

# African Union Smart Safety Surveillance (AU-3S) Programme

Instructions to download and use the Med Safety App

## Table of Contents

1. [About the Med Safety App](#)
2. [How to download the Med Safety App](#)
3. [Opening the Med Safety App for the first time](#)
4. [How to navigate the Med Safety App](#)
5. [How to navigate the reporting forms](#)
6. [How to use the Med Safety App to report a side effect to a vaccine \(for healthcare professionals\)](#)
7. [How to use the Med Safety App to report a side effect to a vaccine \(for the public\)](#)
8. [How to use the Med Safety App to report a side effect to a medicine \(for healthcare professionals\)](#)
9. [How to use the Med Safety App to report a side effect to a medicine \(for the public\)](#)

## 1. About the Med Safety App

- The Med Safety App is a mobile application that can be used by healthcare professionals and members of the public to submit reports of adverse events after taking a medicine or receiving a vaccine. The Med Safety App can also be used to keep up to date with safety information on registered health products.

## 2. How to download the Med Safety App

You can download the Med Safety App for free from:

- [App Store](#) (for iOS devices)
- [Google Play](#) (for Android devices)
- Search for “Med Safety” and download the app with the below icon:



## 3. Opening the Med Safety App for the first time

- When opening the Med Safety App for the first time, select your country from the available list.
- We recommend that you create an account as this will allow you to view your previously submitted reports in the app and will make submitting further reports faster and easier. This is especially highly encouraged for healthcare workers who will likely submit more than one report. If you do not create an account, you can submit reports as a ‘guest’ but will not be able to view a copy of your report after submission.
- When creating an account, you will need to create a password that has a minimum length of 8 characters and contains at least 1 number and 1 uppercase character.
- You must acknowledge that you have read and understood the privacy statement before you can proceed to the App’s home page.

## 4. How to navigate the Med Safety App

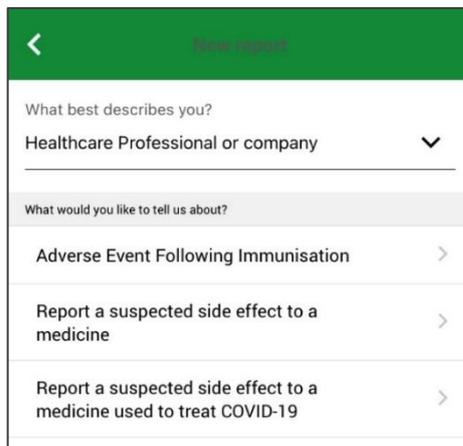
- The Med Safety App has five tabs which are found along the bottom of the screen: “News”, “Products”, “Watchlist”, “Report”, and “More”.
- “News” displays medical products’ safety information published by your country’s health products regulator.
- “Products” displays information on all licensed medicines and vaccines in your country. You can also add products of interest to your watch list, allowing you to access this data without searching for it in the future.
- “Watch List” displays information on medicines and vaccines that you have added to your watch list.
- The “Report” tab is where you can submit a report of a suspected side effect, and view reports that you have previously submitted or saved.
- Under “More”, you can view and amend your profile, read more about the App, and change your App settings.

## 5. How to navigate the reporting forms

- By clicking on the “Report” tab, you can create a new report of a suspected adverse event.
- You can save reports and update them at a later stage. You can find saved reports under “Pending reports”. You can save reports offline and submit them when you regain internet access.
- If you have created an account, you can view submitted reports at any time in “Sent reports”.
- Once you have completed all mandatory information on a page (fields that have been indicated with a \*), click on “Next” at the bottom right of the screen to move to the next page.
- To return to a previous page at any point, click on “Back” at the bottom left of the screen.
- Before submission, use the “Back” arrow to review the full report and ensure that all information is as accurate as possible. Once you have reviewed your report, click “Submit” on the last page to submit the report.
- Upon submission, you will receive a message in the app to confirm your submission number and an email acknowledgement of your submission for your records.

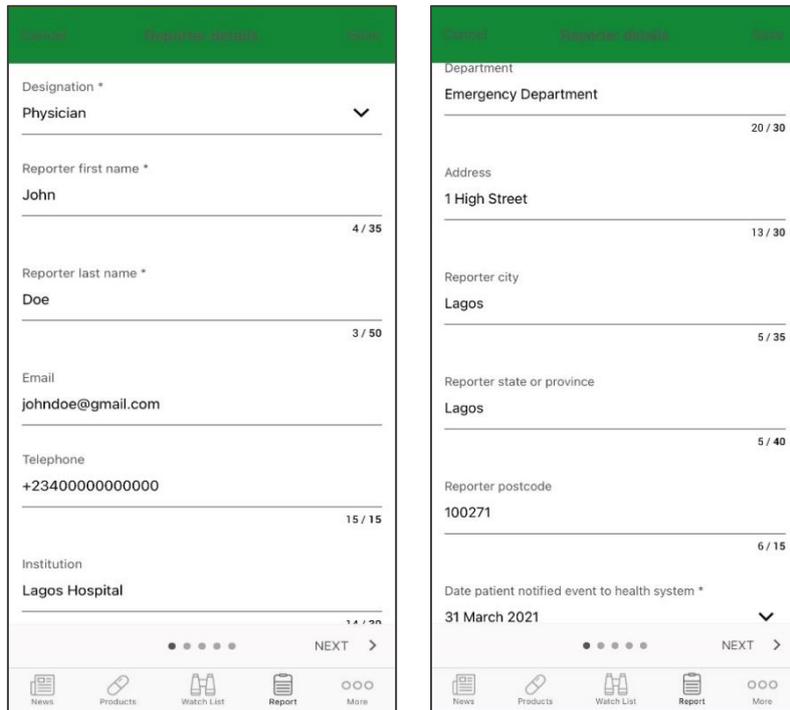
## 6. How to use the Med Safety App to report a side effect to a vaccine (for healthcare professionals)

- Click on “New Report” in the “Report” tab to create a new report.
- If you haven’t created an account, first indicate that you are a healthcare professional from the drop-down list on the screen.
- To report an adverse event from a vaccine, click on the option “Adverse Event Following Immunization”.

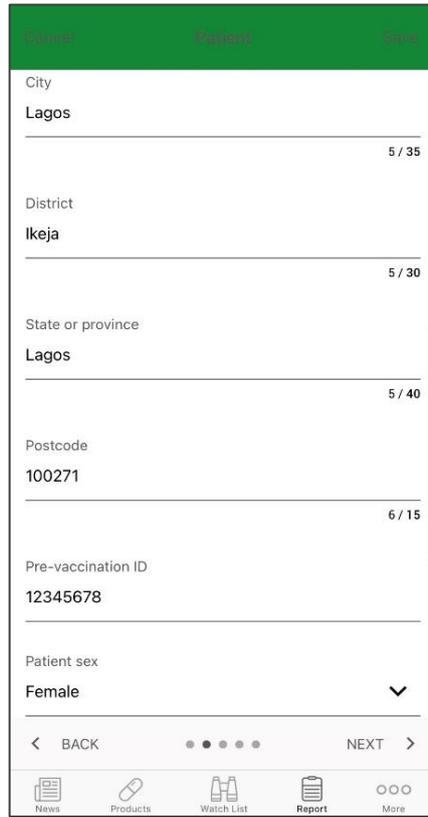


The screenshot shows a mobile application interface for reporting. At the top, there is a green header with a back arrow on the left and the text "New report" in the center. Below the header, the form is divided into sections. The first section is titled "What best describes you?" and contains a dropdown menu with the selected option "Healthcare Professional or company" and a downward arrow. The second section is titled "What would you like to tell us about?" and contains three options, each with a rightward arrow: "Adverse Event Following Immunisation", "Report a suspected side effect to a medicine", and "Report a suspected side effect to a medicine used to treat COVID-19".

