Contents

MCAZ Medicines Control Authority of Zimbabwe

PVF 01

Spontaneous Adverse Drug Reaction (ADR) Report Form

Identities of Reporter, Patient and Institute will remain confidential

MCAZ Reference Number (MCAZ use only)	

Patient Details (to allow linkage with other reports)

Clinic/hospital Name:		**Clinic/Hospital Number**		
Patient Initials:		**VCT/OI/TB Number**		
Date of Birth:		Weight (Kg)	Sex:	
Age:		Height (meters)		

Adverse Reaction

Date of Onset:					
Duration:	Less than one hour	Hours	Days	Weeks	Months
Description of ADR					

Serious: Yes ☐ No ☐	Reason for Seriousness	☐ Death	☐ Life-threatening
		☐ Hospitalization/prolonged	☐ Disabling
		☐ Congenital-anomaly	☐ Other medically important condition
Relevant Medical History			
Relevant Past Drug Therapy			

Outcome of ADR	Recovered	Not yet recovered	Fatal	Unknown

Current Medication

Generic Name	Brand Name	Batch Number	Dose	Indication	Date Started	Date Stopped

Concomitant (Other) drugs taken, including herbal medicines & Dates/period taken:	Name of drug:	Date started	Date stopped
Suspected drug(s), if known:			
Laboratory tests results:			

Reported by

Forename(s) & Surname:	
Designation:	
Address:	
Signature:	Date:

Send to: The Director-General, Medicines Control Authority of Zimbabwe, 106 Baines Avenue, P O Box 10559, Harare
Tel: +263-4-708255 or 792165, **E-mail**: mcaz@mcaz.co.zw, **website**: www. mcaz.co.zw

NB. This form may be completed for any ADR related to medicines or medical devices
***Please attach any other additional information, including an anonymized picture of the ADR (with patient's consent)**

AEFI Report ID Number (ZW-PR-DS-FAC-000-YR): ZW-_ _ _-_ _ _-_ _ _-_ _ _-_ _ _ _

ZIMBABWE REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

Patient first name: **Surname** ***Next of Kin:*** ***Patient's physical address:*** Telephone: Sex: ☐M ☐F ***Date of birth (DD/MM/YYYY):*** __ __ / __ __ / __ __ __ __ *OR Age at onset :* ☐☐*Years* ☐☐ *Months* ☐☐☐ *Days*	***Reporter's Name:*** Designation, Department & address: District/ Province: Reporting Institution Telephone & e-mail: ***Today's date (DD/MM/YYYY):*** _ / __ / __ __

Health facility (or vaccination centre) name:

Vaccine						*Diluent*		
Name	***Date of vaccination***	***Time of vaccination***	Dose (1st, 2nd, etc.)	***Batch/ Lot number***	Expiry date	***Batch/ Lot number***	Expiry date	Time of reconstitution

Adverse event (s):

- ☐ Severe local reaction ☐ *>3 days* ☐ *beyond nearest joint* ☐ *febrile* ☐ *afebrile*
- ☐ Seizures
- ☐ Abscess
- ☐ Sepsis
- ☐ Encephalopathy
- ☐ Toxic shock syndrome
- ☐ Thrombocytopenia
- ☐ Anaphylaxis
- ☐ Fever≥38°C
- ☐ Other (specify).....

Date & Time AEFI started (DD/MM/YYYY):
__ __ / __ __ / __ __ __ __ ☐☐ Hr ☐☐Min

Was the patient hospitalized? ☐Yes ☐No

Date patient notified event to health system (DD/MM/YYYY):
__ __ / __ __ / __ __ __ __

Describe AEFI (Signs and symptoms):

Treatment provided: yes/ no

Serious: Yes/ No; ***If yes,*** ☐ ***Death*** ☐ ***Life threatening*** ☐ ***Disability*** ☐ ***Hospitalization*** ☐ ***Congenital anomaly***

Outcome:
☐ Recovering ☐ Recovered ☐ Recovered with sequelae ☐ Not Recovered ☐ Unknown

☐ Died If died, date of death (DD/MM/YYYY): __ __ / __ __ / __ __ __ __ Autopsy done: ☐Yes ☐No ☐Unknown

Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases). *Use additional sheet if needed :*

First decision making level to complete (District level):

Investigation needed: ☐ Yes ☐ No	If yes, date investigation planned (DD/MM/YYYY): __ __ / __ __ / __ __ __ __

National level to complete:

Date report received at national level (DD/MM/YYYY): __ __ / __ __ / __ __ __ __	AEFI worldwide unique ID :
Comments:	

**Compulsory field*

MEDICAL RESEARCH COUNCIL OF ZIMBABWE - MEDICINES CONTROL AUTHORITY OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE and MEDICINES CONTROL AUTHORITY OF ZIMBABWE

SERIOUS ADVERSE EVENT REPORTING FORM

Instructions: Complete entire form. Do not leave any blank spaces
Reporting period: SAEs should be reported within 3 days of site being aware. AE should be reported 7 days of site being aware.
Please use a separate adverse event reporting form for separate reportable adverse events

MRCZ Protocol #:		***Institution***	
MCAZ Protocol #			
Principal Investigator:		***Phone:***	
		Email:	
Report prepared by:	***Designation in the study:***	***Date Form completed***	

Study Title:			
Study Sponsor:			
Date of Adverse Event:	**Participant ID:**	**Hosp. Num.:**	**Type of Report:**
Date of Site Awareness:	**Date of Birth:**	**Sex:**	*Initial* ☐ *Follow-up* ☐ *Resolution* ☐
		1. Male ☐ *2.Female* ☐	*Study week:-* *Visit number:-*

B ***1. What type of adverse event is this?***	1. AE ☐	2. SAE ☐	3. Death ☐

2a. If SAE, is it:

- ☐ 1. Fatal
- ☐ 2. Life-threatening (an actual risk of death at the time of the event).
- ☐ 3. Caused or prolonged hospitalization (non-elective).
- ☐ 4. Resulted in persistent or significant disability or incapacity.
- ☐ 5. Any other important medical event.

2b. Toxicity Grade: Grade 1 ☐ Grade 2 ☐ Grade 3. ☐ Grade 4 ☐ Grade 5 ☐

3a. Any previous Adverse Event's report on this participant?: Yes ☐ No ☐	**If yes, how many?**	
3b. Total Number of SAEs to date for the whole study:		

4. Location of the current Adverse Event:
1. Home ☐ 2. Clinic/Hospital ☐ 3. Work ☐ 4. Study site ☐ 5. Other, specify:

5. Research involves a: 1. Drug ☐ 2. Device ☐ 3. Procedure ☐ 4. Vaccine ☐	**6. Name of Drug, Device or Procedure:**

Lab test	Abnormal Result	Site Normal Range	Collection date	Lab value previous or subsequent to this event	Collection date

(e) Results:	
(f) Management (Include management of study treatment, continued, temporarily held, reduced dose, permanent discontinuation, off Product):	
(g) Outcome:	

NB If the outcome is death, please complete & attach the death form.

D

D1. Was this Adverse Event originally addressed in the protocol and consent form? ☐ Yes ☐ No ☐ N/A
D2. Was this Adverse Event originally addressed in Investigators Brochure? ☐ Yes ☐ No ☐ N/A
D3. Are changes required to the protocol as a result of this SAE? ☐ Yes ☐ No ☐ N/A
D4. Are changes required to the consent form as a result of this SAE? ☐ Yes ☐ No ☐ N/A

If changes are **required**, please attach a copy of the revised protocol/consent form *with changes highlighted with a bright coloured highlighter.*

If changes are **not required**, please explain as to why changes to the protocol /consent form are not necessary based on the event.

From the data obtained or from currently available information, do you see any need to reassess the risks and benefits to the subjects in this research. ☐ Yes ☐ No

P.I. Signature

Date

Reason for taking the medicine ⓘ

Remaining: 250

What else did you do? ⓘ

Remaining: 90

Action taken with medicine

Has the medicine caused a similar reaction before? Yes ○ No ○ Unknown ○ Clear

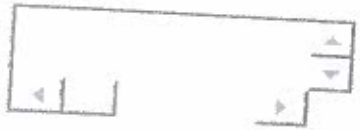
Add information on all medicines, one by one. Please do not forget about "over the counter" medicines, herbal preparations, recreational drugs or other alternative medicines.

Additional information

Please give a short description of your medical history. This is important since some reactions only appear with a combination of previous or ongoing disease, special diets, recreational drugs, smoking habits, alcohol intake or allergies. You can also enter other comments you feel are important.

