

**VICH GL 42 (PHARMACOVIGILANCE)**

**November 2005**

**For consultation at Step 4 - Draft 1**

# PHARMACOVIGILANCE OF VETERINARY MEDICINAL PRODUCTS – DATA ELEMENTS FOR SUBMISSION OF ADVERSE EVENT REPORTS

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Recommended for Consultation

at Step 4 of the VICH Process

on 2 November 2005

by the VICH Steering Committee

This Guideline has been developed by the appropriate VICH Expert Working Group and is subject to consultation by the parties, in accordance with the VICH Process. At Step 7 of the Process the final draft will be recommended for adoption to the regulatory bodies of the European Union, Japan and USA.

# **PHARMACOVIGILANCE OF VETERINARY MEDICINAL PRODUCTS**

## **Data Elements for Submission of Adverse Event Reports**

### **I. Introduction**

Pharmacovigilance of veterinary medicinal products (VMPs) is important to guarantee the continued safety and efficacy of VMPs in use. The objective of this guidance document is to standardise the data for submission of adverse events relating to VMPs. A consistent set of data will contribute to a harmonised approach for the detection and investigation of adverse effects of marketed VMPs and thus help to increase public and animal health.

### **II. Scope**

The scope of this guidance document is to describe the specific data elements to be used for the submission and exchange of spontaneous adverse event reports (AER) between marketing authorisation holders (MAH) and regulatory authorities (RA). For the purpose of this guidance document, refer to the definitions given in VICH GL 24 (Management of Adverse Event Reports) under III. For the purpose of electronic reporting, this document should be read together with GL 30 (Controlled Lists of Terms), GL 35 (Electronic Standards for Transfer of Data), and other relevant VICH guidelines.

This guidance document applies also to the minimum information for the collection of the AER information. The mandatory data elements described in this guidance document are required to submit the AER. The MAH will strive to collect the information necessary to complete all the data elements in this guidance document. The submission of unstructured data not described in this guidance document, such as clinical records or images, is outside the scope of this guidance.

### **III. Format and Description of Data Elements**

The data elements are sufficiently comprehensive to cover complex reports from most sources, different sets and transmission situations or requirements. Structured data are strongly recommended to facilitate consistent data input, submission, and analysis. Controlled vocabularies and lists of terms have been developed for this purpose (see GL 30). In certain instances, there are provisions for the submission of some unstructured free text items.

Data elements, as defined in this document, need also be translated for electronic transmission of AER information. These issues are addressed in GL-30 and GL-35.

The specific data elements are described below. User guidances are presented *in italics* and notes for the transmission format are included as SMALL CAPITALS. To fill an AER related to human exposure to VMP(s), refer to Appendix 1 entitled *User Guideline for Submission of Human AERs*.

## ***A. Administrative and Identification Information***

### **A.1 Regulatory Authority (RA)**

RA name

Street address

City

State/county

Mail/zip code

Country (2 character country codes ISO 3166)

*User guidance: Mandatory. RA where the AER was initially submitted.*

NOTE CONCERNING SUBMISSION: TEXT

### **A.2 Marketing Authorisation Holder (MAH)**

#### **A.2.1 MAH Information**

Business name

Street address

City

State/county

Mail/zip code

Country (2 character country codes ISO 3166)

*User guidance: Mandatory. MAH where the AER has occurred.*

#### **A.2.2 Person Acting on Behalf of MAH**

Title

First name

Last name

Telephone

Fax

e-mail

*User guidance: Optional. The person acting on behalf of the MAH is the contact person for this AER and its contents.*

NOTE CONCERNING SUBMISSION: TEXT

### **A.3 Persons Involved in the AER**

#### **A.3.1 Attending Veterinarian**

First name

Last name

Business name

Street address

City

State/county

Mail/zip code

Country (2 character country codes ISO 3166)

Telephone

Fax

e-mail

*User guidance: Optional. Veterinarian or other health professional. If no attending veterinarian then enter "NONE" in the "First name" field. If attending veterinarian requests not to be identified, then enter "WITHHELD" in the "First name" field. If "WITHHELD" submit veterinarian's geographic information as privacy legislation allows.*