- On the first page, enter your personal detail as the reporter. You must also enter your appropriate designation (your specific profession) and the healthcare institution (and department) where you work.
- *Your institution, city, and state (or province) are important to complete as this will help the EPI programme follow-up with you at the local level where this is required.*



- On the second page, fill in the patient's details. This includes some information on the patient's location - at a minimum, include the patient's city, district, and state (or province).
- You will need to complete at least one of the patient identifiers to move onto the next page. These identifiers are patient initials, sex, age, and pre-vaccination ID number.
- *Please try to complete the pre-vaccination ID number as this helps regulators quickly access patient records if investigations are needed. If you indicate that the patient is female, you must further indicate whether the patient was pregnant or lactating at the time of vaccination.*

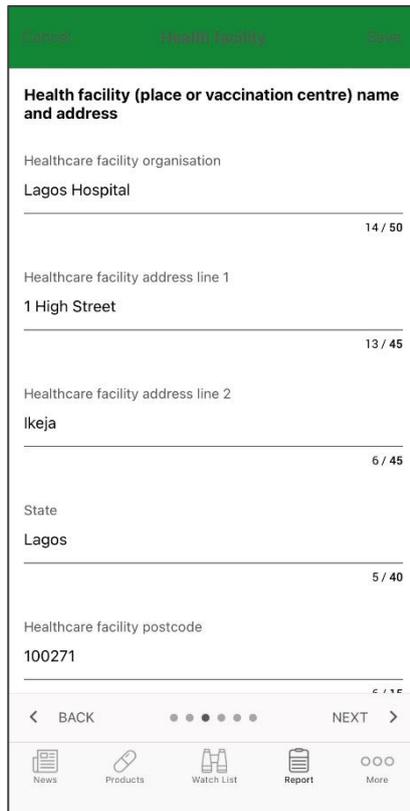


This screenshot shows a mobile application form with a green header containing 'Previous', 'Patients', and 'Next'. The form fields are as follows:

- City:** Lagos (5 / 35)
- District:** Ikeja (5 / 30)
- State or province:** Lagos (5 / 40)
- Postcode:** 100271 (6 / 15)
- Pre-vaccination ID:** 12345678
- Patient sex:** Female (dropdown arrow)

At the bottom, there is a navigation bar with 'BACK' and 'NEXT' buttons, a progress indicator (5 dots), and a bottom menu with icons for 'News', 'Products', 'Watch List', 'Report', and 'More'.

- On the third page, enter details of the health facility where the patient was vaccinated. This includes the health facility name, address, state or province, and postal code.

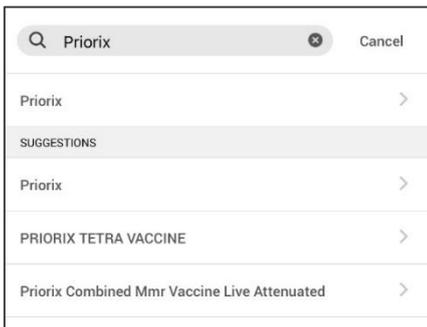


This screenshot shows a mobile application form with a green header containing 'Previous', 'Health Facility', and 'Next'. The form fields are as follows:

- Health facility (place or vaccination centre) name and address:** Healthcare facility organisation: Lagos Hospital (14 / 50)
- Healthcare facility address line 1:** 1 High Street (13 / 45)
- Healthcare facility address line 2:** Ikeja (6 / 45)
- State:** Lagos (5 / 40)
- Healthcare facility postcode:** 100271 (6 / 15)

At the bottom, there is a navigation bar with 'BACK' and 'NEXT' buttons, a progress indicator (5 dots), and a bottom menu with icons for 'News', 'Products', 'Watch List', 'Report', and 'More'.

- On the fourth page, enter details of the vaccine which you suspect caused the adverse event. Click on “Add” to add a vaccine. First, fill in the name of the vaccine and select the correct option from the list (for example, Priorix). If you cannot find the vaccine name, type in as much information as you know about it in the search bar.  
- For example, if you know the patient received the Pfizer COVID-19 vaccine but cannot find the name of this vaccine in the app, type in “Pfizer COVID-19 vaccine”.
- Select the date the patient was vaccinated, and for which dose the adverse event was experienced. If the vaccine only requires one dose, select “First dose”. If the vaccine requires more than two doses and an adverse event was experienced after the third or fourth dose, do not make a selection in this field and rather specify the dose number in the “Describe AEFI” field on the “Reaction details” page of the form.
- Enter in the batch number for the vaccine which can be found in the patient’s vaccination card. If you are unsure of the batch number, type “Unknown” in this field.
- Enter information on any diluents used to reconstitute and administer the vaccine. Fill in the diluent name, batch number, expiry date, and reconstitution date and time. If you are unsure of any of this information, please leave the relevant fields blank.
- Click on “Add” at the bottom of the screen to add these details into the report.



Search for Priorix

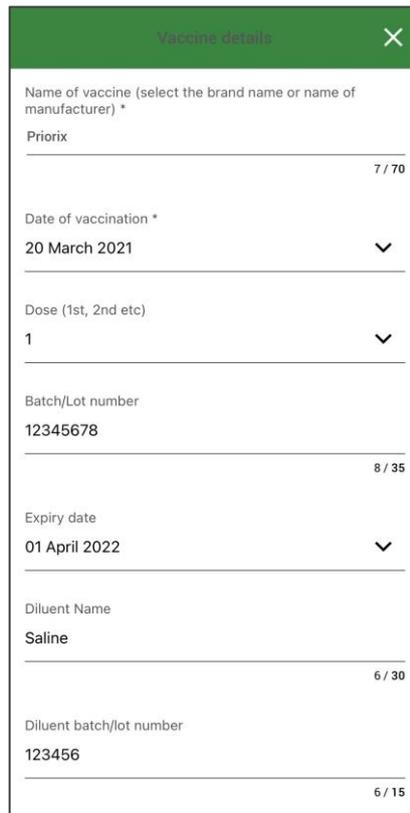
Priorix

SUGGESTIONS

Priorix

PRIORIX TETRA VACCINE

Priorix Combined Mmr Vaccine Live Attenuated



**Vaccine details**

Name of vaccine (select the brand name or name of manufacturer) \*

Priorix 7 / 70

Date of vaccination \*

20 March 2021

Dose (1st, 2nd etc)

1

Batch/Lot number

12345678 8 / 35

Expiry date

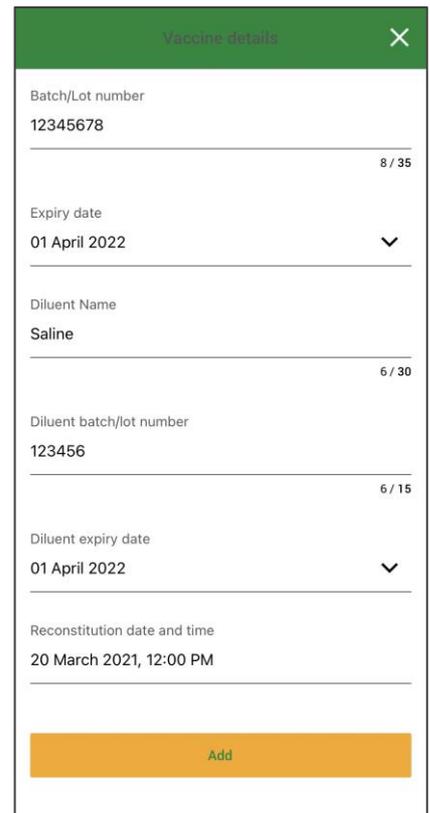
01 April 2022

Diluent Name

Saline 6 / 30

Diluent batch/lot number

123456 6 / 15



**Vaccine details**

Batch/Lot number

12345678 8 / 35

Expiry date

01 April 2022

Diluent Name

Saline 6 / 30

Diluent batch/lot number

123456 6 / 15

Diluent expiry date

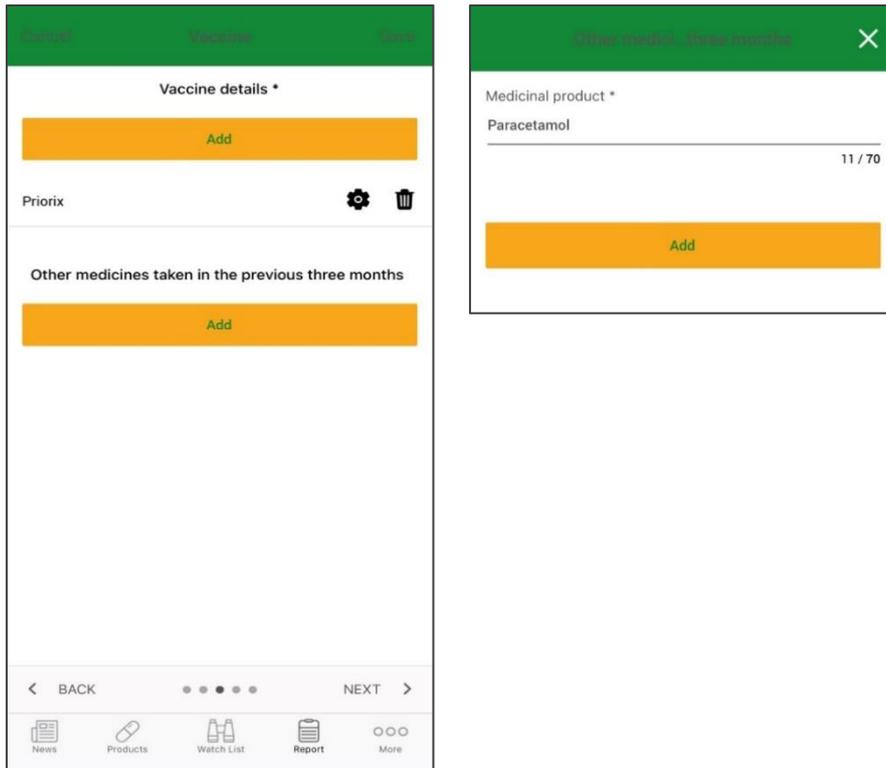
01 April 2022

Reconstitution date and time

20 March 2021, 12:00 PM

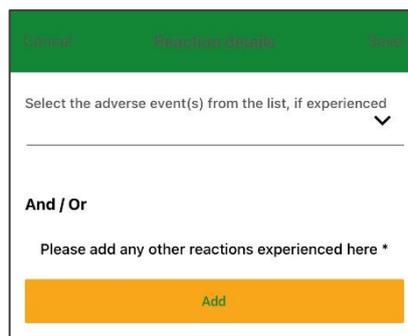
Add

- In the case where more than one vaccine was taken at the same time, you must report all products administered to the patient. You will need to fill out all information on each vaccine you are reporting as well as any diluents used to reconstitute the additional vaccines. Please also include the names of any other medicines or vaccines taken by the patient in the last 3 months.



