

SYSTEM TRAINING DOCUMENT For VACCCINE ADVERSE EVENTS INFORMATION MANAGEMENT SYSTEM

Submitted by:

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Introduction and User Roles

The Document / User Manual contains all essential information for the user to make full use of the information system. This manual includes a description of the system functions and capabilities, and step-by-step procedures for system access and use.

There are three types of system users in VAEIMS system :

DIOUSER : District Officer who uses the system to key in information about the adverse case reported with CRF / PCIF forms.

The DIO can

- ✓ Register cases only for the district he is mapped to. Cross Reporting of Cases is currently not supported in the system.
- ✓ Data Entry of the Case Reported with CRF , PCIF forms Do Complete Data Entry of the Case Reported . The form has been designed
- ✓ Use system for Weekly Data Entry (NIL REPORTING)
- ✓ Attach the soft / scanned original copy of the case
- ✓ Attach documents (soft copies) as Supporting Data (FIR / Hospital Reports etc)
- ✓ Save the details in CRF / PCIF forms before final review and submission.
- ✓ Once Case is Submitted the DIO cannot edit / change the details of the form.
- ✓ Interact / Provide feedback on case issues with Zonal / State officer and take corrective action on data gaps if any.
- ✓ Have Access to a personalised district dashboard which gives details of the cases reported , submitted.

State / National Users : Review and Correct data submitted by DIO.

SIO / National User can

- ✓ Review and Override details entered by DIO for CRF / PCIF forms
- ✓ Provide Feedback on details entered by DIO user
- ✓ Do data entry for the Final Case Data Entry for the case reported
- ✓ Attach documents (soft copies) as Supporting Data (FIR / Hospital Reports etc)



System Modules

• Authentication / User Access :

The System Hierarchy has been defined as National – State – District Level. Each user will be given

User Role / Matrix for VAEIMS System				
Document / Forms	DIO	State	National	
CRF	Add	Edit	Edit	
PCIF	Add Bead	Edit Read	Edit	

specific user rights and levels in which data can be accessed.

* DIO user will be allowed to add / edit data for the specific district only. State User can view / edit data only for that state and for districts under that state. All Rights are post Submission.

• Case Reporting

VAEIMS system has been primarily designed to digitize and support data entry for CRF , PCIF and FCIF forms with features to upload documents of the scanned copies of the original hard copies of the forms.

• Uploading of Documents

For every case reported the user can upload the scanned copy of the original document, supporting documents like the Post Mortem Reports, Hospital Records and any other relevant document for the Case Reported. The Documents will be stored in a central repository to ensure Nil Loss of Data and Quick & Easy Access for State / National Users.

• Accessing Case Information

On Submission of a case in the System through CRF the State / National users automatically receive an email / notification of the case. On Accessing the system they can view all the data / support documents that have been submitted. The Case can be reviewed instantaneously and also quick feedback can be provided.



• Reports / MIS

Specific Reports / MIS will be generated based on the information / data collected. This information will be useful to derive at Key Indicators and easy view of aggregated data to take corrective action.

• Feedback / Notification

Easy method to give online feedback and chat with user for missing information / details on any case that has been submitted. On Feedback the user receives an email and a notification which helps in taking corrective action on data updating required.

• Dashboard

Informative Dashboard designed for Monitoring and Assessing the Cases that have been reported , Submissions and Period.

• Weekly Data Entry

Feature to update the Weekly Entries for Nil Reporting for DIO Users. This information can be extracted as report and evaluated as against cases reported.



Authentication

Every user will be user id and password details based on the role / access given in the organisation hierarchy.

\leftarrow \rightarrow C $\textcircled{0}$ vaeims.org			ସ ମ ☆ :
	Vaccine Adverse Event Information Management System		
	diouser1	1	
		-	
	+D Sign In		
		2	

Based on the user details given the system will direct the user to the restricted access to the system based on the roles / rights allocated.



Case Reporting

Step by Step Process for CRF Entry

1) From the Menu choose AEFI forms data entry.