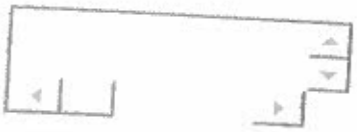
Current and previous illnesses

Remaining:
10000



Additional comments

Remaining:
500



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MCAZ Medicines Control Authority of Zimbabwe

PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

TITLE: Standard Operating Procedure for Receipt and Evaluation of a Suspected Adverse Drug Reaction (ADR) Including an Adverse Event (AE) or a Serious Adverse Event (SAE) or Adverse Event Following Immunization (AEFI) Report.			
SOP Number: PV01	**Revision Number**: 05		Page **1** of 6
Effective Date: February 2016	**Review Date**: February 2018		**Document Level**: 3
Reviewed by:	N.K.D. MUZANENHAMO	.....	09/02/2016
	Name	Signature	Date
Checked by:	L. CHIKWAMA	.....	.....
	Name	Signature	Date
Approved for use by: (Quality Manager)	F. CHIKOMORE	.....	10/2/2016
	Name	Signature	Date

1.0 PURPOSE

To receive and evaluate adverse event reports and determine whether a causal relationship between the reported adverse event or reaction and the product exist.

2.0 SCOPE

This procedure needs to be performed for every adverse event report received by the Authority.

3.0 FREQUENCY

As and when necessary.

4.0 LOCATION

4.1 The master copy of this SOP is kept in the office of the Quality Manager.
4.2 Controlled copy of this SOP is kept in the office of the Head of Division - Pharmacovigilance and Clinical Trials.
4.3 Controlled copies issued to staff are kept in a designated place in the division.

5.0 DEFINITIONS

5.1 **Adverse drug reaction (ADR)** is a response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the

prophylaxis, diagnosis, or therapy of disease or for the modification of physiological action. WHO definition.
NB: An adverse reaction due to overdose or drug abuse or withdrawal can also be considered as an ADR.

5.2 **Adverse Event/Experience (AE)** is any untoward medical occurrence that may present during treatment with a medicine but does not necessarily have a causal relationship with this treatment.

5.3 **Serious Adverse Event/Experience (SAE)** is any untoward medical occurrence that at any dose results in death, is life threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity or is congenital anomaly/birth defect (ICH definition 1997).

5.4 **"Unexpected" adverse reaction (UAR)** is an adverse reaction, the nature, specificity, severity and outcome of which is not consistent with the applicable product information e.g. package insert.

5.5 **Healthcare professional;** for the purposes of reporting suspected adverse reactions "healthcare professionals" includes medical practitioner, pathologist, dentist, pharmacist and nurse.

6.0 RESPONSIBILITY

6.1 The Regulatory Officer and the Senior Regulatory Office are responsible for the action steps listed.

6.2 The Head of Division, Pharmacovigilance & Clinical Trials has the overall responsibility.

7.0 PROCEDURE

7.1 On receipt of a completed suspected adverse event (AE) or adverse drug reaction (ADR) assign an in house report reference number. The AE or ADR in house report reference shall be allocated as follows:
ADR Report number/year received e.g. **the first AE or ADR report received in 2016 will be referenced as ADR Report 1/2016.**

7.2 The next AE or ADR report reference is allocated in chronological order from the last report received for in that year.

7.3 Check information on the report form for completeness and clarity.

7.4 Request for any additional information or clarification from the reporter and file the report form in the current Spontaneous ADR, AE or SAE reports file.

7.5 Evaluate the report and transfer the information from the original report to the MCAZ summary in-house form PVF04 (Appendix II)

7.6 The completed in-house report form should be tabled at the next Pharmacovigilance and Clinical Trials (PVCT) Committee meeting for causality assessment.

7.7 During the PVCT Committee meeting endorse on the MCAZ in house report form the Committee decision.

7.8 After the Committee meeting proceed as decided by the Committee e.g. seek further information from the reporter or other contacts, inform other health care professionals of such adverse reaction if necessary as an alert notice or letter or article in the drug information bulletin.

7.9 Complete the acknowledgement of receipt of report letter (Appendix III) and send to the reporter together with additional report forms.

7.10 Code report and compute details into the ADR Vigiflow database as per the SOP.

7.11 Timeline for processing and evaluation of the suspected adverse event (AE) or adverse drug reaction (ADR) should be within 90 days of receipt.

8.0 APPENDICES

8.1 Appendix I: Suspected Adverse Drug Reaction (ADR) In-House Report Form

8.2 Appendix II: Standard Letter of Acknowledgement of Receipt of Suspected ADR report(s)

9.0 RECORDS

Document Number	Title of Record	Retention Period
PV04	Suspected ADR In-house report form	7 years

10.0 REFERENCES

10.1 SOP MR 4.0 Writing Standard Operating Procedure

10.2 SOP MR 4.13 Control of Records

10.3 Martindale 38th Edition (January 2014)

10.4 British National Formulary (BNF) 70th Edition (September 2015)

11.0 HISTORY

DOCUMENT HISTORY		
Revision Number	Date Approved	Reason for Change
3	September 2013	System Improvement
4	December 2014	System Improvement

APPENDIX 1: SUSPECTED ADVERSE DRUG REACTION (ADR) IN-HOUSE REPORT FORM

MCAZ Medicines Control Authority of Zimbabwe

PVF 04

PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

SUSPECTED ADVERSE DRUG REACTION (ADR) IN-HOUSE REPORT FORM

Report #	Patient Initials	Patient Details (Age, gender, weight)	ADR Summary (onset, length, type, outcome)	Past Medical History	Suspected Drug(s) (including start and stop date and dose)	Concomitant Drug(s) (including start and stop date and dose)	Clinical Findings/ Laboratory Values	ADR Listing in Summary of Product Characteristics	Evidence from Literature Review	Recommended Causality Assessment

Evaluator's comments

Literature review

References

1st Reviewer		Date:	Signature:
2nd Reviewer		Date:	Signature:

Rev 2_August 2015

Page 1 of 1

APPENDIX II: STANDARD LETTER OF ACKNOWLEDGEMENT OF RECEIPT OF SUSPECTED ADR REPORT (S) PVL 01

[acknowledgement of receipt of *ADR/*AE/*SAE/*AEFI report]

Date **REF:** *B/279/44/……*

(Address of reporter)

ATTENTION:

Dear Sir/Madam,

RE: ADVERSE DRUG REACTION *(ADR), ADVERSE EVENT *(AE), SERIOUS ADVERSE EVENT *(SAE) or ADVERSE EVENT FOLLOWING IMMUNIZATION *(AEFI) REPORT – OUR REFERENCE ADR ……

We acknowledge with thanks the *ADR/*AE/*SAE/*AEFI report submitted by you.

The report was considered for causality assessment at the Pharmacovigilance and Clinical Trials Committee meeting held on the …… The Committee agreed to classify the adverse reaction/event as

We appreciate your submission of the report and your support of the national pharmacovigilance programme in promoting patient safety. Enclosed are more copies of reporting forms. You can also obtain further forms or submit electronic reports via our website www.mcaz.co.zw

Yours faithfully
MEDICINES CONTROL AUTHORITY OF ZIMBABWE
……
(Name of officer)
For: **DIRECTOR-GENERAL**
CC:*Provincial Medical Director (PMD) - name of province
*Provincial Nursing Officer (PNO)
* District Nursing Officer (DNO)
*Hospital Superintended or District Medical Officer (DMO)
*Sister in Charge – name of hospital/clinic

**delete if not applicable*

MCAZ Medicines Control Authority of Zimbabwe

PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

TITLE: Standard Operating Procedure for Receipt and Evaluation of Individual Case Safety Reports (ICSRs) from the e-ADR Reporting VigiFlow platform.			
SOP Number: PV 22	**Revision Number**: 0		Page 1 of 12
Effective Date: May 2017	**Review Date**: May 2019		**Document Level**: 3
Witten by:	T. Nyengerai Name	T. Nyengerai Signature	10/05/2017 Date
Checked by:	PP Nyambaya Name	Nyambaya Signature	15/5/2017 Date
Approved for use by: (Quality Manager)	A. Chikowore Name	Signature	18/05/17 Date

1.0 PURPOSE

To describe e-ADR reporting process, procedures for receiving, completeness evaluation and the dictionary coding of the e-reports received via the VigiFlow platform including risk assessment and risk mitigation.

2.0 SCOPE

This procedure needs to be performed for every Individual Case Safety Report received by the Authority through e-Reporting.

3.0 FREQUENCY

As and when necessary.

4.0 LOCATION

4.1 The master copy of this SOP is kept in the office of the Quality Manager.
4.2 Controlled copy of this SOP is kept in the office of the Head of Division - Pharmacovigilance and Clinical Trials.
4.3 Controlled copies issued to staff are kept in a designated place in the division.

5.0 DEFINITIONS

5.1 **Adverse drug reaction (ADR)** is a response to a drug which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease or for the modification of physiological action. WHO definition.

NB: An adverse reaction due to overdose or drug abuse or withdrawal can also be considered as an ADR.

5.2 **Adverse Event/Experience (AE)** is any untoward medical occurrence that may present during treatment with a medicine but does not necessarily have a causal relationship with this treatment.

5.3 **Serious Adverse Event/Experience (SAE)** is any untoward medical occurrence that at any dose results in death, is life threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity or is congenital anomaly/birth defect (ICH definition 1997).