NOTE CONCERNING SUBMISSION: TEXT

#### **A.3.2 Animal Owner**

*User guidance: Optional. Animal owner, owner's agent or tender of the animal(s). If animal owner requests not to be identified, then enter "WITHHELD" in the "First name" field. If "WITHHELD" submit veterinarian's geographic information as privacy legislation allows.*

NOTE CONCERNING SUBMISSION: TEXT

### **A.3.3 Primary Reporter Category**

*User guidance: Mandatory. The individual/organization providing the primary information for the AER. An Agent acting for the owner will be entered as the animal owner (A.3.2).*

NOTE CONCERNING SUBMISSION: LIST: VETERINARIAN, ANIMAL OWNER, PHYSICIAN, PATIENT, OTHER HEALTH PROFESSIONAL, OTHER

## **A.4 AER Information**

### **A.4.1 Unique AER Identification Number**

*User guidance: Mandatory. Globally unique identifier for the AER, designated by the MAH or RA, to be referred to in future follow-ups. Two character country code-MAH or RA initials-unique number (e.g. US-MER-xxxxx, US-FDA-xxxxx)*

NOTE CONCERNING SUBMISSION: TEXT

### **A.4.2 Date [AER Received by MAH](#)**

*User guidance: Mandatory. Date AER received by MAH.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

### **A.4.3 Date of Current Submission**

*User guidance: Mandatory. Date current AER submitted to RA.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

## **A.4.4 Type of Report**

### **A.4.4.1 Type of Submission**

*User guidance: Mandatory.*

NOTE CONCERNING SUBMISSION: LIST: EXPEDITED, PERIODIC, FOLLOWUP, NULLIFICATION

#### **A 4.4.2 Reason for Nullification Report**

*User guidance: Mandatory if nullification is checked in A.4.4.1.*

NOTE CONCERNING SUBMISSION: TEXT

#### **A.4.4.3 Type of Information in Report**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: LIST: SAFETY ISSUE, LACK OF EXPECTED EFFICACY, BOTH, OR OTHER

## ***B. Description of the AE***

### **B.1 Animal Data**

*User guidance: Except for B.1.1, data relates to the affected animals only.*

#### **B.1.1 Number of Animals Treated**

*User guidance: Optional. (Estimated) number of animals treated.*

NOTE CONCERNING SUBMISSION: INTEGER

#### **B.1.2 Number of Animals Affected**

*User guidance: Mandatory. (Estimated) number of animals affected in the AER which will also include indirectly exposed animals, e.g. treated during pregnancy or lactation, co-mingled, infectious spread, et cetera.*

NOTE CONCERNING SUBMISSION: INTEGER

#### **B.1.3 Species**

*User guidance: Mandatory. In case of human AE, species is “human”.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED) (INCLUDES HUMAN)

#### **B.1.4 Breed**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

#### **B.1.5 Gender**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: LIST: FEMALE, MALE, FEMALE NEUTERED, MALE NEUTERED, MIXED,  
UNKNOWN

## **B.1.6 Physiological Status**

*User guidance: Optional: For male animals select “Not Applicable”.*

NOTE CONCERNING SUBMISSION: LIST: PREGNANT-LACTATING, NONPREGNANT - LACTATING, PREGNANT - NONLACTATING, NONPREGNANT - NONLACTATING, MIXED, NOT APPLICABLE, UNKNOWN

## **B.1.7 Weight**

### **B.1.7.1 Minimum Weight**

*User guidance: Optional. For groups of animals, estimated minimum weight of an individual in kilos of the animals affected. For a single animal the weight goes in the minimum weight field.*

NOTE CONCERNING SUBMISSION: NUMBER (2 DECIMALS)

### **B.1.7.2 Maximum Weight**

*User guidance: Optional. For groups of animals, estimated maximum weight of an individual.*

NOTE CONCERNING SUBMISSION: NUMBER (2 DECIMALS)

