ Specify characteristics of rash: _____				
<input type="checkbox"/> ARTHRALGIA/ARTHRITIS Joint pain/inflammation lasting at least 24 hours If condition is an acute exacerbation of a pre-existing diagnosis, give details under Supplementary Information				
<input type="checkbox"/> SEVERE VOMITING AND/OR DIARRHEA Must be severe enough to interfere with daily routine				
<input type="checkbox"/> HYPOTONIC-HYPORESPONSIVE EPISODE (in children < 2 yrs. only) Characterized by (i) hypotonia of: (i) generalized decrease/loss of muscle tone; AND (ii) pallor or cyanosis; AND (iii) decreased level of awareness or loss of consciousness Should not be mistaken for fainting, a post-convulsion state, or apnoeiform				
<input type="checkbox"/> CONVULSION/SEIZURE Focal <input type="checkbox"/> Atonic <input type="checkbox"/> Past history of: A) Focal seizures Yes <input type="checkbox"/> No <input type="checkbox"/> B) Atonic seizures Yes <input type="checkbox"/> No <input type="checkbox"/> Only fainting, seizures occurring within 30 minutes of immunization, and seizures occurring as part of encephalopathy or meningitis/encephalitis				
<input checked="" type="checkbox"/> ENCEPHALOPATHY Acute onset of major neurological illness characterized by (i) loss of consciousness; (ii) focal or multifocal signs (e.g. seizures); (iii) focal or multifocal signs (behaviour and/or personality) lasting 24 hours or more; (iv) focal neurological signs which persist for more than 24 hours				
<input checked="" type="checkbox"/> MENINGITIS AND/OR ENCEPHALITIS Abnormal CSF findings AND an acute onset of: (i) fever with neck stiffness or positive meningeal signs; OR (ii) signs and symptoms of encephalopathy (see ENCEPHALOPATHY above) Results of CSF examination should be provided under Supplementary Information				
<input checked="" type="checkbox"/> ANESTHESIA/PAINAESTHESIA Lasting over 24 hours Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____				
<input checked="" type="checkbox"/> GULLAIN-BARRÉ SYNDROME Progressive subacute weakness of more than one limb (typically symmetrical) with hyporeflexia/areflexia				
<input checked="" type="checkbox"/> PARALYSIS (Do not code if Guillain-Barré Syndrome is coded) Limb paralysis <input type="checkbox"/> Facial or cranial paralysis <input type="checkbox"/> Describe: _____				
<input checked="" type="checkbox"/> THROMBOCYTOPENIA Give lab results under Supplementary Information				
<input type="checkbox"/> OTHER SEVERE OR UNUSUAL EVENTS Include any adverse event believed to be related to immunization, that does not fit any of the categories listed above and for which no other cause is clearly established Report events of clinical interest which require medical attention, and particularly events that are (i) fatal, (ii) life-threatening, (iii) require hospitalization, or (iv) result in residual disability				
DESCRIPTION _____ _____ _____				

REPORTER'S NAME	TELEPHONE NUMBER	ADDRESS (Institution No., Street, etc.)
PROFESSIONAL STATUS: MD <input type="checkbox"/> RN <input type="checkbox"/> OTHER <input type="checkbox"/>	CITY	Province
SIGNATURE	DATE Year Month Day	Postal Code

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