The image displays two screenshots from a mobile application. The left screenshot shows the 'Vaccine details' screen, which includes a green header with 'Cancel', 'Vaccine details', and 'Next' buttons. Below the header is a section titled 'Vaccine details \*' with an orange 'Add' button. Underneath, the name 'Priorix' is listed with a settings gear icon and a trash can icon. A section titled 'Other medicines taken in the previous three months' also features an orange 'Add' button. At the bottom, there are navigation buttons for 'BACK' and 'NEXT', and a bottom menu with icons for 'News', 'Products', 'Watch List', 'Report', and 'More'. The right screenshot shows a modal titled 'Other medicines taken in the previous three months' with a close button (X). It contains a field for 'Medicinal product \*' with 'Paracetamol' entered and a character count '11 / 70'. An orange 'Add' button is at the bottom.

- On the fifth page, add details about any adverse events that the patient experienced. If the patient experienced adverse events of special interest (AESIs), select them from the list at the top of the screen. If other adverse events were experienced, include them by clicking on the “Add” button.

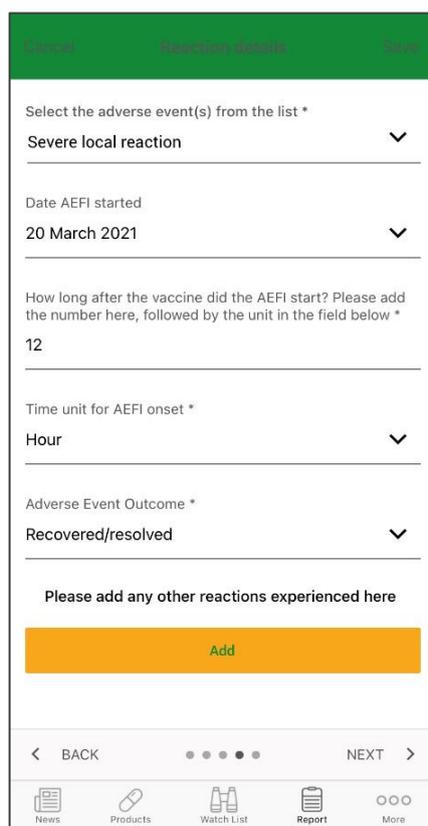


The image shows a screenshot of the 'Reaction details' screen. It has a green header with 'Cancel', 'Reaction details', and 'Next' buttons. The main content area includes a dropdown menu with the text 'Select the adverse event(s) from the list, if experienced' and a downward arrow. Below this is the text 'And / Or' and 'Please add any other reactions experienced here \*'. An orange 'Add' button is positioned at the bottom of the screen.

- If the patient experienced an AESI, click on the pre-defined drop-down list of AESIs in the first field and select the appropriate reaction(s).

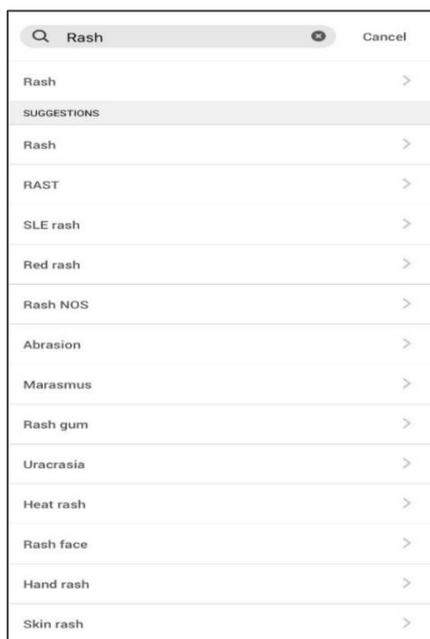
- Once you have selected reactions from the drop-down list, fill in the remaining fields on this page to provide additional information on the adverse events.
- You must specify the adverse event outcome in the appropriate field. Each option is explained in the table below.

Adverse event outcome	Definition
Recovered/resolved	The patient has fully healed from the reaction without any lasting effects
Recovering/resolving	The patient is in the healing process and displaying clear positive signs of recovery but has not yet fully healed
Not recovered/not resolved	The patient has not yet healed from the reaction and is not yet showing clear positive signs of recovery
Recovered/resolved with sequelae	The patient has healed from the reaction but there are lasting effects or implications as a result of the reaction
Fatal	The patient has passed away (upon selecting this option, you must include the patient's date of death and indicate whether an autopsy was done)
Unknown	The patient's status is not known

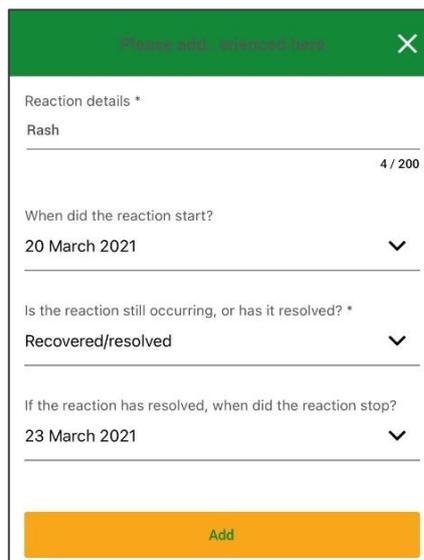


- If you are reporting an adverse event not included in the previous pre-defined list, click on “Add” on the “Reaction details” page to fill in information on the reaction.

- Type the reaction into the text field and select the most appropriate term from the suggested list which will appear as you type.  
- For example, if the patient had a rash, type in “Rash” and select the most appropriate option.



A search interface with a search bar containing 'Rash' and a 'Cancel' button. Below the search bar is a list of suggestions, each with a right-pointing arrow. The suggestions are: Rash, RASH, SLE rash, Red rash, Rash NOS, Abrasion, Marasmus, Rash gum, Uracrasia, Heat rash, Rash face, Hand rash, and Skin rash.



A 'Reaction details' form with a green header and a close button. The form contains the following fields:
 

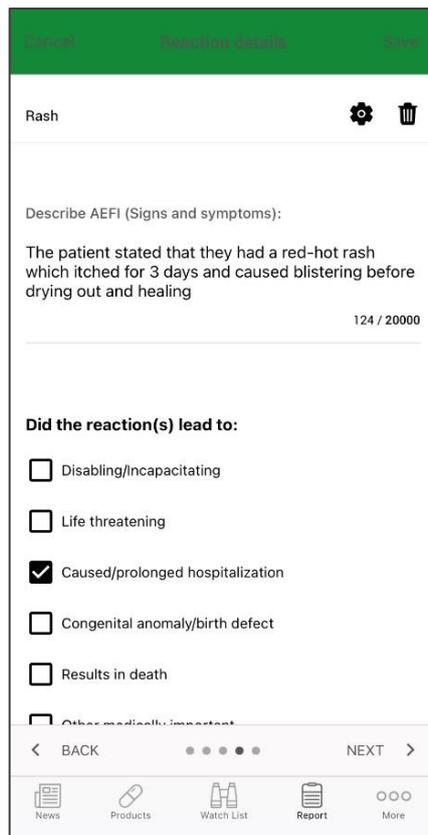
- Reaction details \* (with a character count of 4 / 200)
- When did the reaction start? (dropdown menu showing 20 March 2021)
- Is the reaction still occurring, or has it resolved? \* (dropdown menu showing Recovered/resolved)
- If the reaction has resolved, when did the reaction stop? (dropdown menu showing 23 March 2021)
- An orange 'Add' button at the bottom.

- Complete the remaining details associated with the reaction and click “Add” to include these details in the report.
- You must specify the adverse event outcome in the appropriate field. Each option is explained in the table below.

