e-Reporting Industry User manual

Version 2.0

February 2025

Change Control: Update to Current Institutional Stationery Change control regarding version 1.0 (September 2021) • MedDRA terminology is now available in the corresponding fields for the manual upload module. • The procedure for enabling MedDRA in the manual upload module is described. • The report cancellation section applicable to both modules has been added. • An additional process for downloading the report XML has been included. • Fields that were still in English have been translated into Spanish. • Answers to some questions in the frequently asked questions section have been updated.

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1. Generalities

At the beginning of November 2020, e-Reporting Industry began to be used as a notification system for individual case reports of suspected adverse drug reactions (SRAM), adverse drug reactions (ADR), adverse events (AE), events supposedly attributable to vaccination or immunization (ESAVI) and other safety problems related to the use of medicines and vaccines by health registration holders or their legal representatives, institutions or establishments where Health Research is carried out (including contract research organizations or CROs) and distributors/marketers (hereinafter the pharmaceutical industry).

e-Reporting Industry is a tool that enables the pharmaceutical industry to report as required by NOM-220-SSA-2016, Installation and Operation of Pharmacovigilance, and under the international ICH E2B standard. It is the only tool accepted by the National Pharmacovigilance Center for the pharmaceutical industry to comply with the reporting of individual cases. It consists of two modules:

a) E2B upload module: allows the upload of XML files for those laboratories that have standardized E2B Pharmacovigilance databases and that have already completed testing with the National Pharmacovigilance Center (CNFV), receiving approval for notification via this channel.

The National Commission for the Protection of Public Health (CNFV) has established that laboratories with a high number of annual notifications must implement the E2B standard in their Pharmacovigilance databases for reporting purposes through this module. Multinational corporations generally already have standardized databases and use the XML-E2B report in other countries, so they have the tools and technological support to implement it. This does not prevent a laboratory that is not multinational or does not have a high number of notifications from implementing the E2B standard in its databases and using this module.

IMPORTANT

The CNFV will be responsible for granting access to the XML upload module or the manual information upload module.

The CNFV will contact the UFVs (under established criteria) that must implement the ICH-E2B standard. If a company is interested in using the XML upload module, please contact the CNFV at xmlvigiflow@cofepris.gob.mx . in order to establish the process of the respective tests. through

b) Manual upload module: allows the capture of information from a case report individual from an electronic form with structured and standardized fields.

The use of this module is focused on the pharmaceutical industry that does not have E2B databases.

The particularities of this manual loading module are:

- Structure compatible with ICH-E2B (R3).
- Priority use of structured fields over free text fields.
- Standardized catalogs of medical terms and medications: MedDRA and WHODRUG (soon).
- Possibility of attaching documents with additional relevant information.
- Immediate sending of the report to the CNFV.
- Generation of follow-ups from modification of the initial report XML file.
- Download electronic acknowledgment of receipt (acklog) in XML format.

The CNFV has defined this module for use by the pharmaceutical industry that has a low number of annual notifications and does not have E2B databases.

Regardless of the module used, it is essential to comply with the requirements of NOM-220-SSA1-2016 and its amendment, as well as with the specifications specified in the Pharmacovigilance Guide for the reporting of AEs, SRAMs, ADRs, ESAVIs, or any safety issues related to the use of medicines and vaccines.

2. Objective

- Describe and standardize the manual upload module information filling and use of the e-Reporting Industry XML upload module to generate high-quality notifications of SRAM, ADR, AE, ESAVI, and any other safety issues related to the use of medicines and vaccines by the pharmaceutical industry.

3. Content development

3.1 Request for access and user accounts

The requirements for granting access to e-Reporting Industry are:

- Pharmacovigilance Unit (UFV) / responsible updated with the CNFV. The requirements for registration and modification of UFV and Responsible can be found in the document *"Guidelines for registration, modification, or deregistration of Pharmacovigilance Unit and/ or Responsible in accordance with the provisions of NOM-220-SSA1-2016",* which is published on the COFEPRIS website.
- Valid MedDRA license at the time of requesting access. To comply with section 8.1.10.1 of NOM-220-SSA1-2016 and its amendment, it is essential that the pharmaceutical industry using e-Reporting Industry has a valid MedDRA license.

The request is made via email: xmlvigiflow@cofepris.gob.mx

The following should be considered:

- A maximum of 2 accounts will be awarded per UFV, this will depend on the number of annual notifications from each applicant company.
- It is recommended that the primary user account be the UFV Pharmacovigilance email address, and the additional account be the email address of the Pharmacovigilance Manager. • It is essential that user email accounts be corporate.

Information required in the application:

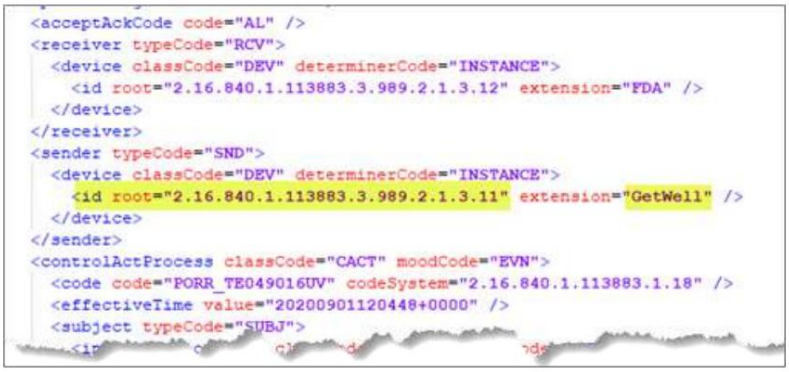
Application	Description
MedDRA license validity status.	Provide validity of the current MedDRA license.
Long name	Companies that have an E2B database should request this information from their technical department/database provider. It is proposed to use the company name (max. 254 characters) of the company in Mexico. Example: *MedSolutions SA de CV Laboratories* The long name is the one that will be displayed in the upper left quadrant of the interface, so that the company knows that it has started the correct session.
Short name (short name)	Proposed short name (max. 20 characters).