	\leftrightarrow \rightarrow C (i) vaeims.org/hot	me.html				९☆ :
	VAEIMS				🚺 State: Kerala 🛛 🎁 District: Alappuzha	a 🐣 diouser1
	VARELMS	🚯 Overview			T 2016	•
<	Dashboard AEFI Forms Data Entry	CRF submitted 5	PCIF submitted	0	FCIF submitted	0
	Reports and Analysis	CRF not submitted	PCIF not submitted	5	FCIF not submitted	0
	🚯 Weekly Data Entry					
		Adverse Case By Type		M-	onth Wise Cases Reported	
	vaeims.org/home.html#dataentry			75 So		

2) Choose the Relevant form from the options provided.

\leftrightarrow \rightarrow C \odot vaeims.org/ho	me.html#dataentry					Q #
VAEIMS					State: Kerala 🛛 🤎 Distric	t: Alappuzha 🛛 🐣 diouser1
VELMS	î Case Data Entry					_
🚯 Dashboard		1. Case Report	ng Form (Total: 11)			
AEFI Forms Data Entry		1. Case Reporting For	m	Type your se	arch criteria here	- Q
Ease Details	C	[Please select a form 1. Case Reporting Fo	ım			
Reports and Analysis		 Preliminary Case In 3. Final Case Investig 	nvestigation Form Jation Form	of Notification	Date of Submission	≑ Status (CRF)
😤 Map View		INDAEFIKEAPZ16011	07-11-2016	16	07-11-2016	Submitted Not-Submitted
🐻 Weekly Data Entry		INDAEFIKEAPZ16010	07-11-2016			Not-Submitted
		INDAEFIKEAPZ16009	07-11-2016	25-10-2016	07-11-2016	Submitted
		INDAEFIKEAPZ16008	07-11-2016			Not-Submitted
		INDAEFIKEAPZ16007	07-11-2016	25-10-2016	07-11-2016	Submitted
		INDAEFIKEAPZ16005	26-10-2016	25-10-2016	28-10-2016	Submitted
		INDAEFIKEAPZ16004	26-10-2016			Not-Submitted
		INDAEFIKEAPZ16003	25-10-2016	23-10-2016	31-10-2016	Submitted
		INDAEFIKEAPZ16002	23-10-2016			Not-Submitted
		INDAEFIKEAPZ16001	17-10-2016			Not-Submitted



3) Click on Register for New Form Entry OR Click on Non-Submitted for updating the details of an existing case.

VAEIMS				~	State: Kerala 🛛 🗎 Distric	t: Alappuzha 💧 diouser1
VARELMS	Case Data Entry					
🕜 Dashboard		1. Case Report	ing Form (Total: 11)		
🖹 AEFI Forms Data Entry	- Anappuzna	1. Case Reporting Fo	rm	▼ Type your se	arch criteria here	- Q
Case Details		List all Register				
Reports and Analysis		¢ Case ID	Date of Vaccination	Date of Notification	Date of Submission	
		INDAEFIKEAPZ16006	07-11-2016	25-10-2016	07-11-2016	Submitted
🤝 Map View		INDAEFIKEAPZ16011	07-11-2016		$\boldsymbol{<}$	Not-Submitted
Weekly Data Entry		INDAEFIKEAPZ16010	07-11-2016			Not Submitted
		INDAEFIKEAPZ16009	07-11-2016	25-10-2016	07-11-2016	Submitted
		INDAEFIKEAPZ16008	07-11-2016			Not-Submitted
		INDAEFIKEAPZ16007	07-11-2016	25-10-2016	07-11-2016	Submitted
		INDAEFIKEAPZ16005	26-10-2016	25-10-2016	28-10-2016	Submitted
		INDAEFIKEAPZ16004	26-10-2016			Not-Submitted
		INDAEFIKEAPZ16003	25-10-2016	23-10-2016	31-10-2016	Submitted
		INDAEFIKEAPZ16002	23-10-2016			Not-Submitted
		INDAEFIKEAPZ16001	17-10-2016			Not-Submitted

4) On click of REGISTER , fill in the *"Date of Vaccination "*and click on Save and Continue , based on the District of the User and other details a unique AEFI id is generated.