Adverse event outcome	Definition
Recovered/resolved	The patient has fully healed from the reaction without any lasting effects
Recovering/resolving	The patient is in the healing process and displaying clear positive signs of recovery but has not yet fully healed
Not recovered/not resolved	The patient has not yet healed from the reaction and is not yet showing clear positive signs of recovery
Recovered/resolved with sequelae	The patient has healed from the reaction but there are lasting effects or implications as a result of the reaction
Fatal	The patient has passed away (upon selecting this option, you must include the patient’s date of death and indicate whether an autopsy was done)
Unknown	The patient’s status is not known

- Repeat this step to add any other reactions that the patient has experienced.

- Once you have added all reactions, provide a more detailed description in the relevant field.
- *In this field, do not disclose any patient identifier details (such as their name, contact details, or physical address). Using the example of a rash, you might enter a description such as “The patient stated that they had a red-hot rash which itched for 3 days and caused blistering before drying out and healing”.*
- You should also specify the dose number that the patient received if you are reporting an adverse event following a patient’s third or fourth dose of a vaccine.
- To complete this page, select the outcome(s) of the reaction from the available options.  
- *Note, multiple outcomes can be selected if applicable.*



Rash

Describe AEFI (Signs and symptoms):

The patient stated that they had a red-hot rash which itched for 3 days and caused blistering before drying out and healing

124 / 20000

**Did the reaction(s) lead to:**

Disabling/incapacitating

Life threatening

Caused/prolonged hospitalization

Congenital anomaly/birth defect

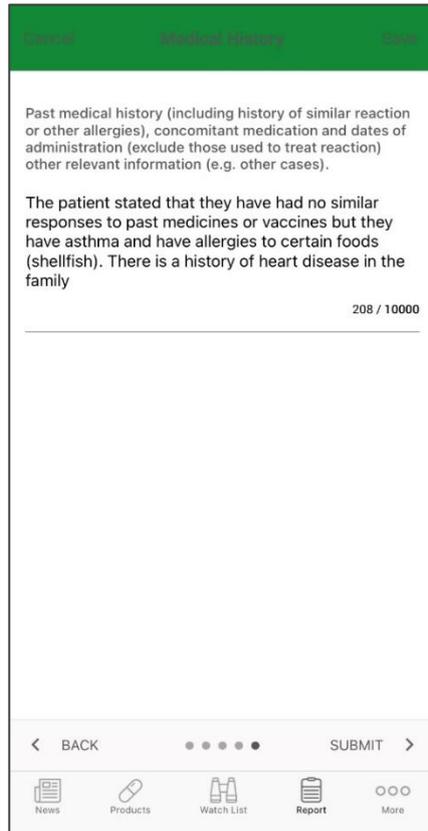
Results in death

Other medically important

< BACK      NEXT >

News   Products   Watch List   Report   More

- On the last page, add details of the patient’s relevant medical history before submitting the report. This includes information such as underlying medical conditions, allergies, family history, and any known adverse reactions to other medicines or vaccines in the past.
- *In this field, do not include any patient identifier information (such as the patient’s name, contact information, or physical address) in this field.*



Previous Medical History Next

Past medical history (including history of similar reaction or other allergies), concomitant medication and dates of administration (exclude those used to treat reaction) other relevant information (e.g. other cases).

The patient stated that they have had no similar responses to past medicines or vaccines but they have asthma and have allergies to certain foods (shellfish). There is a history of heart disease in the family

208 / 10000

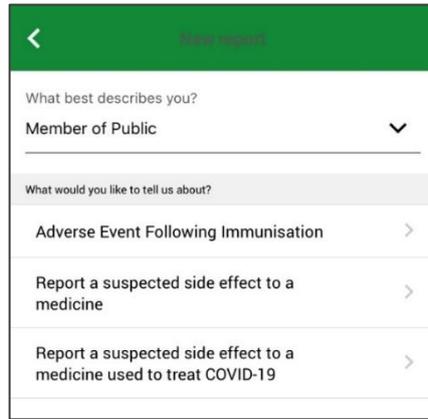
< BACK ●●●●● SUBMIT >

News Products Watch List Report More

- Before submission, use the “Back” arrow to review the full report and ensure that all information is as accurate as possible. Once you have reviewed your report, click “Submit” on the last page to submit it. Upon submission, you will receive a message in the app to confirm submission and an email acknowledgement of your submission.

## 7. How to use the Med Safety App to report a side effect to a vaccine (for the public)

- Click on “New Report” in the “Report” tab to create a new report.
- If you haven’t created an account, first indicate that you are a member of the public from the drop-down list on the screen. To report an adverse event from a vaccine, click on the option “Adverse Event Following Immunization”.



What best describes you?  
Member of Public

What would you like to tell us about?  
Adverse Event Following Immunisation  
Report a suspected side effect to a medicine  
Report a suspected side effect to a medicine used to treat COVID-19

- On the first page, enter your personal detail as the reporter. You must also enter your appropriate designation (whether you are a lawyer or a patient), your name, and your email address.  
- Note, if you have already created an account, information on this page will be automatically filled in.
- This page includes some information on your location - at a minimum, include your city, district, and state (or province).



Designation \*  
Patient/Consumer

Reporter first name \*  
Jane

Reporter last name \*  
Doe

Email \*  
janedoe@gmail.com

Telephone  
+23400000000000

House Number or Name

NEXT >



Reporter city  
Lagos

District  
Ikeja

Reporter state or province  
Lagos

Reporter postcode  
100271

I understand the privacy statement \*

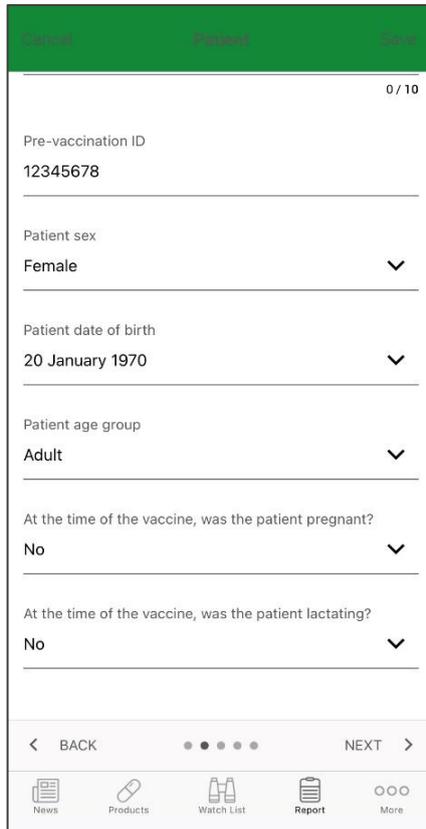
NEXT >

- On the second page, fill in more information about yourself as the patient if you are reporting an adverse event on behalf of yourself. You will need to complete at least one of the patient

identifiers to move onto the next page. These identifiers are patient initials, sex, age, and pre-vaccination ID number.

*- Note, if you are reporting an adverse event on behalf of someone else, enter their information as the patient on this screen.*

- *Please try to complete the pre-vaccination ID number as this helps regulators quickly access your medical records if investigations are needed. If you indicate that you are female, you must further indicate whether you were pregnant or lactating at the time of vaccination.*



0 / 10

Pre-vaccination ID  
12345678

Patient sex  
Female

Patient date of birth  
20 January 1970

Patient age group  
Adult

At the time of the vaccine, was the patient pregnant?  
No

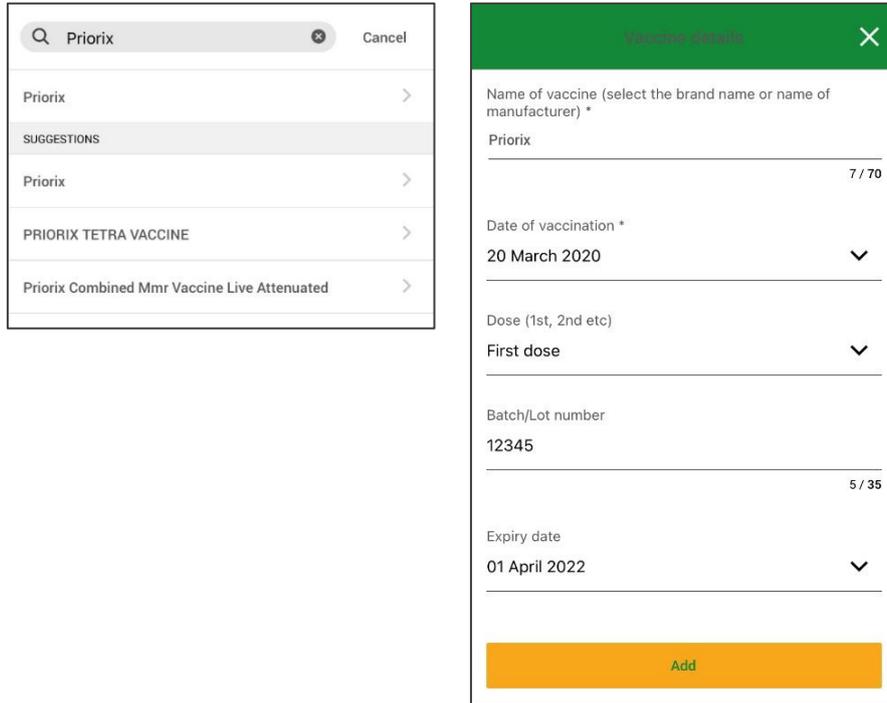
At the time of the vaccine, was the patient lactating?  
No