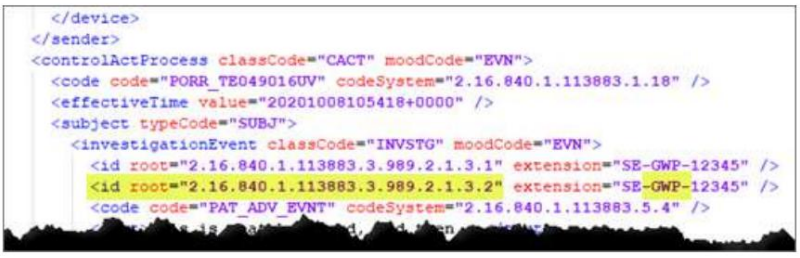
	It will be part of the structure of the *Worldwide Unique Case Identification* (WWUID). WWUID e.g. MX-MerckHealthcareKGaA-0000001, must match the WWUID in the XML files (for those laboratories that have E2B databases that generate this ID). **E2B (R2):** <companynumb> (In the guide it is point A.1.10 Worldwide unique case identification number) **E2B (R3):** 2.16.840.1.113883.3.989.2.1.3.2 (In the ICH-OID guideline it is point C.1.8.1 Worldwide Unique Case Identification Number) The short name will also be observed in the *Safety report unique identifier* SRID e.g. MX-MerckHealthcareKGaA-0000001 For companies that do not have E2B databases, a short name can be proposed. It is important to mention that once this short name is defined, it cannot be modified later in the production phase.
Identifier of the transmitter (Sender Identifier)	This corresponds to the transmitting organization's identifier (maximum 60 characters). It allows electronic transmission between databases. For companies with E2B databases that can generate this ID, it must be identical to the one produced by your database, otherwise reports will not be received correctly. **E2B (R2):** <messagesenderidentifier> (In the guide it is point M.1.5 Message Sender Identifier) **E2B (R3):** 2.16.840.1.113883.3.989.2.1.3.11 (In the guide it is point N.2.r.2 Message Sender Identifier) For companies that do not have E2B databases, they must propose and define it together with the CNFV. It is important to mention that once this ID is defined, it cannot be modified later in the production phase.
Transmitting organization (Sender organisation)	For companies that have an E2B database: • **E2B (R2):** <sender organization> (campo A.3.1.2 Sender en guía ICH). • **E2B (R3):** Field C.3.2 Sender's Organisation in ICH guide For companies that DO NOT have an E2B database, it is proposed that it be the same as the Sender identifier.
User 1 (main)	Name(s), surname(s) and email.
User 2 (additional)	Name(s), surname(s) and email.

Example images for companies that have E2B databases identify the short name and the sender identifier.

R2

R3





To cancel/modify an account, for example, due to a change in the person responsible for the UFV, you must request it to the email address mentioned above with the information of the person responsible for the account. new account.

3.2 Initial indications

- o It is suggested that the computer equipment you use has a power storage device to prevent data loss due to power outages.
- o Have a stable high-speed internet connection for the platform to function properly.
- o Use the following browsers in order of preference: Chrome, Firefox, Microsoft Edge, and others. Keep your browsers updated to the latest version for optimal performance.
- o Disable automatic translation in the browser you are going to use for avoid errors in the Spanish translation of the interface.
- o Maintain the integrity and confidentiality of access accounts and passwords.
- o Comply with the provisions established in the document “Terms and conditions of use”. Annex A.
- o Do not enter test cases for any of the modules, since these would arrive at the CNFV database as valid cases.
- o Log out when no information is being entered into the platform.

Internet connection instability, interruptions, and power outages can cause report information to be lost if it hasn't been submitted previously.

3.3 First-time login for password generation

Once the CNFV has granted you access to the platform, follow the steps below to generate your password.

1) Log in via the following link (it is recommended not to save the link in the favorites section of your browser):

https://industryereporting.who-umc.org/

IMPORTANT

Please enable No automatic translation in the browser you are using, as there may be inaccurate translations of some fields when you change the interface language.

2) Click the "Forgot your password?" option and follow the instructions to create a new password .

3) In the **"Email Address"** field , enter your username (the email address with which the CNFV registered you).

4) Oprima el enlace **Send Verification Code.**

Do not close this Industry e-Reporting window.

5) A 6-digit code will be sent to your email that you must enter in the field Verification Code. Click the ***"Verify code" link.***

6) If the code is correct, you will be shown the message "The code has been verified. You can now continue".

7) Press “Continue”.

8) A screen will appear where you will need to enter your new password. Your password must contain at least 8 characters (letters, numbers, uppercase, lowercase, and symbols), and it's important that it doesn't resemble your username.
   Enter your proposed password again in the box below to confirm it.
9) Press the “Continue” button.
10) If the process is successful the system will redirect you to the home screen to enter your password. username and password.

NOTE: To recover your password (e.g. if you don't remember it) you must follow the same procedure described above.

3.4 Login

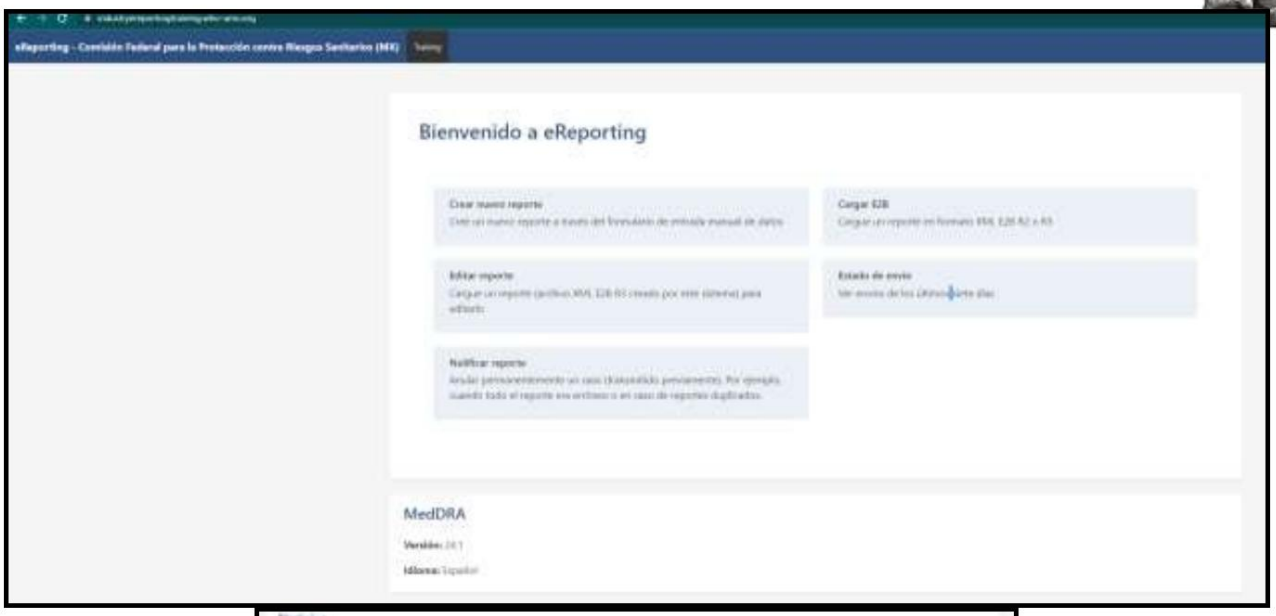
To log in, go to the following link (copy and paste it into your browser. It is recommended not to save the link in your browser's favorites section and access it from the link found in this Manual or on the COFEPRIS website):

https://industryereporting.who-umc.org/

- Enter your username and password in the corresponding fields.
- Press the *"Sign in"* button .

Home screen

Once you're logged in, you'll see the following main screen:



This start interface consists of the body of the window and a main menu.
The body of the interface contains the following sections:

- Welcome to eReporting: provides a number of options described below.
  continuation:

Function	Description	Applicable to users of
Create new report Enter	a new report in the manual upload module	Manual loading module
Edit report	Edit a previously generated report in the upload module	Manual loading module

	manual	
E2B Cargo	E2B upload module that allows you to upload an XML report generated in E2B databases	E2B charging module
Shipping status	In this section you can check the submission status of your generated reports and download the electronic acknowledgment of receipt.	Both modules
Nullify report	Cancel a previously generated report	Both modules

• MedDRA: Displays the current version of the MedDRA terminology available in the manual upload module. The MedDRA language can be changed in User Settings.

• News: Version and release history. Describes the latest updates to the platform.

The main menu presents the following options, some of which have already been described in the table above.