1. Case Reporting Form	•	Type your search criteria here	▼ Q
List all Register			
Today's Date	07-11-2016		
Profile Case ID			
Date of Vaccination*	07-11-2016		
Save and gantinue Ca	ncel		

∏Case Data Entry		
Back I. Case Reporting Form	۲	*
Case ID Date of Vaccination*	INDAEFIKEAPZ16012 07-11-2016	Unique Case ID is generated based on the State / District, Year & Sequence no
	F)	
Page 1		
Page 2		
• Case Reporting Form Upload Supp	porting Documents	+
• Case Reporting Form Upload Scan	ined Documents	+
Case Reporting Form Download Re	eport	+



5) The CRF form is divided into multiple sections for easy access and data fill. On click of the "+" sign the relevant section is displayed.

Data Entry		
k () 1. Case Reporting Form	Ŧ	
Case ID	INDAEFIKEAPZ16012	
Date of Vaccination*	07-11-2016	
AETICASE REFORTING FORM (CRF)		-
${f \mathfrak D}$ Case Reporting Form Upload Supporting Documents		+
• Case Reporting Form Upload Scanned Documents		+
igodoldoldoldoldoldoldoldoldoldoldoldoldol		+
abmit		

Each section can be viewed by clicking on the "+" sign.



Page 1	•)		+
Fage 1			
560	ION A (To be submitted by MO Within 24	4 hours of case notification to DIO)	
State		District	
ii Kerala	× *	i Alappuzha :	××
Block/Ward:	Ville Vi	sge/Urban Area /illage ■ Urban Area	
Name of reporting MO *		Todav's Date	
Name of reporting MO		dd-MM-yyyy	
Posted At	Designation	Time of preparing this form (hh:mm AM/PM)
Notified by	een provided to ensure qua	ality data entry.	
age 2			-
urrent status			
age 2 urrent statusSelect died, Date of death	Time of death (hh:mm AM/PM)		•
age 2 :urrent status Select died, Date of death dd-MM-yyyy	Time of death (hh:mm AM/PM)	Select- *	
tage 2 Current Status Select ¹ died, Date of death	Time of death (hh:mm AM/PM)SelectSelectS if Yes, Then date of post mortem de	Select v	Ţ
Page 2 Current status Select died, Date of death dd-MM-yyyy vost mortem done ? Select Select	Time of death (hh:mm AM/PM) SelectSelectSelectS if Yes, Then date of post mortem de dd-MM-yyyy	Select * Ione If not done, but planned, Planned Date	
Page 2 Current Status Current Status Current Status Current Status Current of death Current of death Current done ? Current done symptoms Current	Time of death (hh:mm AM/PM) SelectSelectS if Yes, Then date of post mortem d dd-MM-yyyy	Select • fone If not done, but planned, Planned Date	
Page 2 Current Status	Time of death (hh:mm AM/PM) Select	Select • ione If not done, but planned, Planned Date	

 beyond nearest joint
 afebrile

 Abscess
 Sepsis
 Encephalopathy
 Toxix shock syndrome
 Thrombocytopenia
 Anaphylaxis
 Intussusception

 Fever >=39 C(102 F)
 Hyptonic hyporesponsive episode (HHE)
 Acute flaccid paralysis
 Sudden unexplained death syndrome



6) There is section to upload the support documents like scanned copy of the hospital reports / xrays etc along with the CRF data submission.