< BACK      ● ● ● ●      NEXT >

News    Products    Watch List    Report    More

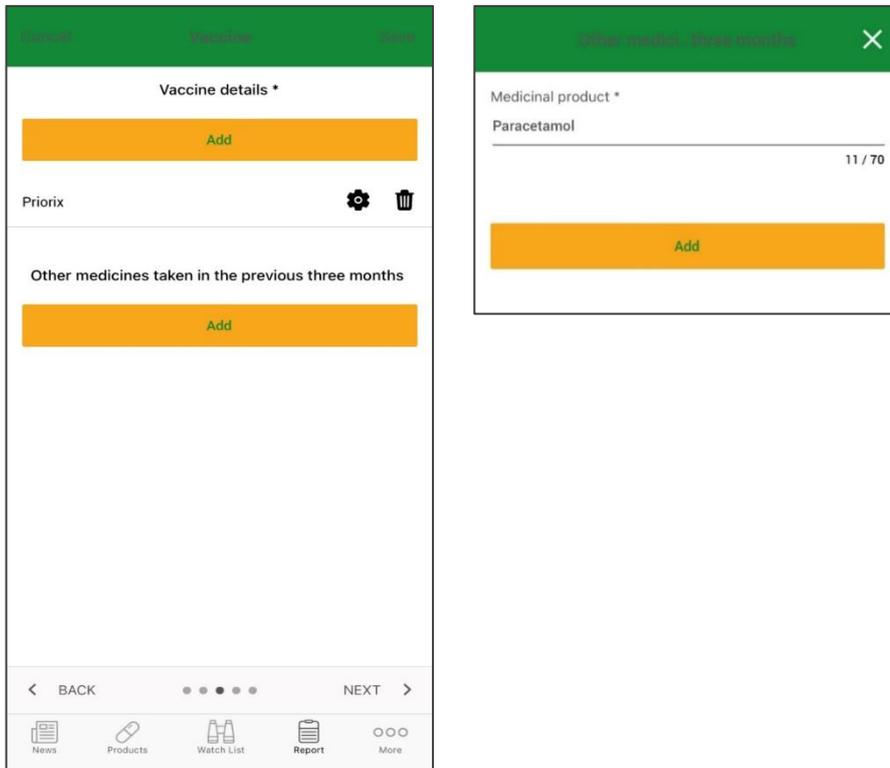
- On the third page, enter details of the vaccine which you suspect caused the adverse event. Click on “Add” to add a vaccine. First, fill in the name of the vaccine and select the correct option from the list (for example, Priorix). If you cannot find the vaccine name, type in as much information as you know about it in the search bar.  
*- For example, if you know that you received the Pfizer COVID-19 vaccine but cannot find the name of this vaccine in the app, type in “Pfizer COVID-19 vaccine”.*
- Select the date that you were vaccinated, and for which dose the adverse event was experienced. If the vaccine only requires one dose, select “First dose”. If the vaccine requires more than two doses and an adverse event was experienced after the third or fourth dose, do not make a selection in this field and rather specify the dose number in the “Describe AEFI” field on the “Reaction details” page of the form.

- Enter in the batch number for the vaccine which can be found in your vaccination card. If you are unsure of the batch number, type “Unknown” in this field.
- Click on “Add” at the bottom of the screen to add these details into the report.

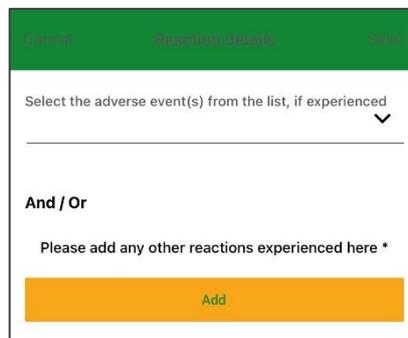


The image shows two screenshots from a mobile application. The left screenshot is a search interface with a search bar containing 'Priorix' and a 'Cancel' button. Below the search bar, there is a list of suggestions: 'Priorix', 'PRIORIX TETRA VACCINE', and 'Priorix Combined Mmr Vaccine Live Attenuated'. The right screenshot is a 'Vaccine Details' form with a green header and a close button. The form contains the following fields: 'Name of vaccine (select the brand name or name of manufacturer) \*' with 'Priorix' entered; 'Date of vaccination \*' with '20 March 2020' selected from a dropdown; 'Dose (1st, 2nd etc)' with 'First dose' selected from a dropdown; 'Batch/Lot number' with '12345' entered; and 'Expiry date' with '01 April 2022' selected from a dropdown. An orange 'Add' button is at the bottom of the form.

- In the case where more than one vaccine was taken at the same time, you must report all products administered to you. Please also include the names of any other medicines or vaccines that you have taken in the last 3 months.

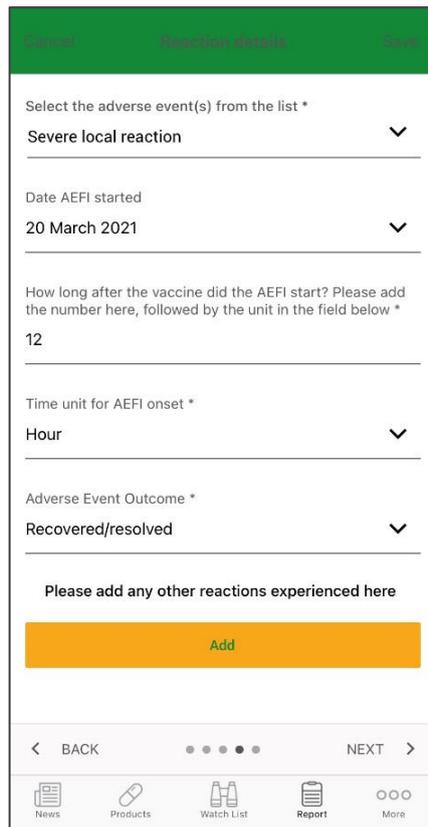


- On the fourth page, add details about any adverse events that you experienced. If you experienced one or more of the events included in the list at the top of the screen, select them there. If you experienced additional or other adverse events, include them by clicking on the “Add” button.



- Click on the pre-defined drop-down list in the first field. If you experienced one or more of the events included in the list, select the appropriate reaction(s).
- Once you have selected reactions from the drop-down list, fill in the remaining fields on this page to provide additional information on the adverse events.
- You must specify the adverse event outcome in the appropriate field. Each option is explained in the table below.

Adverse event outcome	Definition
Recovered/resolved	I have fully healed from the reaction without any lasting effects
Recovering/resolving	I am in the healing process and displaying clear positive signs of recovery but have not yet fully healed
Not recovered/not resolved	I have not yet healed from the reaction and am not yet showing clear positive signs of recovery
Recovered/resolved with sequelae	I have healed from the reaction but there are lasting effects or implications as a result of the reaction
Fatal	The patient has passed away (only select this option if you are reporting on behalf of someone who has passed away - upon selecting this option, you must include the date of death and indicate whether an autopsy was done)
Unknown	My status is not known



Reaction details

Select the adverse event(s) from the list \*

Severe local reaction

Date AEFI started

20 March 2021

How long after the vaccine did the AEFI start? Please add the number here, followed by the unit in the field below \*

12

Time unit for AEFI onset \*

Hour

Adverse Event Outcome \*

Recovered/resolved

Please add any other reactions experienced here

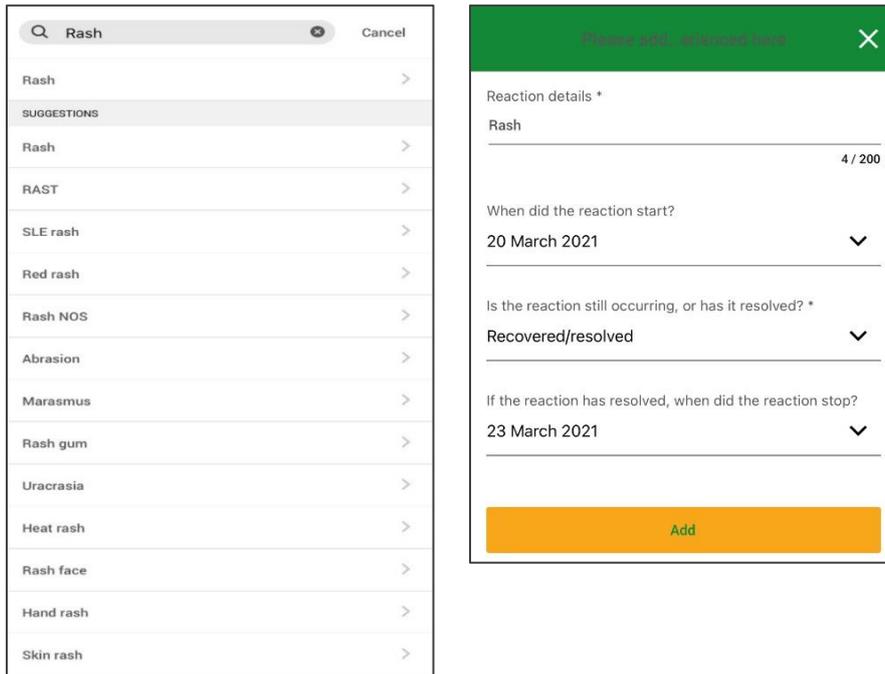
Add

BACK NEXT

News Products Watch List Report More

- If you are reporting an adverse event not included in the previous pre-defined list, click on “Add” on the “Reaction details” page to fill in information on the reaction.
- Type the reaction into the text field and select the most appropriate term from the suggested list which will appear as you type.  
- For example, if the patient had a rash, type in “Rash” and select the most appropriate option.