### **B.1.7.3 Exact, Approximate, Unknown Weights**

*User guidance: Mandatory if minimum or maximum weight is specified.*

NOTE CONCERNING SUBMISSION: TEXT LIST: EXACT, APPROXIMATE, UNKNOWN

## **B.1.8 Age**

### **B.1.8.1 Minimum Age**

*User guidance: Optional. (Estimated) Age of the animal(s) affected. For a single animal the age goes in the minimum age field.*

NOTE CONCERNING SUBMISSION: NUMBER

### **B.1.8.2 Maximum Age**

*User guidance: Optional. For groups of animals, estimated maximum age of an individual.*

NOTE CONCERNING SUBMISSION: NUMBER

### **B.1.8.3 Age Units**

*User guidance: Mandatory if minimum or maximum age is specified.*

NOTE CONCERNING SUBMISSION: LIST: MINUTES, HOURS, DAYS, WEEKS, MONTHS, YEARS

### **B.1.8.4 Exact, Approximate, Unknown Age**

*User guidance: Mandatory if minimum or maximum age is specified.*

NOTE CONCERNING SUBMISSION: LIST: EXACT, APPROXIMATE, UNKNOWN

### **B.1.9 Purpose for Use of VMP(s)**

*User guidance: Mandatory. The actual reason for use should be noted, not by default the registered indication(s). “Unknown” may be entered if unknown. Single field per AER.*

NOTE CONCERNING SUBMISSION: TEXT

## **B.2 VMP(s) Data and Usage**

*User guidance: The set of fields in B.2.1 – B.2.16.2 should be repeated for each VMP involved in the AE with as much information as is available.*

### **B.2.1 Registered or Brand Name**

*User guidance: Mandatory for MAH’s product(s). For all other non-MAH products, provide brand name(s) in B.2.1, or active ingredient(s) in B.2.3. Registered or Brand name of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT

## **B.2.2 Registration Identifier**

*User guidance: Mandatory for MAH's product(s) unless cannot be determined due to insufficient information from reporter, then "Cannot Be Determined" is entered. Optional for other MAHs' VMP(s). Registration number of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT

## **B.2.3 Active Ingredient(s)**

*User guidance: Mandatory for MAH product(s). For all other non-MAH products, provide brand name(s) in B.2.1, or active ingredient(s) in B.2.3.*

NOTE CONCERNING SUBMISSION: REPEATABLE TEXT FIELD

## **B.2.4 Anatomical Therapeutic Chemical Vet (ATCvet) Code**

*User guidance: Mandatory for MAH product(s). To be used for RA searching purposes. For purposes of AER submission this is not to be used to define "same" or "similar" VMPs. If not readily available, then "Unknown" may be entered.*

NOTE CONCERNING SUBMISSION: TEXT

## **B.2.5 Strength**

### **B.2.5.1 Strength**

*User guidance: Mandatory for MAH's product(s) unless cannot be determined due to insufficient information from reporter, then "Cannot be determined" is entered. Optional for all other non-MAH products. Concentration of the active pharmaceutical ingredient of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: REPEATABLE NUMERIC FIELD

### **B.2.5.2 Strength Unit**

*User guidance: Mandatory if strength specified.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

### **B.2.6 Dosage Form**

*User guidance: Optional. Dosage form of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

### **B.2.7 Company or MAH**

*User guidance: Optional. Company or MAH involved with the VMP(s) involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT

### **B.2.8 Lot Number**

*User guidance: Optional. Lot number of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT

### **B.2.9 Expiry Date**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

### **B.2.10 Route of Exposure**

*User guidance: Optional. Route of exposure/administration of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

### **B.2.11 Dose per Administration**

*User guidance: Optional. Dose administered, not by default the dosage as registered.*

NOTE CONCERNING SUBMISSION: TEXT

### **B.2.12 Interval of Administration**

*User guidance: Optional. Interval of administration or frequency of administration of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

### **B.2.13 Date of First Exposure**

*User guidance: Optional. (Approximate) date of first exposure/treatment with VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

### **B.2.14 Date of Last Exposure**

*User guidance: Optional. (Approximate) date of last exposure/treatment with VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