Data Entry	
Date report at national level image: dd-MM-yyyy Remarks: Remarks(National level)	
Case Reporting Form Upload Supporting Documents Supporting Documents Download All Documents	 Choose File to be uploaded Click on Upload Document Click on Add More Files to add additional files. Choose File & Click on Upload
Choose File No file chosen Upload Document Add more files	Repeat Process till all files are uploaded
Ocase Reporting Form Download Report	+

· · ·	t at national level					
dd-!	ИМ-уууу					
Remarks:						
, Re	marks(National level)			The Document post upload. T excluded from	t Details are c The documen upload by cli	lisplayed t can be icking or
Case Report	ting Form Upload Sup	porting Documents		delet	e document.	
Supportir	ng Documents					
Download All E	Documents					
Choose File	annex6-m4.pdf	Upload Document	annex6-m4_1611070242501150.pd	f 07-Nov-2016 14:42	Delete Document	
Choose File	102073043-20160928.pdf	Upload Doument	102073043-20160928_1611070243	101110.p07-Nov-2016 14:43	Delete Document	



7) The CRF scanned copy can be attached through the CRF upload Scanned Documents section.

Scanned CRF Docum	ents		
Download All Documents			
Choose File Screenshot 4-15-4	1.png Upload Document	Screenshot_2016-10-14-14-15-41_1611070277N01/12916114:47	Delete Document

8) The Details of the CRF case can be viewed through the CRF report for review before submission.

Case Report	ng Form Download Report				+
Case Registra	tion Form Report	Download PDF		Click on Dow view the Repo can be Save	vnload PDF to ort. This Report ed / Printed.
data.pdf			1 / 2		Ć ± 🗗
	AFF	I CASE REPO		(CASE)	↓ }
	,				
		Sector	ection A	512	
State	Kerala	District	Alappuzha		
Block / Ward		Village / Urban area			
Block / Ward Name of reporting N	IO (person filling this form)	Village / Urban area		Today's Date	
Block / Ward Name of reporting M Posted At	IO (person filling this form)	Village / Urban area		Today's Date Time of preparing this form	:
Block / Ward Name of reporting M Posted At Contact phone Email	IO (person filling this form)	Village / Urban area		Today's Date Time of preparing this form Date case visited and examined / interviwed	:
Block / Ward Name of reporting N Posted At Contact phone Email Notified by Date notified to MO	IO (person filling this form)	Village / Urban area Designation Designation (Please circle)	Health worker O Governr Community O Others O	Today's Date Time of preparing this form Date case visited and examined / interviwed ment doctor Private prace	: itioner () Media () (#
Block / Ward Name of reporting N Posted At Contact phone Email Notified by Date notified to MO Patient's name	IC (person filling this form)	Village / Urban area Designation Designation (Please circle)	Health worker O Govern Community O Others O	Today's Date Time of preparing this form Date case visited and examined / interviwed ment doctor Private prace	: itioner () Media () (;
Block / Ward Name of reporting N Posted At Contact phone Email Notified by Date notified to MO Patient's name Date of birth	IO (person filling this form)	Village / Urban area Uesignation Designation (Please circle) Age (in months)	Health worker O Govern Community O Others O	Today's Date Time of preparing this form Date case visited and examined / interviwed ment doctor Private prace Sex Male Female	itioner () Media () ++
Block / Ward Name of reporting N Posted At Contact phone Email Notified by Date notified to MO Patient's name Date of birth Mother's name	IO (person filling this form)	Village / Urban area Uesignation Designation (Please circle) Age (in months)	Health worker O Govern Community O Others O	Today's Date Time of preparing this form Date case visited and examined / interviwed ment doctor Private prace Sex Male Female	itioner O Media O ++



9) On Click of the Submit Button the CRF is submitted and ready for review for the zonal / state officers. An auto email is send to the required designated users notifying the users regarding the reporting of a case.

[VAE	IMS] [INDAEFIMHTHN16006] VAEIMS NOTIFICATION FOR NATIONAL LEVEL OFFICER	Inbox x	• 0
+	VAEIMS Message [No reply] <support@vaeims.org> to •</support@vaeims.org>	Oct 12 😭	• •
	CRF has been submitted for case : INDAEFIMHTHN16006 by diotestuser1		

Step by Step Process for PCIF Entry

The PCIF can be filled for Submitted CRFs only. Once the CRF is submitted for a case the data automatically gets prepopulated for a PCIF form.