- Complete the remaining details associated with the reaction and click “Add” to include these details in the report.



The image shows two screenshots from a mobile application. The left screenshot is a search results page for the term 'Rash'. It features a search bar at the top with 'Rash' entered and a 'Cancel' button. Below the search bar, there is a list of suggestions, including 'Rash', 'RAST', 'SLE rash', 'Red rash', 'Rash NOS', 'Abrasion', 'Marasmus', 'Rash gum', 'Uracrasia', 'Heat rash', 'Rash face', 'Hand rash', and 'Skin rash'. The right screenshot is a form titled 'Please add a new reaction'. It has a green header with a close button. The form contains several fields: 'Reaction details \*' with a text input field containing 'Rash' and a character count '4 / 200'; 'When did the reaction start?' with a dropdown menu showing '20 March 2021'; 'Is the reaction still occurring, or has it resolved? \*' with a dropdown menu showing 'Recovered/resolved'; and 'If the reaction has resolved, when did the reaction stop?' with a dropdown menu showing '23 March 2021'. At the bottom of the form is a large orange button labeled 'Add'.

- Once you have added all reactions, provide a more detailed description in the relevant field.
- *In this field, do not disclose any personal identifier details (such as your name, contact details, or physical address). Using the example of a rash, you might enter a description such as “I had a red-hot rash which itched for 3 days and caused blistering before drying out and healing”.*
- You should also specify the dose number that you received if you are reporting an adverse event following your third or fourth dose of a vaccine.
- To complete this page, select the outcome(s) of the reaction from the available options.  
- *Note, multiple outcomes can be selected if applicable.*



Rash

Describe AEFI (Signs and symptoms):

I had a red-hot rash which itched for 3 days and caused blistering before drying out and healing

96 / 20000

**Did the reaction(s) lead to:**

Disabling/incapacitating

Life threatening

Caused/prolonged hospitalization

Congenital anomaly/birth defect

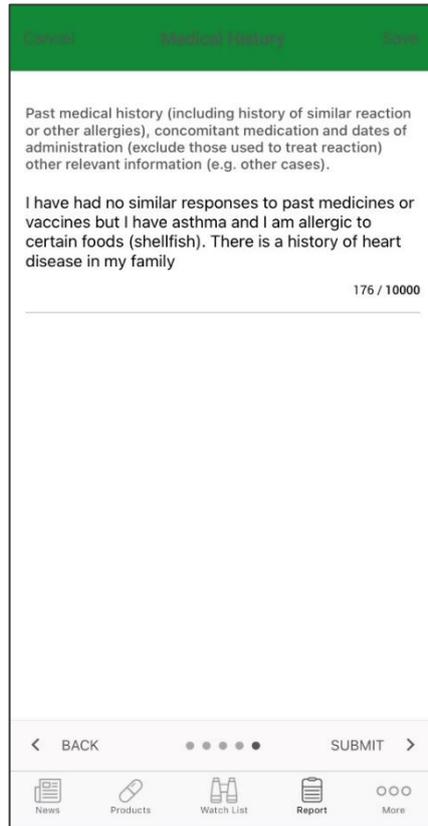
Results in death

Other medically important

< BACK      . . . . .      NEXT >

News    Products    Watch List    Report    More

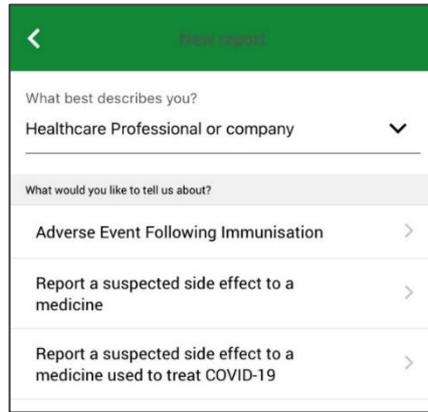
- On the last page, add details of your relevant medical history before submitting the report. This includes information such as underlying medical conditions, allergies, family history, and any known adverse reactions to other medicines or vaccines in the past.
- *In this field, do not include any personal identifier information (such as your name, contact information, or physical address).*



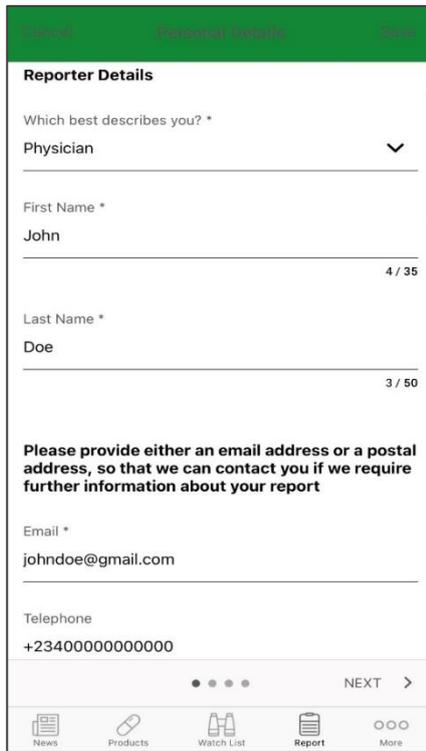
- Before submission, use the “Back” arrow to review the full report and ensure that all information is as accurate as possible. Once you have reviewed your report, click “Submit” on the last page to submit it. Upon submission, you will receive a message in the app to confirm submission and an email acknowledgement of your submission.

## 8. How to use the Med Safety App to report a side effect to a medicine (for healthcare professionals)

- Click on “New Report” in the “Report” tab to create a new report.
- If you haven’t created an account, first indicate that you are a healthcare professional from the drop-down list on the screen.
- To report an adverse event to a medicine, click on the option “Report a suspected side effect to a medicine”.



- On the first page, enter your personal details as the reporter as well as the patient's information. This includes some information on the patient's location - at a minimum, include the patient's city, district, and state (or province).  
*- Note, if you have already created an account, your information (as the reporter) will be automatically filled in.*
- *Your institution, city, and state (or province) are important to complete as this will help the EPI programme follow-up with you at the local level where this is required.*
- You will need to complete the at least one of the patient identifiers to move onto the next page. These identifiers are patient initials, sex, age, and local patient ID number.
- *Please try to complete the local patient ID number as this helps regulators quickly access patient records if investigations are needed. If you indicate that the patient is female, you will need to further indicate whether the patient was pregnant at the time of the adverse reaction and (if known) the patient's last menstrual date.*



**Reporter Details**

Which best describes you? \*

Physician

First Name \*

John

Last Name \*

Doe

**Please provide either an email address or a postal address, so that we can contact you if we require further information about your report**

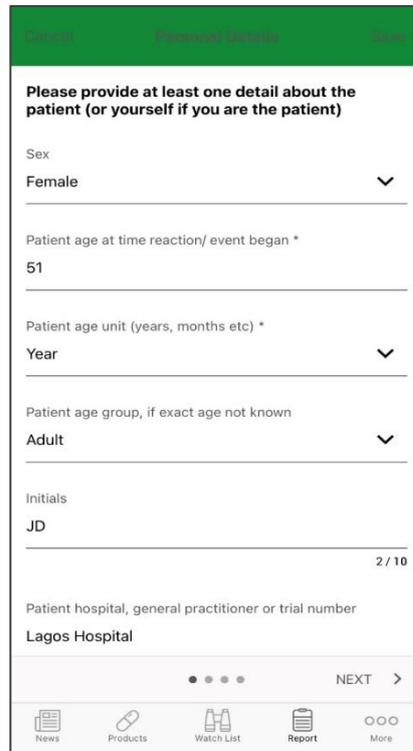
Email \*

johndoe@gmail.com

Telephone

+23400000000000

NEXT >



**Please provide at least one detail about the patient (or yourself if you are the patient)**

Sex

Female

Patient age at time reaction/ event began \*

51

Patient age unit (years, months etc) \*

Year

Patient age group, if exact age not known

Adult

Initials

JD

Patient hospital, general practitioner or trial number

Lagos Hospital

NEXT >

- On the second page, enter details of the medicine which you suspect caused the adverse event. First, fill in the name of the medicine and select the correct option from the list.
- If you cannot find the medicine's name, type in as much information as you know about it in the search bar. Fill in the remaining fields on this page to provide additional information on the medicine. In the case where more than one medicine is being used to treat a patient, you must report all medicines that the patient is taking.