### **B.2.15 Who Administered the VMP**

*User guidance: Optional. Category of the person who administered the VMP involved in the AE. An Agent acting for the owner will be entered as the owner.*

NOTE CONCERNING SUBMISSION: LIST: VETERINARIAN, ANIMAL OWNER, PHYSICIAN, PATIENT, OTHER HEALTH PROFESSIONAL; UNKNOWN

### **B.2.16 Use According to Label**

#### **B.2.16.1 Use According to Label**

*User guidance: Optional. Information on whether the VMP was used according to its label recommendations.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN

### **B.2.16.2 Explanation for Off-Label Use**

*User guidance: Optional. Explanation on why the VMP was not used according to its label recommendations. To be filled only if 'no' was selected in B.2.16.1*

NOTE CONCERNING SUBMISSION: LIST OF TERMS (TO BE DETERMINED)

## **B.3 Adverse Event Data**

### **B.3.1 Date of Onset of AE**

*User guidance: Mandatory. (Approximate) date on onset of the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: DAY, MONTH, YEAR

### **B.3.2 Length of Time Between Exposure to Primarily Suspect VMP(s) and Onset of AE**

*User guidance: Optional. Length of time refers to the difference between B.2.13 and B.3.1. Suggested intervals may include <2 minutes, <1 hour, <12 hours, <48 hours, <7 days, <14 days, <30 days.*

NOTE CONCERNING SUBMISSION: LIST: TO BE DETERMINED

### **B.3.3 Duration of AE**

*User guidance: Approximate length of time the AE lasted.*

#### **B.3.3.1 Duration**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: INTEGER

#### **B.3.3.2. Time Unit**

*User guidance: Optional.* NOTE CONCERNING SUBMISSION: LIST: MINUTES, HOURS, DAYS

### **B.3.4 Serious AER**

*User guidance: Mandatory. To be completed (Yes/No) by MAH.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO

### **B.3.5 Narrative of AE**

*User guidance: Mandatory. Describe the sequence of events including:*

- *administration of VMP(s)*
- *all clinical signs*
- *sites of reaction*
- *severity*
- *pertinent laboratory test results*
- *necropsy results*
- *possible contributing factors*
- *treatment of AE*
- *relevant medical history*
- *reason for use of VMP*
- *comment on assessment (veterinarian's or MAH's)*

NOTE CONCERNING SUBMISSION: TEXT

### **B.3.6 Adverse Clinical Manifestations**

*User guidance: Mandatory. Adverse clinical manifestations observed in the AE.*

NOTE CONCERNING SUBMISSION: LIST (TO BE DETERMINED)

**NOTE: The intention of EWG is to capture clinically significant diagnostic results in a systematic/standardized format.**



### **B.3.7 Treatment of AE**

*User guidance: Optional. If the AE was treated, description of the treatment should be done in the narrative B.3.5.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN

### **B.3.8 Outcome to Date**

B.3.8.1 Ongoing

B.3.8.2 Recovered

B.3.8.3 Alive with Sequelae

B.3.8.4 Died

B.3.8.5 Euthanized

B.3.8.6 Unknown

*User guidance: Optional. The number of animal(s) in each category should be given. Sequelae mean irreversible effects. The total number from B.3.8.1 to B.3.8.6 should be equal to B.1.2.*

NOTE CONCERNING SUBMISSION: INTEGER

## **B.4 Dechallenge-Rechallenge Information**

*User guidance: The information in this section relates to affected animal(s).*

### **B.4.1 Previous Exposure to the Primarily Suspect VMP(s)**

*User guidance: Optional. Only exposures outside the dates mentioned in B.2.13 and B.2.14. If yes is selected, put the dates of previous exposure in the narrative B.3.5.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN

### **B.4.2 Previous AE to the Primarily Suspect VMP(s)**

*User guidance: Optional. Only clinical manifestations outside those mentioned in B.3.6. If yes is selected, put the clinical signs in the narrative B.3.5.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN

### **B.4.3 Did AE Abate After Stopping the Primarily Suspect VMP(s)**

*User guidance: Optional. 'Not applicable' is used when there is no repeated dose or long-lasting signs.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN, NOT APPLICABLE