5.4 **Adverse Events Following Immunization (AEFI)** is any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

5.5 **"Unexpected" adverse reaction (UAR)** is an adverse reaction, the nature, specificity, severity and outcome of which is not consistent with the applicable product information e.g. package insert.

5.6 **Healthcare professional;** for the purposes of reporting suspected adverse reactions "healthcare professionals" includes medical practitioner, pathologist, dentist, pharmacist and nurse.

6.0 RESPONSIBILITY

6.1 The Regulatory Officer and the Senior Regulatory Office are responsible for the action steps listed.

6.2 The Head of Division, Pharmacovigilance & Clinical Trials has the overall responsibility.

7.0 PROCEDURE

7.1 Sending of reports via e-ADR Reporting

7.1.1 The reporter enters information on the e-Reporting form (Appendix II). The e-ADR Reporting interface consists of four parts: Reporter, Report, Summary and Finish. The report section is the largest category

with fields for information about the patient, reaction(s), drug(s) and other additional information.

7.1.2 Under the free text fields, the reporter is expected to explain what happened in his/her own words. These fields are mandatory and the reporter can only proceed to the next page after completing them. These fields are as follows:

7.1.2.1 E-mail Reporter (reporter qualification)
7.1.2.2 Accepted terms & conditions (caveat text)
7.1.2.3 Initials ('ANONYMOUS', 'NO' or 'PRIVACY' will be accepted as initials)
7.1.2.4 Sex
7.1.2.5 Date of birth or age (year of birth is sufficient)
7.1.2.6 Describe what happened
7.1.2.7 Reaction / Symptom
7.1.2.8 Name on medicine
7.1.2.9 A *capcha* value; this is verification that it is a person and not a computer script completing the form:

797576

ype the characters exactly as in the image

7.1.3 When the reporter has completed the reporting field pages, he/she will be moved to the report summary page by clicking next. The reporter can either go back to edit the report, or proceed by clicking Submit.

7.1.4 The final section is a confirmation page. After confirmation, an e-mail is automatically sent to the reporter through the e-mail address provided. The following will be the content of the email:
"Thank you for your report. It has now been submitted to MCAZ Division for Pharmacovigilance and Clinical Trials (PVCT). A Summary of the report will be send to your email and you can view it via the hyperlink that will be provided."

7.2 Receiving and Processing e-ADR Reports on the VigiFlow Platform

7.2.1 The responsible Regulatory Officer shall regularly check for new incoming e-ADR reports three times daily on the VigiFlow platform.

7.2.2 The responsible officer shall check in VigiFlow under list of reports for the following e-reporting icon [ ]. The icon is an identification sign for e-ADR reports.

7.2.3 The responsible Regulatory Officer shall print all received reports for circulation through the Director-General's Office.

7.2.4 An in-house ICSR reference number shall be allocated to each report as explained under procedures section in PV 01, item 7.1 for processing individual case safety reports.

7.2.5 The e-ADR report should be recorded in the Targeted Spontaneous Reports (TSR) record book and in the in-house excel spreadsheet. The officer shall use the VigiFlow receive date as the date when the e-Report was received by the Authority.

7.2.6 If the reporter has indicated that one of the seriousness criteria is fulfilled (i.e. hospitalization, prolonged hospitalization, death etc.) – then the responsible Regulatory Officer shall check if the report was automatically considered as serious; the ❶ symbol should appear.

7.2.7 Reports that may need to be revised can be edited using the '✎' icon. If there is need for additional information or clarification, the responsible officer is expected to communicate with the reporter.

7.2.8 The fields in the ICSR in VigiFlow will be populated according to the information provided by the reporter in e-ADR Reporting. The linkage between the field names in e-ADR Reporting and VigiFlow is found in Appendix I.

7.2.9 The responsible Regulatory Officer shall follow procedures 7.5 – 7.9 in PV 01 to further process and evaluate the e-ADR report. This include providing a feedback letter to the reporter.

7.2.10 The timeline for processing an e-ADR report should be 30 days for serious adverse drug reactions and 60 days for non-serious reactions. For e-ADR reports, the responsible Regulatory Officer is required to assess the seriousness of the case.

7.2.11 For serious adverse drug reactions that results in death, disabling or that are life-threatening the following shall be conducted;

7.2.11.1 Site inspections for health facilities (i.e. Clinics & Hospitals) and Good Clinical Practice (GCP) inspections for clinical trials shall be conducted within five (5) days.

7.2.11.2 Determine if quarantine or recall is required to prevent further adverse reactions

7.2.11.3 For AEFIs, the responsible Regulatory Officer to communicate with the office for the Expanded Programme for Immunization (EPI) for corrective and preventive measures.

7.3 Dictionary Coding by the responsible Regulatory Officer.

7.3.1 Reactions will be entered as free text in the field '*reaction/event as reported by primary source*'. The responsible Regulatory Officer is required to enter these reactions as a coded entries using the preferred terms from the WHO-ART or MEDRA dictionary as shown on table1.

Table 1: Dictionary Coding of reactions

Table 2: Dictionay Coding of Medicines

7.3.2 The responsible officer shall match the medicine names against WHO Drug Dictionaries and enter them as coded values. Coded values only appear for successful matches. All medicines reported will be characterized as suspected or concomitant as shown on table 2.

7.3.3 The information entered in the different fields of the e-ADR Reporting interface will appear in different pages of VigiFlow (patient, drug, reaction, case narrative etc.). There might be details given in the free text narrative that the responsible Regulatory Officer will be expected to insert in other sections of VigiFlow (additional reactions, relevant medical history etc.).

7.3.4 When the responsible Regulatory Officer has taken care of the ICSR in VigiFlow, it can be committed to VigiFlow after further evaluation for causality assessment as described under item 7.10 of PV 01 in the section for procedures.

8.0 APPENDICES

8.1 Appendix I: Comparing the e-Reporting and VigiFlow fields
8.2 Appendix II: Adverse Drug Reaction (ADR) / Serious Adverse Event (SAE) Report e-form

9.0 RECORDS

Document Number	Title of Record	Retention Period
PV04	Suspected ADR In-house report form	5 years
N/A	Adverse Drug Reaction(ADR) / Serious Adverse Event(SAE) e-Reporting form printout	5 years
N/A	Case Safety report printout	5 years

10.0 REFERENCES

10.1 SOP MR 4.0 Writing Standard Operating Procedure
10.2 SOP MR 4.13 Control of Records
10.3 Martindale 38th Edition (January 2014)
10.4 British National Formulary (BNF) 70th Edition (September 2015)

11.0 HISTORY

DOCUMENT HISTORY		
Revision Number	Date Approved	Reason for Change
N/A	N/A	N/A

APPENDIX I: COMPARING THE E-ADR REPORTING AND VIGIFLOW FIELDS

The highlighted text denotes information of special importance.

Name of eReporting field	VigiFlow field	VigiFlow comment
Email		**Email will not appear in report**, only in e-Reporting original, and this can be identified by clicking on the e-Reporting icon
Language	-	
Reporter	0. report info - Information on primary source(s) - **reporter qualification**	
Captcha	-	
Initials	1. patient - Patient characteristics - **patient initials**	
Sex	1. patient - Patient characteristics - **sex**	
Weight	1. patient - Patient characteristics - **body weight (kg)**	
Date of birth	1. patient - Patient characteristics - **date of birth**	
Age at time of reaction	1. patient - Patient characteristics - **age at time of onset**	
Country where the reaction(s) started	0. report info - **country of occurrence**	
Describe what happened	7. assessment - **case narrative**	Information from this free text field may have to be inserted as coded information into other parts of the report in VigiFlow.
Reactions/Symptoms	5. reactions - **reaction/event as reported by primary source**	The reactions have to be coded by the responsible regulatory officer to either MedDRA or WHO-ART Report title will be "Import: First reaction, First drug"
Start date	5. reactions - **onset date**	
End date	5. reactions - **end date**	
Duration	5. reactions - **duration**	
Outcome of reaction	5. reactions - **outcome of reaction**	