1) To fill PCIF form click on the AEFI Data Entry and Choose PCIF Option. All the CRFs that have been submitted are listed.

	VAEIMS				📜 State: Kerala	📜 District: Alappuzha	🍐 diouser1
	VARELMS	Π Case Data Entry					
	@Dashbaand	C. LAlappuzha	2. Preliminary Case Investigation Form	(Total: 8)			
\langle	AEFI Forms Data Entry		2. Preliminary Case Investigation Form	Type your search criteria here			- Q
	Reports and Analysis		¢ Case ID	Date of Vaccination	\$ Status (PCI	F)	- 1
	0		INDAEFIKEAPZ16021	27-11-2016	Submitted		
	S Map View		INDAEFIKEAPZ16006	07-11-2016	Not-Submitted	la	
	Weekly Data Entry		INDAEFIKEAPZ16007	07-11-2016	Not-Submitted	Go to dashboa	rd) —
	C Logout		INDAEFIKEAPZ16008	07-11-2016	Not-Submitted		
			INDAEFIKEAPZ16009	07-11-2016	Not-Submitted		
			INDAEFIKEAPZ16013	07-11-2016	Not-Submitted		
			INDAEFIKEAPZ16005	26-10-2016	Not-Submitted		
			INDAEFIKEAPZ16003	25-10-2016	Not-Submitted		
			No. of pages: 1	No. of rows per page: 50		Jump to page	E 1
					सरसर सर	1 > >>	

2) Click on the CASE for which the PCIF needs to be submitted. The details filled in CRF will be pre populated to avoid entry duplication. The user can update the details entered.



try				
Name of investigator		Date case visited and investigated		
Name of investigator		iii 08-11-2016		
Posted At Posted At	Designation	Date of preparing this form image: 08-11-2016 Time of the preparing this form(hh:mm AMPM) 04 x 25 x AM x * This report is: Preliminary Final		
Contact phone number	E-Mai	E-Mail Address		
Patient's name				
1 nikhii mane				
Inkhil mane Sex	Date of birth Age (i	n days) Age (in months)	Age (in years)	
Sex Female	Date of birth Age (× * # 25-10-2016 #	Age (in months)	Age (in years)	
niktul mane Sex Female Mother's name	Date of birth Age (x ▼ ■ 25-10-2016 ■	n days) Age (in months) Age (in days) Image: Compare the second	Age (in years)	
niktul mane Sex Female Mother's name Nama	Date of birth Age (× * # 25-10-2016 #	n days) Age (in months) Age (in days) 🗮 22	Age (in years)	
piktyl mane Sex Female Mother's name Anina Father's name	Date of birth Age (× * # 25-10-2016 #	n days) Age (in months) Age (in days) 22	Age (in years)	

3) The PCIF has been designed in sections for easy entry

-	
PRELIMINARY CASE INVESTIGATION FORM	-
Page 1	+
Page 2	+
Page 3	+
Page 4	+
Page 5	+
Page 6	+
Page 7	+
Page 8	+
PRELIMINARY CASE INVESTIGATION FORM Upload Supporting Documents	+
PRELIMINARY CASE INVESTIGATION FORM Upload Scanned Documents	+
PRELIMINARY CASE INVESTIGATION FORM Download Report	+

4) On Click of the "+" the page details will be displayed.



Case Data Entry			
D	ate of Vaccination	07-11-2016	
	PRELIMINARY CASE INVESTIGATION FORM		-
	Page 1		+
	Page 2		Þ
	Date of first symptom	Time of first symptom (hh::mm AMIPM) 07 × * 45 × * PM × *	
	Date of key symptom Image: dd-MM-yyyy	Time of key symptom	
	Hospitalization Date of hospitalization Image: Second system Image:	Time of hospitalization (hh: mm AM/PM) Name of hospital iii 07 × v 25 × v AM × v Ø Apollo Gleneagles Hospital	
	Address of hospital Address of hospital		
	Current status left against medical advice (LAMA)	× ×	
	If died, Date of death	Time of death	

5) Click on the submit button after all the details have been entered and documents have been attached as part of PCIF.