Add Medicines
✕

---

Medicine \*

Paracetamol

---

11 / 70

Reason for taking medicine

Headache

---

8 / 250

Batch

12345

---

5 / 35

Dose (number) \*

500

---

Dose unit e.g. ml, mg \*

Mg milligram(s) ▼

---

Pharmaceutical form e.g. tablet, injection

Tablet

---

6 / 50

Route of administration

Oral ▼

---

Add Medicines
✕

---

Dose unit e.g. ml, mg \*

Mg milligram(s) ▼

---

Pharmaceutical form e.g. tablet, injection

Tablet

---

6 / 50

Route of administration

Oral ▼

---

When was the medicine started?

20 March 2021 ▼

---

Did the reaction(s) prevent the medicine from being taken as planned? For example, was the medicine stopped or the dosage reduced?

Drug withdrawn ▼

---

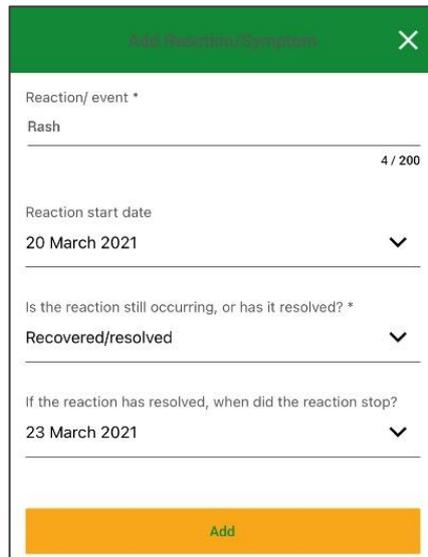
If the medicine has been stopped, when was it stopped?

23 March 2021 ▼

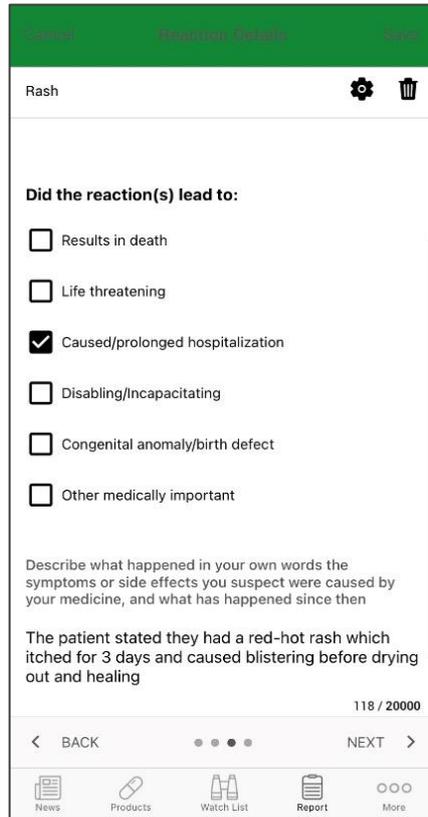
---

Add

- On the third page, add details about any adverse events the patient experienced. Click on “Add” and fill in information on the adverse event. Fill in a description in the top field and select the correct option from the available list.  
- *For example, if the patient had a rash, type in “Rash” and select the most appropriate option.*
- Complete the remaining details associated with the reaction and click “Add” to include these details in the report. Then, fill in the remaining fields on this page to provide additional information on the adverse events.



- If the patient experienced any other reactions, click on “Add” and fill in information on the adverse event, repeating the above process to add any other reactions that the patient has experienced.
- Once you have added all adverse events, select the outcome(s) of the reaction from the available options.  
- *Note, multiple outcomes can be selected if applicable.*
- To complete this page, provide more description on the reported adverse event in the relevant field.
- *Using the example of a rash, you might enter a description such as “The patient stated that they had a red-hot rash which itched for 3 days and caused blistering before drying out and healing”. Do not include any patient identifier information (such as the patient’s name, contact information, or physical address) in this field.*



Rash

**Did the reaction(s) lead to:**

Results in death

Life threatening

Caused/prolonged hospitalization

Disabling/Incapacitating

Congenital anomaly/birth defect

Other medically important

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

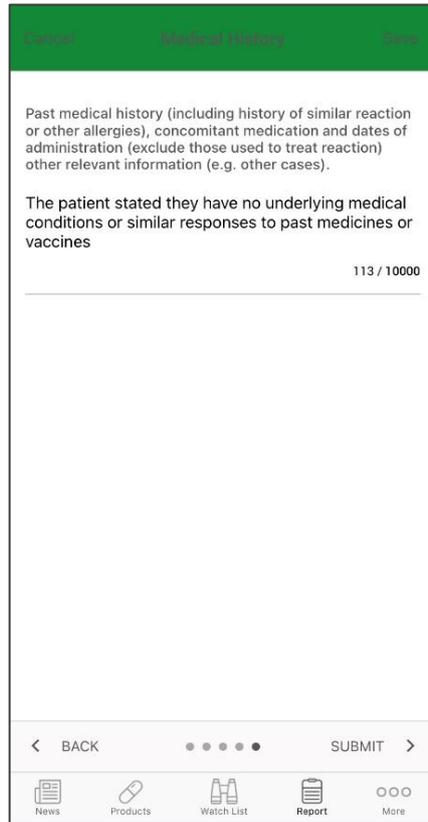
The patient stated they had a red-hot rash which itched for 3 days and caused blistering before drying out and healing

118 / 20000

< BACK      ● ● ● ●      NEXT >

News    Products    Watch List    Report    More

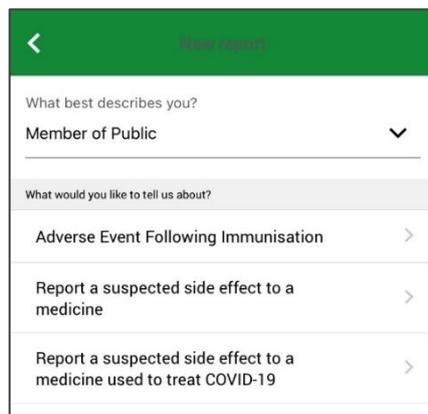
- On the last page, add details of the patient's relevant medical history before submitting the report. This includes information such as underlying medical conditions, allergies, family history, and any known adverse reactions to other medicines or vaccines in the past.
- *In this field, do not include any patient identifier information (such as the patient's name, contact information, or physical address).*



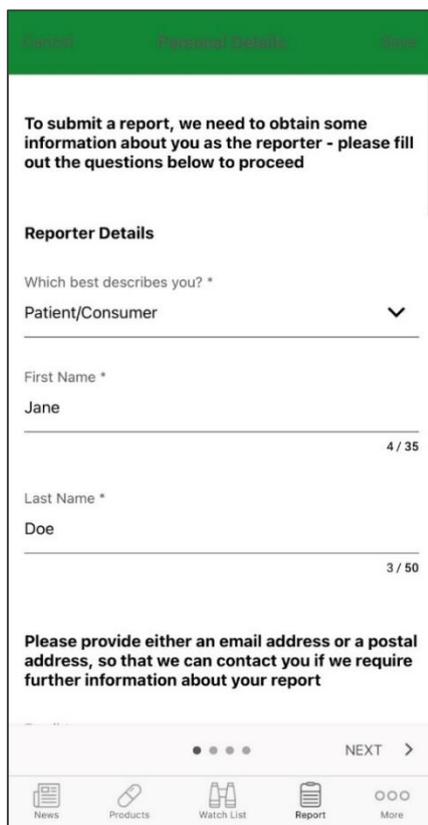
- Before submission, use the “Back” arrow to review the full report and ensure that all information is as accurate as possible. Once you have reviewed your report, click “Submit” on the last page to submit it. Upon submission, you will receive a message in the app to confirm submission and an email acknowledgement of your submission.

## 9. How to use the Med Safety App to report a side effect to a medicine (for the public)

- Click on “New Report” in the “Report” tab to create a new report.
- If you haven’t created an account, first indicate that you are a member of the public from the drop-down list on the screen. To report an adverse event to a medicine, click on the option “Report a suspected side effect to a medicine”.