Did the reaction(s) lead to any of the following (seriousness)	0. report info - Report information - serious - **reason for seriousness**	Will also be denoted with red "!" in *list reports*
Name of eReporting field	**VigiFlow field**	**VigiFlow comment**
Name on medicine	6. drugs - **drug name**	If matching row in WHO Drug Dictionaries, the drug will automatically be coded - otherwise it must be coded manually. Original Entry will always be available in the report's audit trail. Report title will be "Import: First reaction, First drug"
Medicine producer	6. drugs - **authorization holder**	
Probably causing the reaction	6. drugs - *puts drug either as* **suspected** *or* **concomitant** drug	Can be changed by NC using link under **characterization**
Strength	**6. drugs - dosage (free text)**	Find this field by clicking 'expand'. This is a free text field and should be coded in VigiFlow to 'dose'
Dosage	**6. drugs - dosage (free text)**	Find this field by clicking 'expand'. This is a free text field and should be coded in VigiFlow to 'dosage regimen'
Route	6. drugs - **route of administration**	
Place where medicine was obtained	6. drugs - **additional information**- {DS:"xx"}	Uses the following codes: {DS:"PC"} Pharmacy (Over the counter) {DS:"PP"} Pharmacy (Prescription) {DS:"HC"} Hospital/Other health care institiution {DS:"IN"} Internet {DS:"SH"} Shop
Start date	6. drugs - **start of administration**	
End date	6. drugs - **end of administration**	
Duration	6. drugs - **duration**	
Reason for taking the medicine	6. drugs - **additional information**, following "drugindication"	This is a free text field and should be coded in VigiFlow to 'indication'
What else did you do?	6. drugs - **additional information**	
Action taken with medicine	6. drugs - **action taken**	
Has the medicine caused a similar reaction before?	6. drugs - **did reaction recur after rechallenge**	

Current and previous illnesses	3. relevant medical history - **relevant medical history** - free text May need to be coded using ICD or MedDRA
Additional comments	5. reactions - **reporter's comments**

APPENDIX II: ADVERSE DRUG REACTION (ADR) / SERIOUS ADVERSE EVENT (SAE) REPORT E-FORM

Reporter >
Report >
Summary >
Finished
* = Mandatory field, = Help text for a field

Reporter

Email * tnyengerai@n

Reporter *

User of the medicine

Initials *

Sex * Male ☐ Female ☐

Weight kg

Date of birth * dd mm yyyy *or* **Age at time of reaction**

Country where the reaction(s) started Zimbabwe

Describe what happened

* Describe what happened in your own words, any symptoms or side effects you suspect were caused by your medicine, and what happened since then.

Other specific details about each medicine and relevant dates can be entered below, but please include enough information here to connect to the Reactions/Symptoms section

below.

Remaining: 19940

Patient reported to the

Reactions/Symptoms

Enter a short description (headache or diarrhoea for instance) for each reaction that you suffered and the relevant details. Click on the "Add another reaction/symptom" button for each new reaction you need to describe.

1 Reaction/Symptom *

Remaining: 200

Start date *

dd mm yyyy

End date

dd mm yyyy

or

Duration

Outcome of reaction

- ☐ Recovered/Resolved
- ☐ Recovering/Resolving
- ☐ Not recovered/Not resolved
- ☐ Reaction ended, but with after effects
- ☐ Fatal
- ☐ Unknown

Did the reaction(s) lead to any of the following

Tick those that apply or leave blank

- Caused/prolonged hospitalization
- Disabling/Incapacitating
- Congenital anomaly/birth defect
- Life threatening
- Results in death
- Other medically important condition

Medicines

Enter the name and details for each medicine you were taking before the reaction occurred. Click on "Add another medicine" for each new medicine you need to describe. Please also describe any herbal preparations, recreational drugs or other alternative medicines you were taking.

1 **Name on medicine** * **Medicine producer**

☑ Probably causing the reaction

Strength **Dosage**

Route **Place where medicine was obtained**

Start date dd mm yyyy **End date** dd mm yyyy *or* **Duration**

Reason for taking the medicine **Remaining: 250**

What else did you do? **Remaining: 90** **Action taken with medicine**

Has the medicine caused a similar reaction before? Yes ☐ No ☐ Unknown ☐ Clear

Add information on all medicines, one by one. Please do not forget about "over the counter" medicines, herbal preparations, recreational drugs or other alternative medicines.

Additional information

Please give a short description of your medical history. This is important since some reactions only appear with a combination of previous or ongoing disease, special diets, recreational drugs, smoking

habits, alcohol intake or allergies. You can also enter other comments you feel are important.

Current and previous illnesses

Remaining:
10000

Additional comments

Remaining:
500

Next page

Written by:	Checked by:	Approved for use by:
Date: 10/05/2017	Date: 15/05/2017	Date: 19/05/17

Medicines Control Authority Of Zimbabwe

PHARMACOVIGILANCE AND CLINICAL TRIALS

TITLE: Standard Operating Procedure For Data Entry of Individual Case Safety Reports (ICSRs ie SAEs, ADRs, AEFIs and CEM reports) into the WHO – VigiBase® database that includes VigiFlow® and VigiLyze™, CemFlow Database and VigiGrade Completeness score quality control tool.			
SOP Number: PV16	**Revision Number**: 0		Page 1 of 4
Effective Date: September 2015	**Review Date**: August 2017		**Document Level**: 3
Written by:	P. Chipangura Name	Chipangura Signature	22/09/15 Date
Checked by:	P.P. NJAMBASE Name	Njambaya Signature	22/09/15 Date
Approved for use by: (Quality Manager)	[illegible] Name	[illegible] Signature	24/09/15 Date

1.0 PURPOSE

To enable a Data Entry Clerk or a Regulatory Officer to successfully enter an Individual Case Safety Report (ICSRs ie SAEs, ADRs, AEFIs and CEM reports) into the WHO VigiBase® Database that includes VigiFlow® and VigiLyze™, CemFlow Database and to check on the quality of reports using the VigiGrade Completeness Score tool.

2.0 SCOPE

This procedure needs to be performed when an ICSR (ADR, SAE, CEM or AEFI report) is received at MCAZ in the PVCT Division.

3.0 FREQUENCY

As and when necessary.

4.0 LOCATION

4.1 The master copy of this SOP is kept in the office of the Quality Manager.
4.2 Controlled copy of SOP is kept in the office of the Head of Division – Pharmacovigilance and Clinical Trials.
4.3 Controlled copies issued to staff are kept in a designated place In the Division.

5.0 DEFINITIONS

5.1 ADR - Adverse Drug Reaction

5.2 SAE - Serious Adverse Event
5.3 CEM - Cohort Event Monitoring
5.4 AEFI - Adverse Event Following Immunization
5.5 WHO VigiBase® Database - WHO Global ICSR database
5.6 WHO VigiFlow® - VigiFlow® is a web-based ICSR management system that is specially designed for use by national centres in the WHO Programme for International Drug Monitoring. It is a graphical user interface for data entry into the VigiBase® Database.
5.7 WHO Vigilyze™ - VigiLyze™ is a search and analysis tool that provides access to ICSRs in VigiBase®
5.8 WHO VigiGrade Completeness Score – A tool used by WHO to measure the amount of clinically relevant information in structured format, without reflecting whether the information establishes causality between the drug and adverse event.
5.9 WHO CemFlow - CemFlow is a prototype data management tool built for a pilot for collection and analysis of data from cohort event monitoring (CEM) programs.

6.0 RESPONSIBILITY

6.1 The Data Entry Clerk
6.2 All Division Regulatory Officers
6.3 Division Senior Regulatory Officers.
6.4 Head of the Pharmacovigilance and Clinical Trials Division

7.0 PROCEDURE/ACTIVITY

7.1 Each officer should have a hard book work status record of the ICSRs they enter daily (Average 10 ICSRs should be entered per day) and a column of rate of reports entered per day as well as if high speed internet is working well or not.

7.2.1 For VigiFlow® data entry, Open the URL https://adr.who-umc.org/container.asp?sSessionId=&sPage=, or alternatively perform an internet search using the key word, "VigiFlow®" and select the relevant search result.
7.2.2 Login using the username and password provided by the Uppsala Monitoring Centre (UMC) through the Head of Division.

7.2.3 Enter and save reports as explained in the VigiFlow® data entry user guide. The user guide can be obtained from the following URL: https://adr.who-umc.org/userguide.pdf

7.2.4 The reports have to be reviewed for completeness and quality by another officer before they are committed in the database.

7.2.5 After review, the second officer commits the reports in the database.

7.2.6 After your operations, click exit to log out of the database.

7.3.1 For CemFlow data entry, Open the URL, http://tools.who-umc.org/cemflow/ or alternatively perform an internet search using the key word, "CemFlow" and select the relevant search result.

7.3.2 Login using the username and password provided by the Uppsala Monitoring Centre (UMC) through the Head of Division.

7.3.3 Enter and save reports as explained in the CemFlow data entry user guide. The user guide can be obtained from the following URL: http://tools.who-umc.org/cemflow/Documents/CemFlow_Data_Entry_User_Guide.pdf

7.3.4 The reports have to be reviewed for completeness and quality by another officer before they are committed in the database.

7.3.5 After review, the second officer commits the reports in the database.

7.3.6 After your operations, click exit to log out of the database.

7.4 VigiLyze™ and VigiGrade Completeness Score should be checked monthly to verify that ICSRs are being entered and committed into VigiFlow®.

7.5 VigiLyze™ and VigiGrade Completeness score reports should be tabled at the PVCT Committee meeting under PVCT Division Statistics.