• **Data entry:** allows you to create a new report and edit it (for users of the module manual loading), as well as canceling it (for users of both modules).

• **Upload E2B:** allows you to upload a generated XML report to an E2B database

• **Submission status:** allows you to check the submission status of generated reports and download the electronic receipt.

• **User and settings:**

Function	Detail
Start	It takes you to the main screen. If you're capturing a report, make sure you've sent and downloaded it first.
User settings	MedDRA interface language and terminology settings
MedDRA License	Enable MedDRA terminology for use in the manual upload module. See *MedDRA License Administration and Activation*
Privacy Policy	It takes you to the UMC website where the privacy policy of the tool is stipulated.
Log out	If you are capturing a report, please make sure you have submitted and downloaded it before closing the session.

To change the interface language, go to User Settings.

- You can choose *Spanish* as the default language of the interface.
- Choose “Spanish; Castilian (spa)” as your native language.

  It will allow you to automatically fill in fields where you are asked to select the language for a term placed in a specific field.

- MedDRA Language: You can select the language of the MedDRA terminology
- To save the changes, press *Save.*

IMPORTANT

All information recorded in the manual upload module must be in Spanish, except for the pre-established catalogs in the tool, which are still

do not have one translation into Spanish.

3.5 MedDRA License Administration and Activation

Using MedDRA within the manual upload module requires license activation within the tool. An API (application programming interface) key must be obtained to validate that the company's license is in order. To do so, you must do the following:

1) Enter the following email address (site external to e-Reporting Industria):

https://mid.meddra.org/account/register

2) Provide your MedDRA license username and password. Click “Login”
3) If the process was successful, the page will provide you with the API key for the MedDRA user you entered. If unsuccessful, check your username and password and try again, or contact your MedDRA provider.
4) Copy the API key.
5) Log in to e-Reporting Industry
6) Locate the “MedDRA License” option in the top right menu.

7) In the first field, enter your MedDRA username, and in the second, enter the API key generated in the steps described above. Click "Save."

Important

- Once you have activated your MedDRA license, you do not need to repeat the process each time you log in. If your MedDRA license expires, e-Reporting Industry will block coding in the MedDRA fields. The user should review the details in the top right menu under "MedDRA License" and, if necessary, validate again as indicated in the previous steps.

- Disclaimer: Each laboratory is responsible for completing/verifying the renewal of its organization's MedDRA license with the MSSO in order to legally use the terminology in e-Reporting Industry. The CNFV is exempt from the obligation to request and verify the renewal of laboratories' MedDRA licenses.

- The application of MedDRA terminology in the manual loading module (for the module XML loading is applied from the start) is effective in the following reports:
  - o Initials and their corresponding follow-ups after the issuance of version 2.0 of this manual.
  - o Follow-up of cases initially reported prior to the issuance of version 2.0 of it is manual.

8) If the process was successful, the information will be saved and the following message will be displayed indicating that your license has been validated to use MedDRA within e-Reporting Industria:

9) Return to the main screen.

When you capture/edit a report, in the sections where MedDRA is available, you can search for the corresponding MedDRA term.

It should be noted that the MedDRA viewer contained in the corresponding fields in e-Reporting Industry allows for a general search of the desired term. Therefore, the information presented in the results is concrete and specific and is not intended to replace the functions and features offered by the MedDRA web browser. Therefore, if you need a more detailed search, please use the MedDRA web browser at the following link:

https://tools.meddra.org/wbb/

3.6 Important considerations for entering reports into e-Reporting Industria.

In order to define the process to follow in relation to notifications that were submitted in systems prior to e-Reporting Industry (Access mirror database, Notireporta, e-
Ordinary Reporting), regardless of whether you use the XML upload module or the manual upload module, you must follow these instructions:

- Notification of individual case reports in e-Reporting Industry will be solely and exclusively for new cases and their respective follow-ups.
- If you reported an initial case and follow-up through *regular e-Reporting,* you must provide electronic conclusion through a mail of the and farmacovigilancia@cofepris.gob.mx monitoring using the official notification format.

Exception:

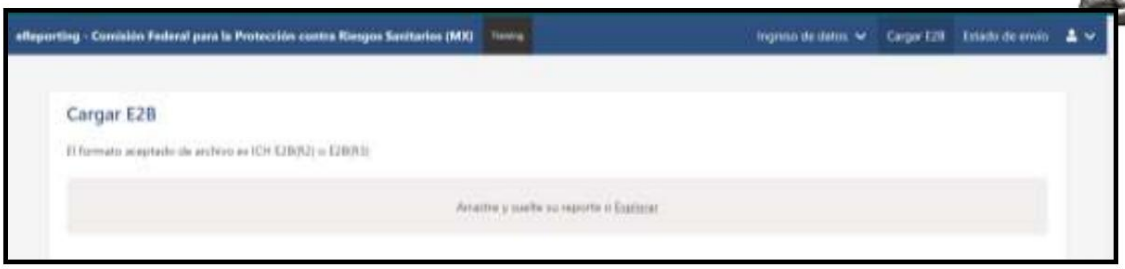
- Reporting will be allowed as an initial case in e-Reporting Industry only if the case was previously reported through Notireporta or the Access Database, tools used by the CNFV before 2018, and its follow-up was not reported in regular e-Reporting. In this unique situation, it must be submitted as an initial case and must include all previously reported information.

Review the reportable cases valid for the CNFV described in the Pharmacovigilance Guide for reporting AEs, SRAMs, ADRs, ESAVIs, or any safety issues related to the use of medicines and vaccines.

Non-reportable (invalid) notifications should not be entered into e-Reporting Industry.

3.7 E2B charging module

This module is exclusively for industry that has already completed the testing phase with the CNFV and has been approved to submit notifications via this channel.
On the main screen or in the top right menu, choose the ***"Upload E2B" option.***
Once inside, you will find the following screen:



Uploading XML-E2B files is done individually. Drag the XML file to the gray box or click *"Browse"* to locate the desired file.

Once you drag or select the XML-E2B file, it will start loading as shown below:

If the file meets the ICH R2 or R3 format specifications, it will load successfully as shown below:

Important

It is essential that you download the acklog as soon as possible after uploading the XML, as the system will only save reports from the previous 7 days. Once this limit is exceeded, you will no longer be able to download the acklog. It is the issuer's responsibility to maintain backups of the generated acklogs, as the CNFV will not be able to generate new acklogs once they are deleted from the history.

Click “Submit”.

Note the Submission ID, which you can use to download the backlog. To do this, go to the top right menu and click "Submission Status."

The Unique Security Report Identifier for each report can be displayed by pressing the icon

In this window you can check the status of your report submissions, download the report in XML format, and view the electronic acknowledgment of receipt (accklog).

Identify the report you uploaded through the *Report Identifier Submission.* Click the icons to download the report and the backlog. Please note that the submission status does not guarantee successful receipt of the report, so the "Status" column will inform you of the report's approval or rejection.

IMPORTANT

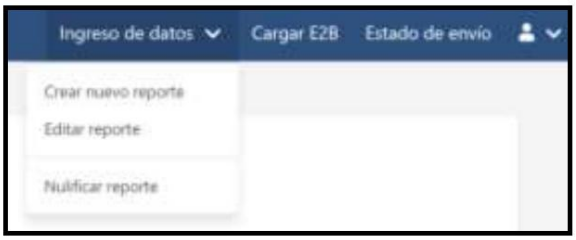
The CNFV will conduct periodic reviews of the reports entered into e-Reporting Industry, and those that in are valid will be removed from the database. don't be

Upload the acklog to your database to verify successful import.