	Supporting Documents
	Download All Documents
	Choose File i-monitor-posenglish.jpg Upload Document
	Choose File i-monitor-poster-Hindi jpg
	Add more files
	PRELIMINARY CASE INVESTIGATION FORM Upload Scanned Documents
	Scanned CRF Documents
	Download All Documents
	Choose File immittor-poster-Hindi.jpg Upload Document
	Add more files
	O PRELIMINARY CASE INVESTIGATION FORM Download Report +
Submit	
🖵 Feeuback	
icker-capture/inde	ex.html



Components Of Dashboard

1. Indicators

VAEIMS	🕅 State: Kerala 🚺 District: Alappuzha 🔺 diouser 1
VAREAMS	2016 · · ·
Dashboard EFI Forms Data Entry Ease Details Reports and Analysis Map View	CRF submitted 8 PCIF submitted 0 FCIF submitted 0 CRF not submitted 12 PCIF not submitted 7 FCIF not submitted 0
🗈 Weekky Data Entry	Adverse Case By Type 100 75 75 Month Wise Cases Reported Nov Srites 1 85.0 Srites 2 85.0 Srites 2 85.0 Srites 2 85.0
	Based on Data Aggregation this section shows the current data counts of key values for Monitoring & Tracking

The Values are calculated as per data that is entered on a real-time basis and are restricted to the user id. For e.g The DIOUSER can view the data for his specific district only. Similarly the state user will be able to view the data for only that state.



2. Real-time Monitor



3. Case Details

\leftrightarrow \rightarrow G	i vaeims.or	g/home.html#casedetail					ର୍ ☆ :
VA	EIMS					🗊 State: Kerala 🛛 🗎 District: Alappuzha	💧 diouser1
2 Dashboard	E∳MS	Case Detail Show entries Case Id NDAEFIKEAPZ16001	Li CRF Not-Submitted	lî PCIF	ÎȚ FCIF	Search:	ţţ
Case Deta	Display forms t for tha	INDAFFICEAP216002 s the Summary fo hat have been en t district and their	Not-Submitted or all the mitted submitted mitted r status (- Not-Submitted - Not-Submitted	- - -	Previous 1 2 3 4	5 Next
vaeims.org/hor	Submit It gives Date of	ted / Non – Subm the Case ID , Stat Vaccination.	itted) us and				



Easy Search

A specific case can also be viewed using the easy search option.

					📁 State: Kerala	📜 District: Alappuzha	占 diouser1
Case Data Entry							
	1. Case Reporting	Form (Total: 21)					
	1. Case Reporting Form	1. Case Reporting Form					a
	List all Register	List all Register			Is	Exact date	2
	¢ Case ID	Date of Vaccination	≎ Date of Notifica	Case ID			
	INDAEFIKEAPZ16021	27-11-2016	30-11-2016	Date of Vaccination		T	
	INDAEFIKEAPZ16020	08-11-2016		Date of Metification		-	
	INDAEFIKEAPZ16019	08-11-2016		Date of Notification		•	
	INDAEFIKEAPZ16018	08-11-2016		Date of Submission		٣	
	INDAEFIKEAPZ16017	08-11-2016		Status (CRF)	-Select	-	
	INDAEFIKEAPZ16016	08-11-2016		Search			
	INDAEFIKEAPZ16007	07-11-2016	25-10-2016	07-11-2	010	Submittee	
	INDAEFIKEAPZ16008	07-11-2016	25-10-2016	07-11-2	016	Submitted	
	INDAEFIKEAPZ16009	07-11-2016	25-10-2016	07-11.2	016	Submitted	
	INDAEFIKEAPZ16010	07-11-2016				Not-Submitted	
	INDAEFIKEAPZ16011	07-11-2016				Not-Submitted	
	INDAEFIKEAPZ16012	07-11-2016				Not-Submitted	
	INDAEFIKEAPZ16013	07-11-2016	07-11-2016	08-11-2	016	Submitted	
	INDAEFIKEAPZ16014	07-11-2016				Not-Submitted	
	INDAEFIKEAPZ16015	07-11-2016				Not-Submitted	
	INDAFEIKEAP716006	07-11-2016	25-10-2016	07-11-2	016	Submitted	