8.0 ATTACHMENTS/APPENDICES

N/A

9.0 RECORDS

Document Number	Title of Record	Retention Period
N/A	N/A	N/A

Written by: P. Chipenguva	Checked by: Nyambayo	Approved for use by:
Date: 22/09/15	Date: 22/09/15	Date: 24/09/15

10.0 REFERENCES

10.1 SOP MR 4.0 Writing Standard Operating Procedure

10.2 SOP MR 4.13 Control of Records

10.3 VigiFlow® User Guide for Version 5.2 Accessed from: https://adr.who-umc.org/userguide.pdf

10.4 CemFlow Quick Start Guide – Data Entry Version 0.6 Accessed from: http://tools.whoumc.org/cemflow/Documents/CemFlow_Data_Entry_User_Guide.pdf

10.5 VigiLyze™ – Accessed from: http://www.who-umc.org/DynPage.aspx?id=123391&mn1=7347&mn2=7252&mn3=7254&mn4=7695

10.6 Bergvall T[1], Norén GN, Lindquist M. "VigiGrade: a tool to identify well-documented individual case reports and highlight systematic data quality issues." Accessed from: http://www.ncbi.nlm.nih.gov/pubmed/24343765

11.0 HISTORY

DOCUMENT HISTORY		
Revision Number	Date Approved	Reason for Change
0	September 2015	N/A

MCAZ Medicines Control Authority of Zimbabwe

QUALITY OFFICE

QF 52

OPERATIONAL PLANNING AND IMPLEMENTATION FORM

Process Name: Process Name: Individual Case Safety Reports (ICSRs)			
Unit/Division: Pharmacovigilance and Clinical Trials Division (PVCT)			
	Designation	**Sign**	**Date**
Written by:	T. Nyengerai		
Checked by:	Head of Unit/Head of Division		
Reviewed by:	Quality Manager		
Approved by:	Director-General		

Risks/ Opportunities Description	Risk Impact	Actions to address risks/opportunities(Mitigations)	Residual Risk
Failure to conduct risk assessment & risk mitigation for serious adverse events / reactions that result in death, disability or that are life ɛatening	High	1. To assess seriousness of the Individual Case Safety Report (ICSR) within the first five (5) days. 2. Conduct Site inspections for severe cases from health facilities (i.e. Clinics, Hospitals) 3. Conduct Good Clinical Practice (GCP) inspections for severe cases from clinical trials 4. Determine if quarantine or recall is required 5. For AEFIs, communicate with the office for the Expanded programme for immunisation (EPI) for preventive and corrective measures	Low
Incomplete reports	High	1. Check information on the report form for completeness and clarity 2. Conduct regular TSR trainings to educate and remind health care professionals on ADR/AEFI/SAE form requirements 3. Request for missing information from reporters before causality assessment and uploading on WHO VigiFlow 4. Distribute TSR program booklets and AEFI guidelines to reporters	Low

Duplicate Reports	High	To effectively check using patient, reporter and healthy facility details if the report was not previously submitted	Low
Duplicate reference numbers	High	Continuously remind officers to make use of the ICSR books for allocating reference numbers to incoming reports in ascending order	Low
Undocumented Reports	High	File all the incoming reporting forms in their respective Spontaneous ADR, AEFI or SAE reports files	Low
Dissatisfied reporters / stakeholders	High	1. Write acknowledgement and feedback letters to reporters 2. Provide pharmacovigilance feedback reports (This include MCAZ drug information bulletin articles, quarterly feedback reports)	Low

8.2 Requirements for products/services

8.2.1 Customer Communication

1. *Provide customers with adequate information in relation to the product/service*
2. *Provide information on how to communicate with customers as a Unit/Division e.g. leaflets, emails, website, stakeholders meetings*
3. *Provide list of information/documentation required from the customer*
4. *How Unit/Division shall handle inquiries/contracts/orders including changes*
5. *How Unit/Division shall obtain customer feedback. i.e. complaints, feedback forms and surveys*
6. *Contingency options available where necessary*

1.1 To remind healthcare professionals to use electronic - ADR reporting link
1.2 To remind trained healthcare professionals to train other healthcare workers on pharmacovigilance
1.3 To inform healthcare professionals of the ICSRs reporting tools as stated below:

1.3.1 e-ADR report form from the MCAZ website hyperlink;
http://www.mcaz.co.zw/index.php/2016-01-08-06-40-00/e-reporting

1.3.2 ADR and AEFI reporting booklets to be distributed to centres
1.3.3 Electronic copies available on the MCAZ website for download
1.3.3 TSR denominator data and site monthly progress form booklet

2. The following individual case safety information materials should be disseminated to health professionals and other stakeholders

2.1 MCAZ drug information bulletin articles disseminated biannually
2.2 Adverse Events following immunisation booklets
2.3 MCAZ posters (promoting your right to quality, safe and effective medicines and vaccines)
2.4 MCAZ pharmacovigilance brochures
2.5 TSR of Essential Medicines program booklets
2.6 Journal articles published online
2.7 Manuscript abstracts

3. Information/documentation required from the customer

3.1 Post-mortem examination reports for fatal ICSRs

4. How Unit/Division shall handle inquiries/contracts/orders including changes
N/A

5. Customer feedback

5.1 Stakeholder meetings
5.2 Customer satisfaction surveys
5.3 Customer feedback forms

8.2.2 Determining requirements for products and services

1. Define requirements:
1.1 Applicable statutory and regulatory requirements
1.2 Those considered necessary by the organization
1.3 Document assurance that Division/Unit can meet claims for products and services.
2. Availability of resources
2.1 Capability
2.2 Capacity
2.3 Organizational knowledge

1. Requirements:
   1.1 MASCA Guidelines
   1.2 WHO Pharmacovigilance Guidelines & ISO 9001: 2015
   1.3 Qualified and competent personnel

2. Capacity and capability based on:

   2.1 Competent regulatory officers responsible for:
      2.1.1 Data capturing of ICSRs on in-house excel sheets and uploading reports on WHO databases
      2.1.2 Providing acknowledgement and feedback letters to reporters
      2.1.3 Report evaluation and literature review for PVCT Committee
      2.1.4 Generating statistical reports for ICSRs feedback information to healthcare professionals
      2.1.5 Drafting drug information bulletin articles biannually
      2.1.6 Manuscript writing

   2.2 Pharmacovigilance and Clinical Trials (PVCT) Committee for causality assessment of all incoming ICSRs and to provide advice for further action required.

   2.3 Internet and computers for:
      2.3.1 Uploading reports on WHO databases
      2.3.2 Causality assessment
      2.3.3 Processing reports submitted online e.g. e-ADR reports
      2.3.4 In-house electronic data capturing of all ICSRs

   2.4 Adequate Stationary
   2.5 Printing and copying facilities
   2.6 Online submission option available for convenience and expediency

8.2.3 Review of requirements for products and services

1. *Unit/Division to demonstrate ability to meet the requirements:*
   1.1 Specified by customer
   1.2 Not stated by customer but necessary for the product/service
   1.3 Specified by organization, statutory and regulatory requirements
   1.4 Contract or order requirements
2. *To conduct a review before committing to supply of products/services.*
3. *Delivery and post-delivery actions:*
   3.1 User training
   3.2 Customer support
   3.3 Warranties where necessary
   3.4 Changes to the contract/order as required by the customer

1. Requirements
   1.1 User friendly e – ADR reporting platform
   1.2 ICSRs reporting tools to be readily available on request
   1.3 Electronic PDF copies to be readily available on the MCAZ website
   1.4 30 days report evaluation timeline for serious adverse events / reactions and 60 days for non-serious cases
   1.5 Risk assessment and risk mitigation to be carried out within the first five (5) days.

2. To check submitted reports for completeness.

3. Customer support and user training
   3.1 Pamphlets, brochures, pharmacovigilance program manuals, reporting booklets to be regularly distributed to centers and readily available on request
   3.2 To conduct regular TSR training workshops to provide feedback presentations and educating health professionals on pharmacovigilance regularly conducted
   3.3 To provide TSR training certificates after TSR training workshops
   3.4 To provide acknowledgement & feedback letters
   3.5 To periodically conduct customer satisfaction surveys

8.3 Design and development of products and services

8.3.3 Design and development inputs:

1. *Unit/Division to highlight functional and performance requirements determined by the customers, market needs or organisation*
2. *Statutory and regulatory requirements*
3. *Voluntary standards or codes of practice that the organization has committed to*
4. *Where input requirements conflict or are difficult to address, the Unit/Division shall record and implement activities to resolve the issues*

1. Functional and performance requirements
   - 1.1 Competent Officers
   - 1.2 Internet and Computers
   - 1.3 Individual case safety reporting (ICSR) tools available as hard copies or electronic PDF copies eg:
     - 1.3.1 CIOMS Forms
     - 1.3.2 MCAZ ADR Forms
     - 1.3.3 MCAZ/MRCZ SAE forms
     - 1.3.4 Electronic-ADR reporting platform
     - 1.3.5 AEFI reporting forms
   - 1.4 Access to WHO-UMC databases (VigiBase, VigiFlow & VigiLyze)
2. Statutory and regulatory requirements: MASCA Guidelines
3. Standards or codes of practice: ISO 9001: 2015
4. Consequences of unavailability of reporting tools
   - 4.1 Inadequate patient safety information related to medicine usage
   - 4.2 Underreporting of adverse drug reaction cases
   - 4.3 Reduced WHO-UMC completeness score
   - 4.4 Inability to detect and understand the adverse effects of medicines
   - 4.5 Inability to identify suspected adverse drug reaction signals