3.8 Manual loading module

3.8.1 Generalities

To access the manual upload module, you can do so from the main window under the “Create new report-edit report” option or through the top right menu under the “Data entry” option.



Interpretation of “NF” codes: NullFlavor (Missing information)

NullFlavor codes are a series of codes that specify the reason why a valid field value is not present. These codes can be found at the end of certain fields, for example, Primary Reporter Country, Patient Initials, Therapeutic Indication, etc.

- **Unknown**
- **Asked but unknown**
- **Not asked**
- **Undercover**

It should be noted that these codes may only be used in mandatory e-Reporting fields required to submit the report to the CNFV. The minimum mandatory fields include those of an administrative nature and those identifying the report, which are known to the notifying UFV, in addition to the four minimum required fields already known and established in the amendment to NOM-220-SSA1-2016.
If there is no information available for a field with an associated NF code and this field is not required for submitting the report, you should leave it blank with the NF flag set as default (do not modify). For example: *Start of reaction/ event;* since this is not a minimum criterion for grade 0 reporting, the field can be left blank with the NF flag.
e-Reporting will highlight in red those minimum required fields that you have not provided for submitting the report.

Common icons in the different sections:

Icon	Function
	Allows you to add a corresponding section or field to the location of this icon. For example: Medication, Therapeutic Indication, Dose, Reactions, Causality Assessment, etc.
	Allows you to delete a field or an entire section where this icon is located. Keep in mind that if you delete a section or field that is essential for submitting the report, you will need to fill in the requested information again.
	Allows you to perform a search of the related field.
	Allows you to move on to the next section. In the manual upload module, you don't have to fill out a section completely to move on to the next. At the end, the minimum fields required for submission will be highlighted in red, and you'll need to return to the corresponding section to provide the missing information or make corrections.

3.8.2 Create new report

Sections of the report.

1) Administrative

a) Report information

o **Report Type.** Choose from:

ÿ **Spontaneous report:** any unsolicited communication in which the informant/notifier describes an individual case report with ADR, SRAM, AEFI or any safety problem related to the use of medicines and vaccines.

ÿ **Study Report:** This report is derived from any clinical study phase or from requested reports derived from data collection systems. If you choose the Study Report option, additional fields related to the study's identification will be displayed:

Type of study:

- **Clinical trials:** for intervention studies.
- **Individual patient use:** for compassionate use programs.
- **Other studies:** this option may include:
  - o Observational studies
  - the Records
  - o Intensive monitoring
  - o Post-marketing use programs
  - o Patient support programs
  - o Disease management programs
  - o Surveys aimed at patients or health professionals
  - or Pharmacovigilance Studies

Study Name: Provide the name of the study as it appears on the COFEPRIS authorization letter or, in the case of programs, the name of the study.

Sponsor study number: Study identification code as it appears on the COFEPRIS authorization letter or, in the case of programs, the study identification.

For Literature notifications, you must choose Spontaneous Report or Study Report depending on the source of the case. You must also add the bibliographic reference from which the case was obtained by entering it in the **Bibliographic References field.** See *Bibliographic References.* If the source of the literature report is unclear, you should select "Other" as the Report Type.

The **Not available from sender** option should not be used when the source of the report is known.

- **Date on which the report was first received:** day zero, that is, the day on which the person responsible for notifying, in this case the UFV, became aware of the case.
- Date of most recent information: This is the date the UFV received the latest information that triggered the respective follow-up report. If it is an initial report, this date is the same date the report was first received.

The date of notification to the authority corresponds to the date the report is submitted and is provided automatically.

- **Does this case meet the local criteria to be a report that requires priority care?**
  - ÿ Enter "YES": for serious reports with a fatal outcome and two or more similar serious reports in the same location, with the same medication or vaccine and from the same batch.
  - ÿ Place "NO": for serious notifications with other different consequences to death and classified notifications as non-serious.

or **Global Unique Identification Number** (WWUID). This is the first identifier assigned to the report. If a company doesn't have a database that generates one, it will be the first code assigned to the report. If a company has an E2B database, it is the same code generated by the database.

The constant section of the WWIID, i.e. the ISO country code (MX) + the Short Name, must be established together with the CNFV (when the access information is requested) and not modified subsequently.

IMPORTANT

The Unique Security Report Identifier and Global Unique Identification Number

These fields are not editable when tracking, so special care must be taken to enter them correctly in the initial report as they cannot be modified later.

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o **Security Report Unique Identifier** (SRUID).

This is another identifier that can be assigned to a case using the same format as the WWUID. For the manual upload module, the Unique Security Report Identifier and the Globally Unique Identification Number will correspond to the same identification code.

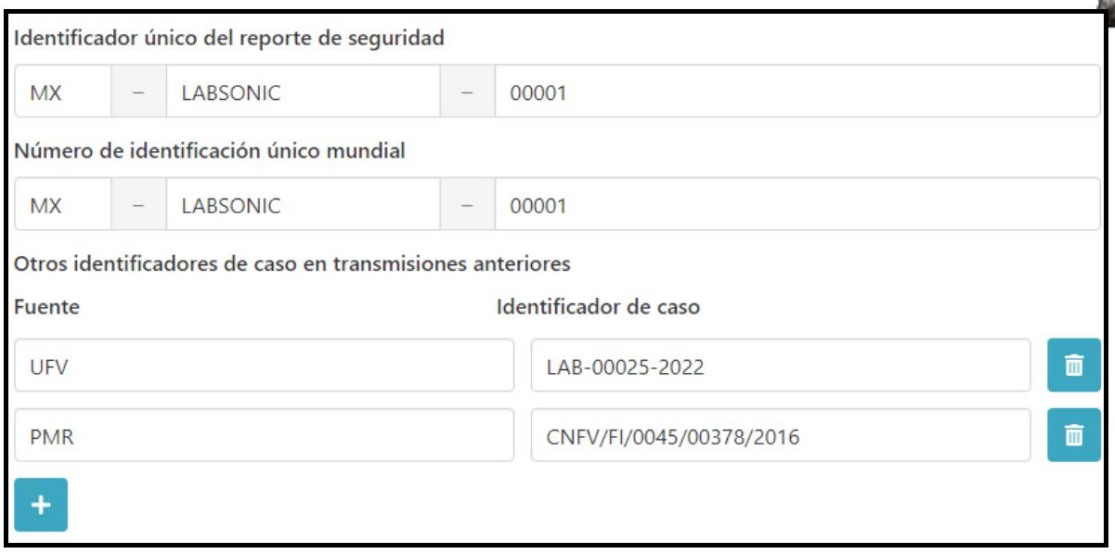
Constant section: ISO country code + laboratory short name (shotname)

SRUID and WWUID are unique identifiers for each report, so the system will not allow you to modify them in follow-ups.

When you enter a report, the constant section for both identifiers is already predefined, so it is not necessary to modify the constant section for these IDs.
The variable section of the WWUID and SRUID must consist of a consecutive number of at least 5 digits, which must be unique for each case. Therefore, the first report entered into the manual upload module must be 00001.