### **B.4.4 Did AE Reappear After Re-introduction of the Primarily Suspect VMP(s)**

*User guidance: Optional. 'Not applicable' is used when the primarily suspect VMP(s) is not stopped or not re-introduced.*

NOTE CONCERNING SUBMISSION: LIST: YES, NO, UNKNOWN, NOT APPLICABLE

## **B.5 Assessment of AE**

### **B.5.1 Attending Veterinarian's Assessment**

*User guidance: Optional. Assessment of the attending veterinarian on the association between the VMP(s) and the AE (other than human).*

NOTE CONCERNING SUBMISSION: LIST: PROBABLE, POSSIBLE, UNKNOWN, UNLIKELY, NO ASSESSMENT,  
NO ATTENDING VET

### **B.5.2 MAH Assessment**

*User guidance: Optional. Assessment of the MAH on the association between the primarily suspect VMP(s) and the AE. Description of the categories in the list is provided in Appendix 2.*

NOTE CONCERNING SUBMISSION: LIST: PROBABLE, POSSIBLE, UNKNOWN, UNLIKELY, NO  
ASSESSMENT

## **B.6 RA Use Only**

### **B.6.1 RA Assessment**

*This field is for RA use only – is not required for MAH to complete/transmit/maintain this field.*

*Assessment of the Regulator on the association between the primary suspect VMP(s) and the AE. Description of the categories in the list is provided in Appendix 2.*

NOTE CONCERNING SUBMISSION: LIST: PROBABLE, POSSIBLE, UNKNOWN, UNLIKELY,  
NO ASSESSMENT

### **B.6.2 Report Number(s) of Linked Report(s)**

*This field is for RA use only. This section should be used to identify reports that warrant being evaluated together.*

NOTE CONCERNING SUBMISSION: TEXT

### **B.6.3 Explanation Relating to Assessment**

*This field is for RA use only.*

NOTE CONCERNING SUBMISSION: TEXT

## **Appendix 1**

### **User Guideline for Submission of Human AERs**

To fill an AER related to human exposure to VMP(s), the following user guidance should be considered:

- A.3.1 Enter the information on the 'attending physician'
- A.3.2 Enter the information on the person exposed to the VMP(s)
- B.1 Relates to the person exposed to the VMP(s)
  - B.1.3 Select 'human'
  - B.1.4 Not applicable for humans
  - B.1.6 Not applicable for humans
  - B.1.9 For most report 'accidental exposure' will be entered
  - B.2.10 Indicate the route of exposure
  - B.2.11 Indicate the dose to which the person was exposed
  - B.2.12 For most reports 'once' will be entered
  - B.2.14 For most reports there will be no date entered
  - B.2.15 Not applicable
  - B.2.16.1 Not applicable
  - B.2.16.2 Not applicable
- B.5.1 Assessment of attending physician

## Appendix 2

### Assessment Categories

MAH and RA may comment on whether they consider that there is an association between the VMP(s) and the AE reported. Four categories indicating the assessment of the likelihood of this association can be made.

**PROBABLE:** For inclusion in the category 'probable', all of the following minimum criteria should be met:

- There should be a reasonable association in time between the administration of the VMP and onset and duration of the reported AE.
- The description of the clinical phenomena should be consistent with, or at least plausible, given the known pharmacology and toxicology of the VMP.
- There should be no other equally plausible explanations for the AE.

When any of the above criteria cannot be satisfied (due to lack of sufficient information or conflicting data) then the association cannot be assessed as 'probable'.

**POSSIBLE:** For inclusion in the category 'possible', association of the AE with administration of the primarily suspect VMP(s) is one of other possible and equally plausible explanations for the described event.

**UNLIKELY:** Where sufficient information exists to establish that the described event was not likely to have been associated with administration of the VMP(s), or other more plausible explanations exist, the assessment should be categorized as 'unlikely'.

**UNKNOWN:** All events where reliable data is either unavailable or is insufficient to make an assessment should be categorized as 'unknown'.