8.3.4 Design and development controls:

1. *Define controls to be applied to the process to ensure results are achieved*
2. *Review applied controls to evaluate ability of results of design and development to meet requirements.*
3. *Verify, the process to ensure design and development outputs meet input requirements*
4. *Validate to ensure the resulting product and services meet requirements for intended use.*
5. *Unit/Division to review and document results and corrective actions taken on identified problem during the review, verification and validation activities.*

1.1 Individual case safety reports (ICSRs) processing involves receipting, data capturing including uploading of reports on WHO databases and evaluating adverse event reports to determine whether a causal relationship between the reported adverse event or reaction and the product exist. The ultimate goal is to improve patient care and safety in relation to the use of medicines. Types of ICSRs for processing are as below:

- 1.1.1 Serious Adverse Events (SAEs)
- 1.1.2 Targeted Spontaneous Reports (TSR)
- 1.1.3 Adverse Events Following Immunisation (AEFIs)

1.2 Review, verify and validate the process

- 1.2.1 All reports to be processed within a timeline of 30 days for serious adverse events and 60 days for non-serious adverse events
- 1.2.2 Date of receipt of ICSRs to be recorded to provide guidance on timeline for processing the reports
- 1.2.3 Reporter details including profession, contact and health facility data to be captured for acknowledgement of receipt of reports and causality assessment feedback.
- 1.2.4 Medicine details, reported reaction/s and causality assessment decision data to be captured for further processing which include statistical analysis for retrospective review of the received data.
- 1.2.5 To use separate recording books for each individual case safety reports (SAEs, TSR, AEFIs) for proper and valid analysis of the adverse events / reactions
- 1.2.6 MCAZ reference numbers to be allocated to individual reports in ascending order for traceability
- 1.2.7 MCAZ reference numbers to be allocated to acknowledgement and feedback letters for traceability
- 1.2.8 Reported information to be captured on internal in-house excel sheet and also to be uploaded on WHO databases for analysis and feedback to healthcare professionals and other stakeholders

8.3.5 Design and developments outputs:

1. *Unit/Division to provide final specifications of product/service*
2. *Process specifications*
3. *Ensure that defined quantities of the outputs are adequate for the subsequent processes*
4. *Clear information about what is required in relation to monitoring and measuring including details of acceptance criteria.*
5. *Give information about the product/services characteristic so that the product is produced in a safe and suitable way.*

1. MCAZ reference number
2. Report background information or case description summary
3. Patient details
   - 3.1 Initials,
   - 3.2 Date of birth,
   - 3.3 Age,
   - 3.4 Gender,
   - 3.5 Weight and height,
   - 3.6 To include participant ID and country for MCAZ/MRCZ SAEs and CIOMs forms
4. Reaction information
   - 4.1 Date of onset,
   - 4.2 Reaction description,
   - 4.3 Duration,
   - 4.4 Reason for seriousness if considered serious
5. Medicine Information
   - 5.1 Suspected drugs,
   - 5.2 Daily dose,
   - 5.3 Current medication,
   - 5.4 Generic/brand name,
   - 5.5 Indication,
   - 5.6 Batch number,
   - 5.7 Date started/date stopped,
   - 5.8 Concomitant medication and dates
6. Additional information
   - 6.1 Laboratory tests,
   - 6.2 Medical history and follow up information

8.3.6 Design and development changes

1. *Highlight any subsequent changes and reviews to the process*
2. *Determine interactions with other Units/Divisions*
3. *Determine interactions with other organizations/interested parties*
4. *Document result of reviews and authorisations of the changes*
5. *Document any actions taken to prevent adverse impact.*

N/A

8.4 Control of externally provided processes, products and services

1. *Identify any resources(products/services) sourced outside MCAZ*
2. *Identify the suppliers/external providers*
3. *List acceptance criteria for the material/products (methods, processes, equipment, specifications to be highlighted)*
4. *Define controls to be applied to externally provided products and services*
5. *Identify competences required from outside suppliers including qualification of personnel*
6. *Establish a point of contact with the external supplier*
7. *Agree on an audit schedule where necessary*
8. *Determine and list criteria for selection, evaluation and monitoring of performance of external providers*

1.1 Resources sourced outside MCAZ

- 1.1.1 Reliable high speed internet monthly service to enable uploading of ICSRs on WHO-UMC databases
- 1.1.2 Annual VigiBase fees
- 1.1.3 Other data analysis softwares e.g. SPSS and EPI-Info
- 1.1.4 Maintenance and replacement of laptops and computers for data management
- 1.1.5 Roles of advisory Pharmacovigilance and Clinical Trials Committee monthly meetings confidentiality and declaration of conflict of interest forms.

1.2 Actions to prevent adverse impacts

- 1.2.1 Hard copies are completed with carbon copies for reporters to retain copies for the healthy facility, district and for the province
- 1.2.2 The e-ADR reporting link automatically provides an electronic summary of the report to the reporter via email
- 1.2.3 The e-ADR reporting platform is user friendly
- 1.2.4 Customers have an option to print or download electronic copies from the MCAZ website

Other procurement of services and supplies through Administration Unit.

8.5 Production and service provision

8.5.2 Identification and traceability

Unit/Division to describe the identification of outputs (products/services) for traceability purposes. (e.g. MCAZ reference number)

1. MCAZ Reference Number guided by year to be captured in ascending order throughout the year
2. The unique reference number to be linked to a specific ICSR
3. In addition; date of receipt, patient initials, name of health facility and reporter details information to be captured in the record books and the in-house excel sheets.

8.5.3 Property belonging to customers or external providers

1. *Unit /Division to identify and list property (tangible or intangible) belonging to customers and/or external providers*
2. *Record and verify condition of property (should occur on a regular basis)*
3. *Highlight how the property is to be protected from damage and/or loss*

Individual case safety reports (ICSRs) are completed with additional carbon copies and hence reporters retain extra copies for the health facility and two copies to submit to the district and the province.

8.5.4 Preservation

Unit/Division to determine outputs which can deteriorate or degrade and affect conformity of products/service and implement appropriate actions to preserve the outputs

1. Submitted reports to be filed in their respective individual case safety reporting (ICSR) files and kept in the PVCT file room.
2. Reporters to retain their own copies
3. Document control and control of record procedures to be applied
4. Archiving of filed reports (every 5 years)
5. Electronic records of all submitted reports to be captured on in-house excel sheets
6. Electronic records of reports also uploaded on WHO-UMC databases
7. Reports uploaded on WHO-UMC databases are password protected

8.5.5 Post-delivery activities

Unit/Division to identify and determine post-delivery activities (ways of reaching out to customer after delivery of products/service) e.g. customer feedback forms, stakeholder consultations, surveys etc.

1. To provide pharmacovigilance feedback presentations to health professionals during stakeholders meetings/conferences/workshops
2. To provide quarterly feedback reports to provincial health professionals via email contact groups
3. To provide acknowledgement of receipt of reports and feedback letters to:
   - 3.1 Reporters
   - 3.2 District Nursing and Medical Officers (DNO/DMO)
   - 3.3 Provincial Nursing Officers (PNO)
   - 3.4 Provincial Pharmacy Managers (PPM)
   - 3.5 Provincial Medical Directors (PMD)
   - 3.6 District Pharmacy Managers (DPM)
   - 3.7 Hospital Matrons
   - 3.8 Sisters in charge

4. MCAZ Drug information bulletins to be disseminated biannually
5. Journal articles published online
6. Manuscript abstracts

7. The following individual case safety report information materials are distributed to health professionals and other stakeholders during TSR training workshops and through the Licensing and Enforcement Division during their routine site inspections.
   - 7.1 Adverse Events following immunisation guidelines
   - 7.2 MCAZ posters (promoting your right to quality, safe and effective medicines and vaccines)
   - 7.3 MCAZ pharmacovigilance brochures
   - 7.4 TSR of Essential Medicines program booklets
   - 7.5 Medicinal Product Defect Forms

8.6 Release of products and services

1. Unit/Division to determine conditions for release of product/service:

1.1 Criteria for release
1.2 Responsibilities for checking and authorisations for release

1. Criteria for release of ICSR reporting materials
   1.1 Individual case safety reporting tools and customer communication information materials shall be released after capturing the following information relating to the person receiving the materials
      1.1.1 Name of health facility
      1.1.2 Name of health professional receiving the documents
      1.1.3 Designation
      1.1.4 Contact details including email and phone number
      1.1.5 Quantity of materials distributed
      1.1.6 Signature of the person receiving and date received