If you need to use another internal laboratory ID or IDs requested by the CNFV, add it in the *"Other case identifiers in previous transmissions" field.*

Example:



o **Other case identifiers in previous transmissions:** If you have a internal coding in your organization or other requested indicators, you can add them by pressing the "+" icon.

This field may include IQF codes, identifiers generated in systems prior to e-Reporting Industry: Notireporta and Access database, as well as established coding for notifications of additional Risk Management Plan (RMP) activities.

o **Report ID number linked to this report:** When you have cases that are related in some way to the one you are reporting (for example, a group of cases in a family), enter the WWUIDs of the reports related.

o **Bibliographic References:** This field will only be used if a literature report is being reported (see *Report Type).* In this field, include the bibliographic reference from which you obtained the case (preferably using the Vancouver style).

Optionally, you can add files containing the case's literature references (in the original language), as long as they do not violate the publication's copyright. To upload a file, drag and drop it onto the gray section or open it from your file explorer using the "Browse" option. The file must be in PDF format to avoid format incompatibilities.

b) Primary sources.

Information regarding the primary/original notifier or what, according to current regulations, corresponds to the "Informant."

- **Primary Source for Regulatory Purposes:** This option must be enabled. In the case of multiple sources, the "Primary Source for Regulatory Purposes" is the person who first reported the facts to the submitter. The report should only have one primary source for regulatory purposes.

- **Qualification:** corresponds to the profile of the primary notifier. Mandatory field.

  Choose between:

  - **Doctor**
  - **Pharmacist**
  - **Another health professional**
  - **Lawyer**

ÿ **Consumer or other non-healthcare professional.** Choose this option if the primary reporter is the patient/consumer themselves or a family member and another non-healthcare professional.

o **Country:** By default, choose Mexico. However, in some cases, the primary notifier's nationality is different and must be selected.

o The following fields about the informant are not mandatory, but you may include the information if you have it or you may omit them due to confidentiality issues or refusal by the informant.

ÿ Title
ÿ Name
ÿ Middle name
ÿ Last names
ÿ Organization
ÿ Department
ÿ Street
ÿ City
ÿ State or province
ÿ Postal code
ÿ Telephone

You can add other primary sources with the *"Add Primary Source" option.*

2) Patient

a) Patient characteristics

o **Name or initials:** Provide the initials of your first surname, middle surname, and given name(s) in that order, or in the case of Clinical Studies, the patient identification code. Do not provide the patient's full name.

Sex .

or **Date of birth**

o **Age at the time of onset of the reaction/event**

IMPORTANT

A valid report must necessarily contain contain at least one of the following patient identifiers: initials, or sex, or date of birth, or age).

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or **Age group**

o **Gestational period when a reaction/event was observed in the fetus.**
Enter the value and choose the time unit from the catalog.

o **Date of last menstrual period.** When applicable. If you do not have the date complete, you can enter month and year or just year.

the **Weight**

the **Height**

The following fields are not relevant to the quality of the report; however, if you have the information, you can provide it or simply leave the fields blank:

o General practitioner medical record number o Specialist registration number o Hospital record number. Corresponds to the clinical record number

o Research number. Patient identification in clinical trial

b) In case of death

If the outcome of the reaction/event was death, provide the following information:

o **Date of death.** If you don't have the full date, you can enter just the month and year or just the year.

o **Causes of death as reported by the primary source.** Click on the **"+"** icon if you have the information

ÿ **Reported cause of death:** necessarily include the literal term reported by the primary source

ÿ **Reported cause of death (MedDRA):** Provide the MedDRA term (LLT) for the cause of death or part of it and press the button; choose the desired term once the result is displayed.

o **Was an autopsy performed?** If you choose Yes, provide information in the following field.

or **Cause of death determined by autopsy.** Enter the literal term of the cause of death determined by autopsy reported by the primary source

or **Cause of death determined by autopsy (MedDRA).** Provide the MedDRA term (LLT) for the cause of death determined by autopsy or part of it and press the button; select the desired term once the result is displayed.

c) Progenitor

Or is this a parent-child report?

Parent-child report, use when:

- ÿ A serious or medically relevant complication/event during pregnancy (e.g., stillbirth, abortion) involving the fetus is suspected to be associated with a medication.

- ÿ It is suspected that a serious/medically important adverse event for the newborn (malformation) could be related to medications administered to the parents.

In these cases the parent (father or mother) did not have the reaction/event, otherwise this section should not be used.

If you choose Yes, additional fields about the parent will be displayed that you must provide if you have the information, otherwise leave blank.

Relevant medication history of the mother

Provide information about the parent's previous medications, i.e., those no longer being taken at the time of the event/reaction.

- ÿ Name of the medication as reported. By the reporter primary
- ÿ Indication (MedDRA): Enter the MedDRA term (LLT) for the therapeutic indication or part of it and press the button; choose the desired term once the result is displayed.

- ÿ Reaction (MedDRA): If the parent had a reaction to the previous medication, provide the MedDRA term (LLT) for the reaction or part of it and press the button; choose the desired term once the result is displayed.

- ÿ Start date. Provide the date the parent started the relevant previous medication. If you don't have the full date, you can enter only the month and year or just the year.

- ÿ End date. Provide the date the parent completed the relevant previous medication. If you don't have the full date, you can enter only the month and year or just the year.

Parents' medical history

ÿ Relevant medical history and concurrent conditions of the parents.

Provide information about the parent's relevant medical history.

ÿ Structured information on the parents' relevant medical history.

Structure each of the diseases and concurrent conditions in the parent's medical history. Click the "+" icon to open the section.

- **Medical history (illness/surgical procedure/etc.) (MedDRA).** Enter the MedDRA term (LLT) or part of it and press the button; select the desired term once the result is displayed.

- **Physician's comment.** Add additional comments from the physician treating physician on the term provided
- **Onset date.** Provide the onset date of the disease described in MedDRA. If you don't have the full date, you can enter only the month and year or just the year.

- **Continue.** If you choose Yes, the next field “End Date” must be leave blank
- **End date.** Provide the end date of the condition described in MedDRA. If you don't have the full date, you can enter only the month and year or just the year.

3) Medications

In this section, you should record the medication(s) suspected of causing the reaction/event, concomitant medications, interacting medications, including those no longer being administered but which, due to their half-life, still remain in the body and could be considered suspected or concomitant medications. However, you should NOT record medications administered to the patient for the treatment of reactions/events.

IMPORTANT

A valid report must contain either one suspected drug or two less and interacting drugs.

The suspected drug must be the drug of the issuer making the report.

o **Name of the drug as reported by the primary source.** Provide the distinctive name and in parentheses the

generic name.

For blinded clinical studies, you can enter the name of the study drug (or code), comparators and placebo (if applicable). However, when the information on the study drug is not available, you can provide the study code and the legend "blind study" (unbroken code or blinded information) in the **Additional information about the drug** field.

o **Characterization of the drug's role.** Choose between:

- ÿ **Suspect**
- ÿ **Concomitant**
- ÿ **Interaction.** If you choose this option, there must be at least one other medication interacting.
- ÿ **Medication not administered**

o **Action taken with the medication.** Choose between:

- ÿ **Drug withdrawn**
- ÿ **Reduced dose**
- ÿ **Increased dose**
- ÿ **Unmodified dose**
- ÿ **Unknown**
- ÿ **Not applicable**

o **Authorization/application number.** Provide the drug/vaccine's health registration number. In the case of a clinical study report for a drug that does not have health registration, you may include the authorization number of the clinical study protocol granted by the Health Authorization Commission.

o **Country of authorization/application**

o **Name of the holder/applicant.** Business name of the health registration holder or legal representative. For EC, the name of the sponsor must be entered.

o **Additional medication information.** In this free-text field, you can add information that you were unable to add through the fields in the Medication section, for example, the medication's expiration date.

o Indications as reported by the primary source.