- Search can be based on Case Id , Date of Vaccination , Submission and Notification.
- List All is an option to view the default list of all the cases



Feedback Feature

There is feature in the system where the State User can notify the District user on Missing Informaton Or any other feedback on the case on a real time basis.

\leftrightarrow \rightarrow C \odot vaeims.or	g/home.html#dataentry			Q☆ :
🖹 Case Data Entry	Name of reporting MO *		Today's Date	
B Weekly Data Entry	Name of reporting MO		dd-MM-yyyy	
B Weekly Data Entry	Posted At	Designation	Time of preparing this form	
Case Detail	Posted At	Designation	Time of preparing this form	
Report(s)	Phone #	E-Mail	Date cases visited/interviewed	
Thomas	(845)555-1212	E-Mail Address	dd-MM-yyyy	
	Notified by			
C> Logout	1 Notified by			
	Designation(please circle):			
	🗎 Health Worker 🗎 Government doctor 🗎 🖡	Private pratitioner Community Media Other	Others (specify)	
	Date Notified to MO:			
	dd-MM-yyyy			
	Submit			
	Feedback			
	Post Mortem Reports Missing in this case please submit		Send	
	· · · · · · · · · · · · · · · · · · ·			
			SIO Liser can enter th	e feedback for
			SIO OSEI CAITEILLEI LI	le leeuback lui
			any case in this case a	and click on the
			SEND button	

Once the comments are submitted the DIO user will receive an email and also an alert in the system. The feedback can be viewed by clicking on the Case Detail option in the Left Menu Bar.

	VAEIMS					间 Country: India	🗎 State: Kerala	🐣 siouser1
	VARAELMS	Case Detail	The Case which has rec	eived feedback				
\langle	谷 Overview	Show • entries	will have all unread feedba	dback notified			Search:	
	🖲 Realtime Monitor	Case id			FCIF	↓↑ Notification	ns	11
	Case Data Entry	INDAEFIKLAPZ16023	with an icon and no.		-	9		
	Weekly Data Entry	INDAEFIKLAPZ16024			-	9		
	E Carro Datali	INDAEFIKLAPZ16025				<u></u>	_	
	Reportisj	INDAEFIKLAPZ20160001	Submitted	Submitted	Not-Submitted	C ⁹		
	Themes	INDAEFIKLAPZ20160002	Submitted	Not-Submitted		49	_	
	🕞 Logout	Showing 11 to 15 of 43 entries				Previous 1 2 3	4 5	9 Next
		Case Detail Form						



				🅅 State: Kerala 🛛 🕅 District: Ala	appuzha 🔺 diouser1
	EEDBACK LIS	ST ×			
Case Detail	Comment	Please include the post mortem reports for this case along with PCIF forms			INDAFFIKFAP716033
Case id	ommented	siouser1	CIF	1 Notifications	
On clicking the icon for notification the				C	
user can see all the feedback /		Close			revious 1 Next
comments that have been exchanged				•	
between DIO and SIO					

Weekly Data Entry

For Nil Reporting Cases the User can enter data by choosing "Weekly Data Entry" Menu option. The Weeks for which the data needs to be filled has to be chosen

VAEIMS	🕅 State: Kerala 🕅 District: Alappuzha 🔺 diouser
VAEIMS	State: Keal Normalian Norma
vaeims.org/home.html#weekdat	taentry