2. Responsibility
   2.1 Data Management and Administrative Regulatory Officers responsibility
   2.2 Other special requests to be authorised by the PVCT-HoD

8.7 Control of nonconforming product/service

1. *Unit/Division to determine ways of identifying non-conforming product/services*
2. *Define actions to be taken to deal with the non-conforming product/service*

    1. Check if all mandatory fields of the reporting form are completed
    2. Request for missing information from the reporter for non-conforming ICSRs

9. Performance Evaluation

9.1 Monitoring, measurement, analysis and evaluation

1. *Identify key performance indicators*
2. *Define methods of statistical analysis and evaluation where necessary*
3. *Where relevant evaluate the following using statistical analysis:*
   3.1 Conformity of product/service
   3.2 Degree of customer satisfaction
   3.3 Performance and effectiveness of the process
   3.4 Effectiveness of the actions taken to address risks and opportunities
   3.5 Need for improvement to the process

1. Number of reports captured in the record books
2. Number of reports captured in the in-house excel sheets
3. Number of reports uploaded on WHO-UMC databases
4. Number of reports evaluated for causality assessment
5. Number of correctly completed forms
6. Number of acknowledgement and feedback letters written versus the number of reports received
7. Number of pharmacovigilance feedback reports generated and provided to health professionals
8. In-depth data analysis reports for manuscripts and publications generated
9. Drug information bulletin articles generated
10. Nature of feedback comments (positive and negative) from health professionals
11. Corrective action will be based on the above information

9.1.2 Customer Satisfaction

Unit/Division to determine ways to monitor degree to which customer needs and expectations have been met.

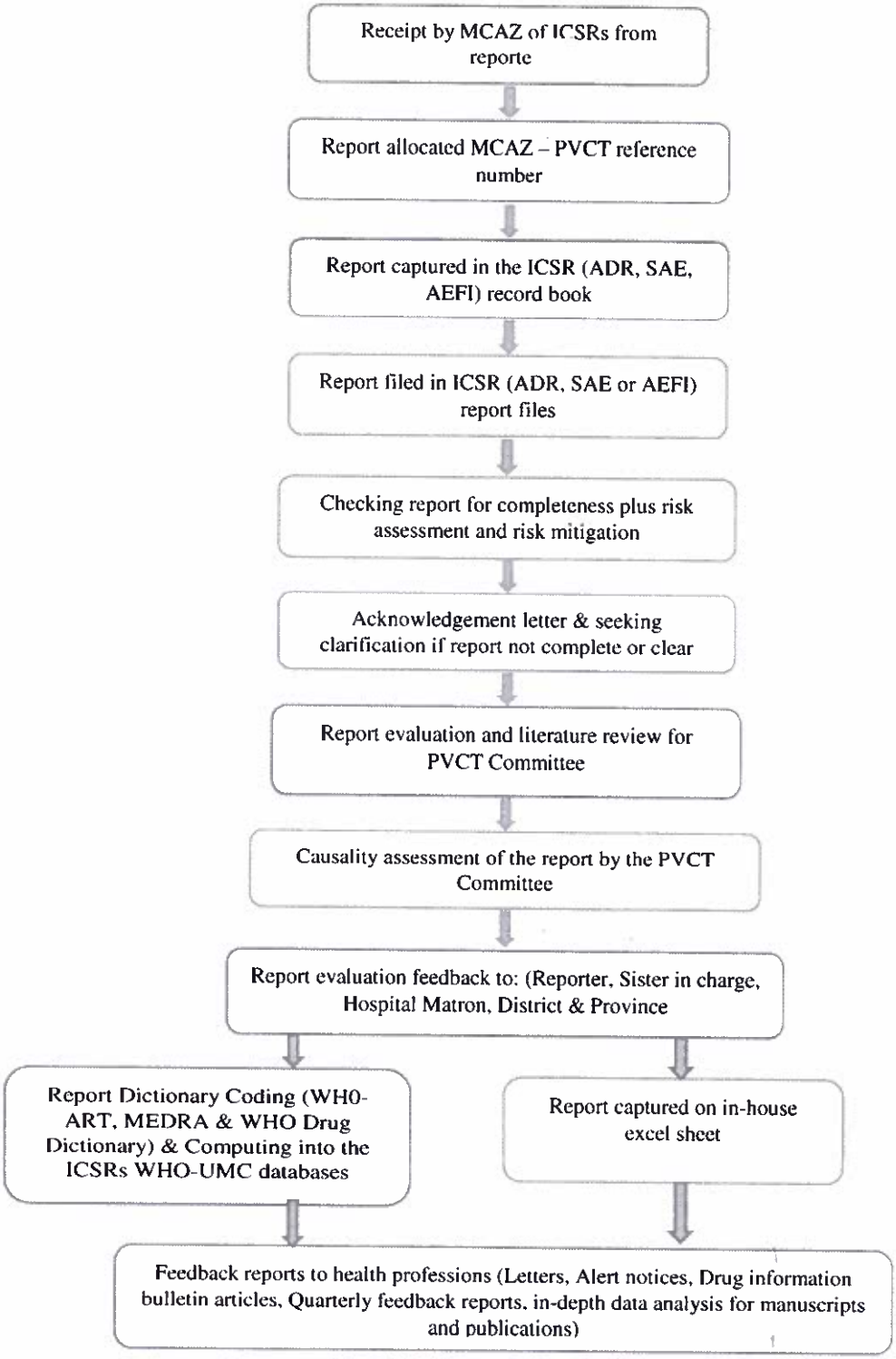
1. *Determine methods for of getting customer feedback*
2. *Determine methods of monitoring and reviewing information from customer feedback. i.e qualitative methods or statistical analysis*

- Targeted spontaneous reporting (TSR) workshops feedback forms (PVF 37) and course evaluation forms (PVF 18)
- Stakeholder meetings
- To design PVCT customer satisfaction surveys

Process Flow

Unit/Division to append before and after process flows highlighting improvements if any.

Individual Case Safety Reports (ICSRs) Process Flow



SOPs	MC10 Form	Indemnity form
Operational planning and implementation form QF52	GCP Declaration	SAE Reporting Form
In-house Checklist	Authorization Letter	
In-house clinical trial evaluation report	Recommendation for approval from the Secretary	

MCAZ Medicines Control Authority of Zimbabwe

PVF 04

PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

SUSPECTED ADVERSE DRUG REACTION (ADR) IN-HOUSE REPORT FORM

Report #	Patient Initials	Patient Details (Age, gender, weight)	ADR Summary (onset, length, type, outcome): The patient reported with a history of.	Past Medical History	Suspected Drug(s) (including start and stop date and dose)	Concomitant Drug(s) (including start and stop date and dose)	Clinical Findings/ Laboratory Values	ADR Listing in Summary of Product Characteristics	Evidence from Literature Review	Recommended Causality Assessment
Mercurochrome										
Rash/Allergic reactions										
200/17	AMM	2 years, Male, 17 Kgs	Swelling around eyes, mouth and nose. Blistering under arm's and back and eczema like appearance of skin.	No known allergies.	Mercurochrome: 22nd to 25th April, 2017	None reported.	None reported. The patient was hospitalized and recovered (partly)	*SmPC not available*	*Known*	***Probable**: The ADR/SM relation is plausible. Allergic immediate and delayed hypersensitivity to the SM and inorganic mercuric derivatives have been studied and noted in several studies.*

										Enforcement Division. No evidence has been found that multi-symptom relief medicines are inherently less safe than single-active ingredient medicines. The active ingredients in multi-symptom relief common cold products each have different mechanisms of action and they do not interact with each other.

Evaluator's comments

The documented studies and reports on Mercurochrome and inorganic mercuric derivatives is limited, in those available studies these compounds have shown to induced allergic reaction such as urticaria, generalized rash, eczema and allergic contact dermatitis. The ADR for 200/2017 has been well described and this gives more evidence on the ADR/SM relationship. FDA has already evaluated the safety and effectiveness of many of the OTC uses of mercury compounds as part of its OTC drug review. Many mercury compounds used as active ingredients in OTC drug products have been found to be **not** generally recognized as safe (GRAS) and effective and are classified as new drugs[6].

The common adverse events for Chlorpheniramine Maleate/Dextromethorphan Hydrobromide/Paracetamol/Phenylephrine Hydrochloride are constipation, diarrhea, dizziness, drowsiness, excitability, headache, loss of appetite, nausea, nervousness or anxiety, trouble sleeping, upset stomach, vomiting and weakness. The rare and sometimes severe events include severe allergic reactions (rash, hives, difficulty breathing,

12. Picon PD, et al. Symptomatic Treatment of the Common Cold with a Fixed-Dose Combination of Paracetamol, Chlorphenamine and Phenylephrine: A Randomized, Placebo-Controlled Trial. BMC Infectious Diseases. 2013; 13: 556. Available at http://dx.doi.org/10.1186/1471-2334-13-556

1st Reviewer	N. K. A. Muzangaza	**Date:** 31/5/17	**Signature:**
2nd Reviewer	L. Chirinda	**Date:** 31/5/17	**Signature:**

WORKSHEET FOR AEFI CAUSALITY ASSESSMENT

Step 1 (Eligibility)

ID number of Patient	Name of one or more vaccines administered before this event	What is the Valid Diagnosis?	Does the diagnosis meet a case definition?