ÿ **Indication.** Provide the literal term of the therapeutic indication such as which was reported by the primary notifier

ÿ **Indication (MedDRA).** Provide the MedDRA term (LLT) or part of it, choose the term this of the therapeutic indication and press the desired button once the result is displayed.

You can provide another therapeutic indication with the “+” icon.

o **Dosage**

ÿ **Batch number**

ÿ **Dosage.** Enter the value in the first field and select the unit of measurement from the catalog. For medications with more than one active ingredient, this can be expressed as a dosage form (DF).

ÿ **Dosage interval.** Enter the value in the first field and select the time unit from the catalog.

ÿ **Dosage text.** Provide the dosage as reported by the primary reporter, including treatment time.

ÿ **Start of administration.** If you don't have the full date, you can enter only the month and year or just the year.

ÿ **End of treatment.** If you don't have the full date, you can enter only the month and year or just the year. If you continue treatment, leave it blank.

ÿ **Duration.** Enter the value in the first field and select the time unit from the catalog.

ÿ **Route of administration.** Select the route of administration from the catalog.

ÿ Route of Administration Text. Use this field only if you didn't find the specific route of administration in the catalog or if you selected Other, describe it here.

If you have more than one dosage regimen for the medication, for example, different dosages, batches, administration dates, etc., you can add it with the "+" icon instead of adding another medication.

Each medication must be structured. To add more suspected or concomitant medications, select the "Add Medication" option.

4) Reactions

o **Reaction/event as reported by the primary source.** Provide the literal term of the reaction/event reported by the primary source. This term must necessarily be entered in Spanish, keeping the following field in that language (Spanish; Castilian (spa)).

IMPORTANT

A valid report must contain at least one SRAM, RAM, EA.

or **Reaction/event (MedDRA).** Provide the MedDRA term (LLT) or part of it, choose the desired term once this of the reaction/event and press the button displayed the result.

You can expand multiple hierarchies (if required) of the desired term by clicking the icon and display more results with the *"Show more" option.*

o **Translation of the reaction/event as reported by the primary source.** If requested, you can provide a translation into another language of the field or reaction/event as reported by the primary source, for example, in English.

o **Country where the reaction/event occurred.** Choose Mexico.

o **Start of the reaction/event.** If you don't have the full date, you can enter just the month and year or just the year.

o **End of the reaction/event.** If you don't have the full date, you can enter just the month and year or just the year. If the event/reaction is ongoing, leave it blank.

o **Duration** of the reaction/event. Enter the value in the first field and select the time unit from the catalog. If the event/reaction is ongoing, leave it blank.

or **Result at the time of the last observation.** Choose between:

ÿ Recovered / Resolved.

ÿ Recovering / Resolving. ÿ Not recovered / Not resolved / In progress. Use, for example, in cases of irreversible congenital anomalies

ÿ **Recovered/Resolved with sequelae.** Use, for example, in irreversible medical conditions.

ÿ **Fatal.** Should only be used when death is suspected to be possibly related to the reaction/event. If death is not related to the reaction/event, according to the reporter, fatal should NOT be selected in this field; however, the death should be reported in the *"In Case of Death"* section of the Patient Report.

ÿ **Unknown.**

or **Medical confirmation by a healthcare professional.** Choose Yes when the primary reporter (informant) is a physician or other healthcare professional who confirmed the event. When the case is reported by the patient/consumer or another non-healthcare professional, you should choose No. However, when a medically qualified consumer/patient, friend, relative, or caregiver of the patient can provide medical documentation (e.g., laboratory data) supporting the occurrence of an event/reaction and indicating that an identifiable healthcare professional suspects a causal relationship between a drug and the reported adverse reaction, it may be considered as

medically confirmed.

Or **is this a severe reaction?** According to the severity classification of NOM-220-SSA1-2016, determine whether it is a severe case or not. If classified as severe, you must select at least one severity criterion (you can select more than one) from the following:

ÿ Threat to life

ÿ Cause of death

ÿ Caused or prolonged hospitalization
ÿ Disability / incapacity
ÿ Congenital anomaly / birth defect
ÿ Other medically important condition

If you classify the event/reaction as non-serious, you should leave these criteria blank.

To add more reactions/events, choose the “Add reaction” option.

5) Reaction to a medication

a) Restatement

Was **the patient re-exposed to the medication?** If you have information indicating re-administration, select "Yes"; otherwise, leave blank. If you select "Yes," you must complete the field that will be enabled:

ÿ **Re-exposure result.** Choose from:

- **The reaction was repeated:** corresponds to a positive readministration.
- **The reaction was not repeated:** corresponds to a readministration negative.
- **Unknown result**

Re-exposure will only be applicable for suspected medications, so you should leave the re-exposure fields for concomitant medications blank.

b) Time interval)

o **Time interval from administration to the onset of the reaction**

ÿ **Time since first dose.** Enter the value in the first field and select the time unit from the catalog.

ÿ **Time since last dose.** Enter the value and select the time unit from the catalog.

6) Other

a) Test results

o **Analysis Name.** Provide the literal term of the analysis name such as
which was reported by the primary reporter.

or **Analysis Name (MedDRA).** Provide the MedDRA term (LLT) or part of it for the corresponding analysis and press the button. Select the desired term once the result is displayed.

o **Test date.** If you don't have the full date, you can enter just the month and year or just the year.

or **Test results.** In the free text field, enter the value and select the unit of measurement from the catalog (please note that the catalog is only available in English). You can use the symbols =, >, <, ÿ, or ÿ, which you will find in the catalog to the left of the free text.

o **Test result code.** When a numeric value cannot be used to describe a test result, use the codes in this section.
field:

ÿ **Positive**

ÿ **Negative**

ÿ **Limit**

ÿ **Inconclusive**

o **Test result text.** If you were unable to enter the analysis result in the *Test Results* structured field because you couldn't find the unit of measurement in the catalog, enter the result in this free text field, stating the unit of measurement. If you used the Test Results field, leave it blank.

o **Low Normal Value.** Enter the "lower" value of the normal range for the test performed. This value is typically published by the laboratory providing the results. Use the field to enter the value and unit according to the *Test Results field.*

o **High Normal Value.** Enter the "highest" value of the normal range for the test performed. This value is usually published by the laboratory providing the test.

results. Use the field to enter the value and unit according to the Test Results field.

- o **Comments.** If you have additional information about the test performed that isn't included in the structured fields, please add it to this free text field.
- o Additional information available (additional documents). If you have additional documents available that provide additional information on this section, select Yes and attach them in the “Additional Documents” section.

To add more lab tests, choose the “Add Test Result” option.

b) Medication history.

This section should include relevant medications the patient was taking prior to the reaction/event and that are no longer being administered (consider the half-life of the medications). If treatment is continued, it will be for a concomitant or suspected medication and should be recorded in the "Medications" section.