- On the first page, enter your personal detail as the reporter. First, enter your appropriate designation (whether you are a lawyer or a patient) and full name.  
- *Note, if you have already created an account, information on this page will be automatically filled in.*
- Then, fill in your contact information. This includes some information on your location - at a minimum, include your city, district, and state (or province). Lastly, you will need to complete at least one of the patient identifiers to move onto the next page. These identifiers are your initials, sex, and age.  
- *Note, if you are reporting an adverse event on behalf of someone else, enter their information in the patient identifier fields.*
- If known, enter your weight and height (or the patient's weight and height if you are reporting on behalf of someone else).
- *If you indicate that you are female, you will need to further indicate whether you were pregnant at the time of the adverse reaction and (if known) your last menstrual date.*



Home Personal Details More

To submit a report, we need to obtain some information about you as the reporter - please fill out the questions below to proceed

**Reporter Details**

Which best describes you? \*

Patient/Consumer

First Name \*

Jane

4 / 35

Last Name \*

Doe

3 / 50

Please provide either an email address or a postal address, so that we can contact you if we require further information about your report

● ● ● ● NEXT >

News Products Watch List Report More



Home Personal Details More

Please provide at least one detail about the patient (or yourself if you are the patient)

Sex

Female

Patient age at time reaction/ event began \*

51

Patient age unit (years, months etc) \*

Year

Patient age group, if exact age not known

Adult

Initials

JD

2 / 10

Patient hospital, general practitioner or trial number

Lagos Hospital

● ● ● ● NEXT >

News Products Watch List Report More

- On the second page, enter details of the suspected medicine. First, fill in the name of the medicine and select the correct option from the list. If you cannot find the medicine's name, type in as much information as you know about it in the search bar.

- Fill in the remaining fields on this page to provide additional information on the medicine. In the case where more than one medicine is being used, you must report all medicines that are being tak.

Add Medicines
✕

Medicine \*

Paracetamol 11 / 70

---

Reason for taking medicine

Headache 8 / 250

---

Batch

12345 5 / 35

---

Dose (number) \*

500

---

Dose unit e.g. ml, mg \*

Mg milligram(s) ▼

---

Pharmaceutical form e.g. tablet, injection

Tablet 6 / 50

---

Route of administration

Oral ▼

---

Add Medicines
✕

Dose unit e.g. ml, mg \*

Mg milligram(s) ▼

---

Pharmaceutical form e.g. tablet, injection

Tablet 6 / 50

---

Route of administration

Oral ▼

---

When was the medicine started?

20 March 2021 ▼

---

Did the reaction(s) prevent the medicine from being taken as planned? For example, was the medicine stopped or the dosage reduced?

Drug withdrawn ▼

---

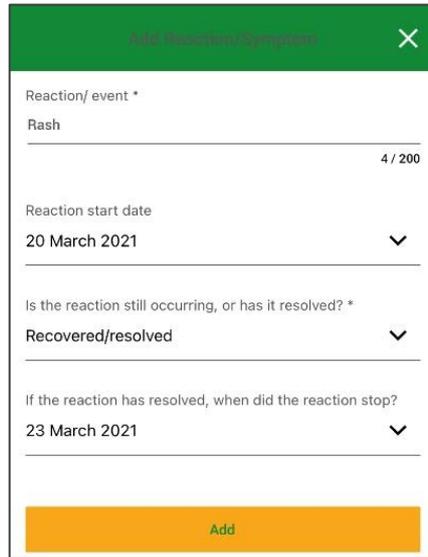
If the medicine has been stopped, when was it stopped?

23 March 2021 ▼

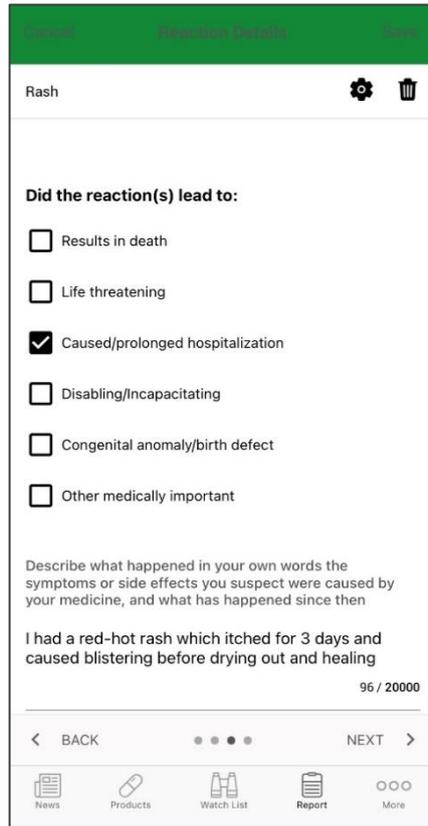
---

Add

- On the third page, add details about any adverse events you experienced. Click on “Add” and fill in information on the adverse event. Fill in a description in the top field and select the correct option from the available list.  
- For example, if you had a rash, type in “Rash” and select the most appropriate option.
- Complete the remaining details associated with the reaction and click “Add” to include these details in the report. Then, fill in the remaining fields on this page to provide additional information on the adverse events.

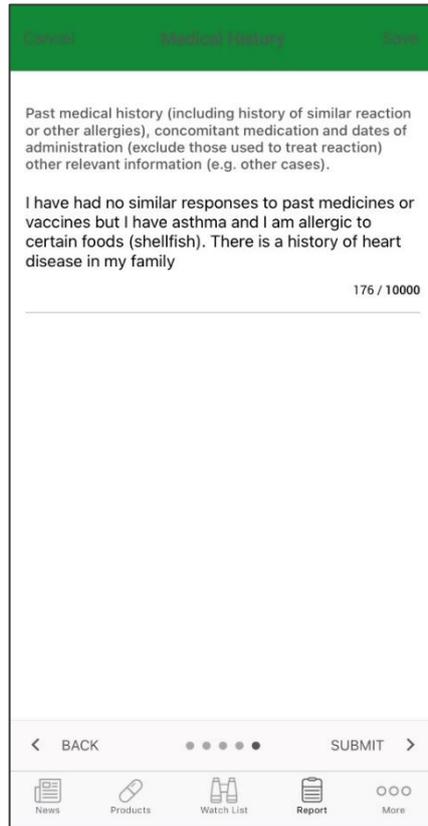


- If you experienced any other reactions, click on “Add” and fill in information on the adverse event, repeating the above process to add any other reactions that you experienced.
- Once you have added all adverse events, select the outcome(s) of the reaction from the available options.  
- *Note, multiple outcomes can be selected if applicable.*
- To complete this page, provide more description on the reported adverse event in the relevant field.
- *Using the example of a rash, you might enter a description such as “I had a red-hot rash which itched for 3 days and caused blistering before drying out and healing”. Do not include any personal identifier information (such as your name, contact information, or physical address) in this field.*



The screenshot shows a mobile application interface for reporting a reaction. At the top, there is a green header with the text "Reaction Details" and a "Back" button. Below the header, the word "Rash" is displayed, followed by a settings gear icon and a trash can icon. The main section is titled "Did the reaction(s) lead to:" and contains six checkboxes with corresponding text: "Results in death", "Life threatening", "Caused/prolonged hospitalization" (which is checked), "Disabling/Incapacitating", "Congenital anomaly/birth defect", and "Other medically important". Below this is a text input field with the prompt: "Describe what happened in your own words the symptoms or side effects you suspect were caused by your medicine, and what has happened since then". The user has entered the text: "I had a red-hot rash which itched for 3 days and caused blistering before drying out and healing". A character count "96 / 20000" is visible at the bottom right of the text area. At the bottom of the screen, there is a navigation bar with "BACK" and "NEXT" buttons, and a row of icons for "News", "Products", "Watch List", "Report", and "More".

- On the last page, add details of your relevant medical history before submitting the report. This includes information such as underlying medical conditions, allergies, family history, and any known adverse reactions to other medicines or vaccines in the past.
- *In this field, do not include any patient identifier information (such as your name, contact information, or physical address).*



The screenshot shows a mobile application interface with a green header bar containing three tabs: "General", "Medical History", and "Other". The "Medical History" tab is selected. Below the header, there is a text input area with the following instructions: "Past medical history (including history of similar reaction or other allergies), concomitant medication and dates of administration (exclude those used to treat reaction) other relevant information (e.g. other cases)." The user has entered the text: "I have had no similar responses to past medicines or vaccines but I have asthma and I am allergic to certain foods (shellfish). There is a history of heart disease in my family". A character count "176 / 10000" is visible on the right side of the text area. At the bottom of the screen, there is a navigation bar with a "BACK" button on the left and a "SUBMIT" button on the right. Below the navigation bar is a menu with five items: "News", "Products", "Watch List", "Report", and "More", each with a corresponding icon.

- Before submission, use the “Back” arrow to review the full report and ensure that all information is as accurate as possible. Once you have reviewed your report, click “Submit” on the last page to submit it. Upon submission, you will receive a message in the app to confirm submission and an email acknowledgement of your submission.