Has the _____vaccine / vaccination caused _____ ?

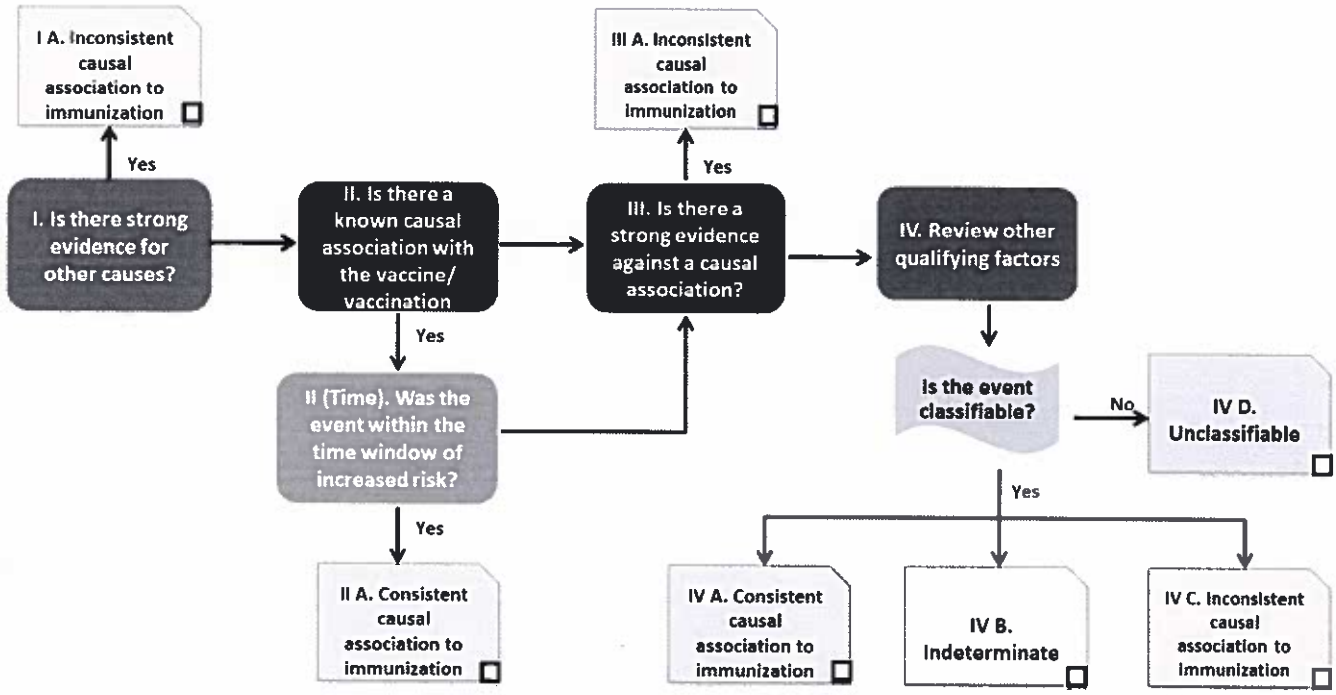
Step 2 (Event Checklist) ✓ (check) all boxes that apply ✓

I. Is there strong evidence for other causes?	Y N UK NA	Remarks
Does a clinical examination, or laboratory tests on the patient, confirm another cause?	☐☐☐☐	
II. Is there a known causal association with the vaccine or vaccination?		
Vaccine product(s)		
Is there evidence in the literature that this vaccine(s) may cause the reported event even if administered correctly?	☐☐☐☐	
Did a specific test demonstrate the causal role of the vaccine or any of the ingredients?	☐☐☐ ☐	
Immunization error		
Was there an error in prescribing or non-adherence to recommendations for use of the vaccine (e.g. use beyond the expiry date, wrong recipient etc.)?	☐☐☐ ☐	
Was the vaccine (or any of its ingredients) administered unsterile?	☐☐ ☐☐	
Was the vaccine's physical condition (e.g. colour, turbidity, presence of foreign substances etc.) abnormal at the time of administration?	☐☐ ☐ ☐	
Was there an error in vaccine constitution/preparation by the vaccinator (e.g. wrong product, wrong diluent, improper mixing, improper syringe filling etc.)?	☐ ☐☐☐	
Was there an error in vaccine handling (e.g. a break in the cold chain during transport, storage and/or immunization session etc.)?	☐☐ ☐☐	
Was the vaccine administered incorrectly (e.g. wrong dose, site or route of administration; wrong needle size etc.)?	☐☐ ☐☐	
Immunization anxiety		
Could the event have been caused by anxiety about the immunization (e.g. vasovagal, hyperventilation or stress-related disorder)?	☐☐ ☐☐	
II (time). If "yes" to any question in II, was the event within the time window of increased risk?		
Did the event occur within an appropriate time window after vaccine administration?	☐ ☐ ☐☐	
III. Is there strong evidence against a causal association?		
Is there strong evidence against a causal association?	☐ ☐ ☐ ☐	
IV. Other qualifying factors for classification		
Could the event occur independently of vaccination (background rate)?	☐☐ ☐ ☐	
Could the event be a manifestation of another health condition?	☐ ☐ ☐ ☐	

Did a comparable event occur after a previous dose of a similar vaccine?	☐ ☐ ☐☐	
Was there exposure to a potential risk factor or toxin prior to the event?	☐ ☐☐☐	
Was there acute illness prior to the event?	☐☐☐ ☐	
Did the event occur in the past independently of vaccination?	☐ ☐☐☐	
Was the patient taking any medication prior to vaccination?	☐ ☐☐ ☐	
Is there a biological plausibility that the vaccine could cause the event?	☐☐ ☐ ☐	

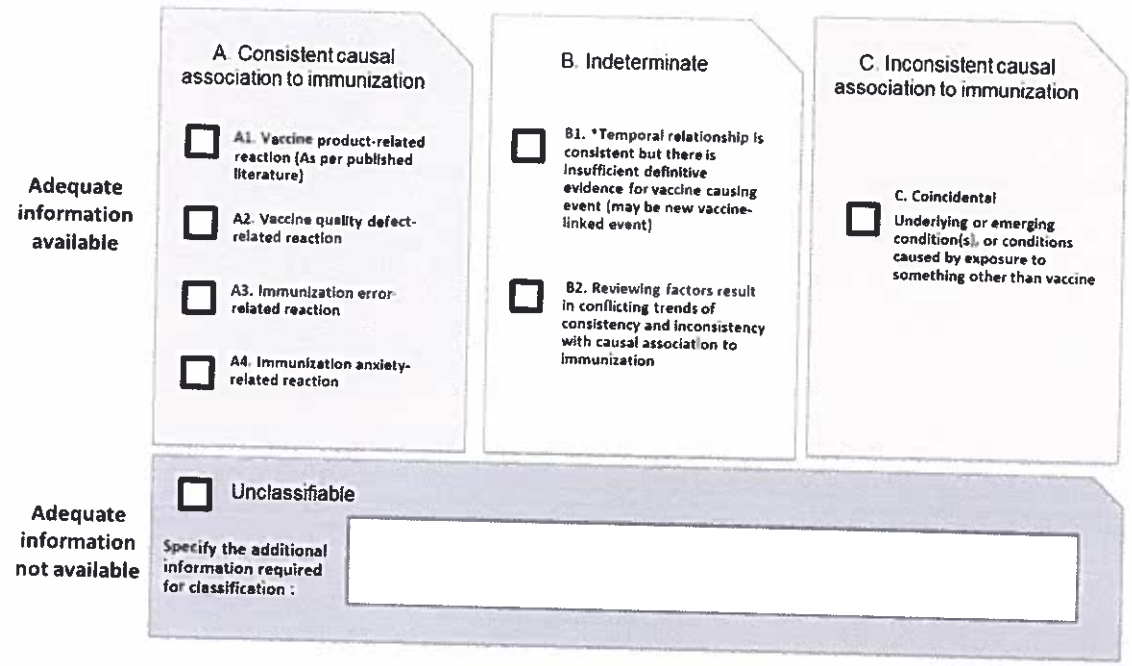
Y: Yes N: No UK: Unknown NA: Not applicable

Step 3 (Algorithm) review all steps and ✓ all the appropriate boxes



Notes for Step 3:

Step 4 (Classification) ✓ all boxes that apply



*B1: This is a potential signal and maybe considered for investigation

Notes for Step 4: **Summarize the classification logic:** *With available evidence, we could conclude that the classification is _____ because:*