- o **Name of the drug as reported.** Provide the distinctive name, if available, and in parentheses the generic name as reported by the primary reporter.

- or **Indication (MedDRA).** Provide the MedDRA term (LLT) or part of it from the , choose the term therapeutic indication of the medication and press the desired button once the result is displayed.
- or **Reaction (MedDRA).** If the patient experienced any reaction/event to the medication, provide the MedDRA term (LLT) or part of it for the reaction/event and press the button. Choose the desired term once the result is displayed; otherwise, leave it blank.

- o **Start date.** If you don't have the full date, you can enter only the month and year or just year.
- or **End date.** If you don't have the full date, you can enter only month and year or just year.

To add more medications from this history, choose the “Add Medication History” option.

c) Medical history

o **Was relevant medical history reported?** If you select Yes, the History section will be enabled.
patient's clinic.

o **Relevant medical history and concurrent conditions (excluding reaction/event).** This free-text field corresponds to the patient's relevant medical history (which aids in causal assessment) and concomitant conditions (illnesses, conditions such as pregnancy, surgeries, psychological trauma, risk factors, among others). If you do not have information on the patient's medical history, leave it blank.

o **Structured information about the medical history.** This section should include
structure each disease, syndrome, surgical procedure, etc., that you described in the previous field.

ÿ Medical history (disease/surgical procedure/etc.) (MedDRA).
Provide the MedDRA term (LLT) or part of it for the disease and press the button , choose the desired term once the result is displayed.

ÿ **Onset date.** Provide the onset date of the disease described in MedDRA. If you don't have the full date, you can enter only the month and year or just the year.

ÿ **Continue.** If you choose Yes, the next field “End Date” must be left blank.
blank.

ÿ **End date.** Provide the end date of the condition described in MedDRA. If you don't have the full date, you can enter only the month and year or just the year.

7) Evaluations

It is important that the UFV establishes the causality classification in this section.
According to section 7.4.3.4 of NOM-220-SSA1-2016, you must provide a causality assessment using the WHO probabilistic categories or another validated method established by the UFV. For CE, the causal assessment of the sponsor/principal investigator may be considered.

o **Assessment method.** Enter the name of the methodology used in the free text field, for example, Naranjo, WHO categories, WHO ESAVI, Dichotomous, among others.

- **Source of evaluation.** This corresponds to the identity of the person conducting the evaluation. The UFV evaluation should be included first, but you can also include the evaluation of the primary reporter (informant) if available, or the sponsor/researcher for clinical studies.

- **Evaluation result.** Enter the evaluation result for each reaction/event in the free text field, according to the methodology used. To enter the result, you must have entered at least one suspected drug or two interacting agents in the report.

To add more assessments, select the "Add causality assessment" option. If you have an assessment, for example, from the reporting physician, you can add it; select Primary Reporter as the "Assessment Source."

8) Narrative case

Narrative summary of the case and other information

- **Narrative Case.** You must include the case narrative using the words and phrases used by the initial/original reporter, as reported by them, maintaining the original narrative. Cite the clinical manifestations chronologically. Indicate the definitive and/or presumptive clinical diagnosis that prompted the medication and subsequently the signs and symptoms of the adverse reaction. If a previously unknown therapeutic effect is detected, it may be noted in this space.

All concomitant medications and therapies, including those such as radiotherapy, dietary supplements, herbal remedies, etc., must be described and structured in the *Medications section.*

In the case of congenital malformations, specify the time of pregnancy in which they occurred.

In this field you should also include the medications used to treat the reaction(s)/event(s).

If you are reporting another safety issue related to the use of medicines and vaccines, you should describe the issue (e.g., overdose, suspected counterfeiting, misuse, abuse, medication error, off-label use, occupational exposure, etc.).

When reporting a follow-up (See *Edit Report section),* in this field you must enter the additional information generated from said follow-up, placing it below the initial information or the previous follow-up, separated as follows:

Follow-up 1, 2, 3, 4, etc., Information received on the day…

If the case is considered closed or will require further follow-up, you must also specify this in this field.

Since this field has a 20,000-character limit, there is a chance that this field may not be sufficient for some very long narrative cases. You can use the *Case Summary and Notifier's Comments field in your native language* to complete the narrative case.

o **Concomitant therapies**

Check the box if the report describes concomitant therapies at the time of the reaction. Full details of these therapies must be provided in the *Narrative Case field,* even if only the name of the therapy is known.

o **Notifier Comments.** In this field, you can add additional comments provided by the primary notifier, if available.

IMPORTANT

It is necessary that the documents you need to attach are in PDF format and not exceeding 2 MB so they can be uploaded without problems.

Furthermore, since Mexican regulations require two classifications of reactions/events additional to those contemplated at the international level, in this field you must also necessarily add the following information:

- ÿ Quality of the report information, in accordance with point 8.1.4 of the NOM-220-SSA1-2016.
- ÿ Severity of events/reactions (for each one), according to point 8.1.6 of NOM-220-SSA1-2016, not applicable if they are not manifestations clinics.

or **Company Diagnosis.** This field allows the issuing company to suggest a diagnosis based on the combination of reported signs and symptoms. To add one, press the "+" icon, provide the MedDRA term (LLT) or part of it, and press the button. Choose the desired term once the result is displayed.

o **Company Comments.** This field allows the issuing company to provide any alternative diagnosis that they disagree with the one provided by the initial reporter.

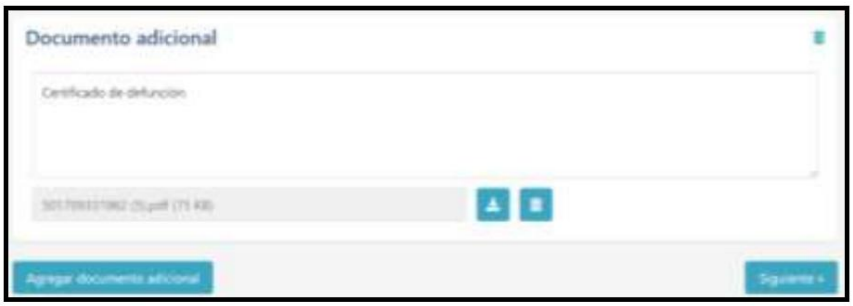
o **Case summary and reporter comments in native language.** Not required; leave blank unless the report narrative is longer than 20,000 characters and the *Case Narrative* field is insufficient.

9) Additional documents

This section will allow you to upload documents relevant to the case evaluation.
Some examples may include (but are not limited to):

o Test results
or Death certificate
or Vaccination card

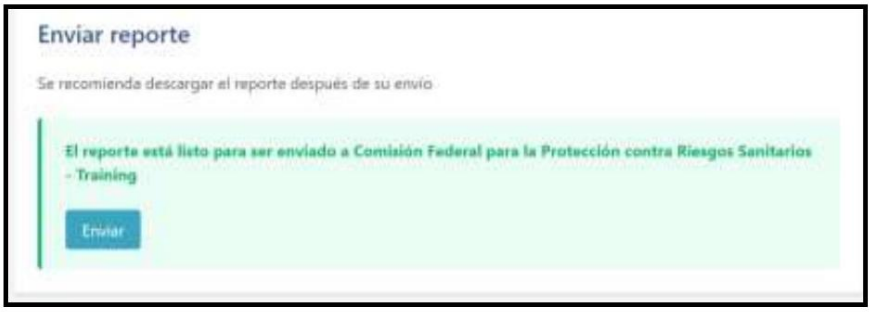
Enter the document name in the free text field and upload the PDF file, either by dragging and dropping it into the gray section or by opening it from your file explorer with the *"Browse" option.*



If you need to attach more documents, you can do so using the "Add additional document" option.

10) Send report

To submit the report, you must have entered the minimum required information. If you haven't, this section will list any missing or incorrect information, which you will need to complete or review. Missing information will be highlighted in red in the various sections of the report.



IMPORTANT

If the notification does not meet at least the 4 fundamental criteria (information quality grade 0) it should not be sent.

You'll need to search for missing information to report the case. You'll also need to consider the criteria for issuing follow-up requests.

When you have your report information ready, click in **"Send".**

Once the report is sent, a window will appear which you can use as a shipping confirmation, as it will provide you with an identifier.

11) Download report

You can immediately download the report once it has been submitted by clicking the *Download button,* or go to the "Submission Status" option in the top menu. In this window, locate the submitted report (using the Submission Identifier or the Unique Security Report Identifier) and then click the button.

Clicking *Download* or the icon above will download the XML file. It's important to save this file in your backup, as you'll need to use it if you need to report a follow-up later (see *"Edit Report").*

Additionally, e-Reporting Industry provides a confirmation receipt known as *an acknowledgment log* (acklog) for the submitted report, which will also be available in the Submission Status section. If your Pharmacovigilance database allows you to run
This electronic confirmation receipt will function as such for your database.

Also, in this Submission Status section, you can check the submission time of your reports indicated in the *Submission and Completion Time column,* which is already adjusted for Central Mexico time.

It is very important to differentiate between the XML files of the downloaded reports and those used for subsequent monitoring and the backlogs. The latter should not be used to generate monitoring as they are not designed for this purpose.

Both the XML file and the acklog will be available in the *Shipping Status* section.
only for 7 days after submitting the report, so you are urged to download them immediately, as after this time they cannot be recovered.

3.8.3 Edit a report

This feature allows you to retrieve a previously submitted report that was not completed or amended, or to generate follow-ups to a report in the manual upload module (created only in this module). **Remember: a follow-up report is one in which important information is added or completed for the case's causality assessment.** For example, the following can be added (but not limited to):

- o Start and end dates of the reaction
- o Dates of medication administration
- o Addition of concomitant medications
- o Addition of concomitant diseases
- o Adding laboratory results

IMPORTANT

For effects editing and tracking reports, the file corresponding to the acklog acknowledgment

Should NOT be used for is purpose.

Go to *"Edit Report"* from the main screen or the top menu.

Upload the XML file generated from the initial report or previous follow-up, which you should have saved on your computer. Drag the file to the gray section or open it from your file explorer using the "Browse" option.

Wait for the report to load. It will immediately open with all its sections available for editing (except for the Unique Security Report Identifier and Globally Unique Identification Number).

You must add the additional information and respective modifications contained in the follow-up in the corresponding fields. It is essential to update the *Date of* most recent information, which corresponds to the date you received the last follow-up information at your UFV. It is important that in the follow-up, you also update the narrative case with the new information. To separate the information from the initial report previously reported in the Narrative Case field, use

a line and place the new information below, adding the text: Track 1, Track 2, as appropriate.

Once you have completed capturing information in the follow-up, you must submit the report again and download the corresponding XML file for future follow-up.

Remember that the Acklog file should not be uploaded to the "Edit Report" section, as the file is not designed for report editing and follow-up.

3.8.4 Special situations in the manual loading module.

3.8.4.1 Could not download the XML file of the initial case or captured follow-up.

The step of downloading the file once the report has been sent or within the first 7 calendar days and great care must be taken not to omit it. The failures Techniques that prevent you from downloading the XML are exceptional, however other situations outside the system, such as problems with the stability of the connection internet, and failure to download the file, may not be exceptional.

In the event of a remote e-Reporting technical failure, the following procedure will be followed:

1) If the system did not allow the download of the initial case file or follow-up due to failure technique, you must send an email to the account: xmlvigiflow@cofepris.gob.mx with the subject “File download failure”, providing the case WWUID, and the date and time when the report was sent.
2) The CNFV will review whether the case was entered correctly in VigiFlow and if so, will provide the entered report in PDF format as a response to the email.
3) The user must enter the case again with the information from the sent PDF, adding tracking information, being careful to leave the same identifiers (WWUID and SRUID). Don't forget to download the file once you have sent it. report. Respond to the email to the CNFV indicating that the case has been captured.
4) The CNFV will proceed to eliminate the first report, leaving only the first one valid. second that the user captured.

3.9 Nullify a report

e-Reporting Industry allows the cancellation of reports directly from the platform for users of both modules, when for example, an erroneous report was entered or a duplicate report. Access the Nullify Report option from the main screen.

It's important to identify the correct XML file you need to undo, as once the undo is complete, it can't be undone. Upload the XML file by dragging it to the gray section or open it from your file explorer using the "Browse" option.

A window will appear with general information about the report you wish to cancel. Press "Following".

You must provide the reason for deleting the report in the *Reason for Deletion* field . If it's due to a duplicate report, you must enter the WWUID under which the report was duplicated. Click "Submit."

If the process was successful, a window like the following will be displayed:

Download the generated XML or you can do so from the Shipping Status section where you can also download the corresponding acklog.

With the update to this nullification feature, it is no longer necessary to request the CNFV to cancel a report, as was previously done.

3.10 Backlog submission and review status

The successful receipt of a report in the CNFV database can be verified by uploading the log to the E2B database. For laboratories that do not have an E2B database to process this log, you can open the file in any browser, such as Chrome, and identify the following information:

- **E2B R2**

  Received correctly

• OK •

01=All reports loaded into database •
<transmissionacknowledgmentcode>01</transmissionacknowledgmentcode> • 01=Report loaded successfully •
<reportacknowledgmentcode>01</
reportacknowledgmentcode>

Rechazado •

Error •

02=Not accepted •
<transmissionacknowledgmentcode>02</transmissionacknowledgmentcode> •
<parsingerrormessage>Could not understand the import format!</parsingerrormessage>

• 03=SGML parsing error •
<transmissionacknowledgmentcode>03</transmissionacknowledgmentcode> •
<parsingerrormessage>Message sender and/or receiver identifier doesn't match expected values</parsingerrormessage>

- **E2B R3**

  Received correctly

  OK

• AA=Accept - successfully processed! • *Transmission Acknowledgement Code;* • <acknowledgement typeCode="AA">

• CA=Commit Accept

• *Acknowledgement Code for an ICSR Message;* •

<acknowledgement typeCode="CA">

Refused

• **Error** •

CR=Commit Reject (not loaded) •

<acknowledgement typeCode="CR"> •

<acknowledgementDetail> • <text>Existing

ICSR is nullified, followup not allowed.</text>

• *or*

• <acknowledgementDetail> •

<text>Invalid MedDRA code found: 0</text>

• AE=Parsial •

<acknowledgement typeCode="AE"> •

<acknowledgementDetail> • <text>Could

not persist all information</text>

• AR=Reject •

<acknowledgement typeCode="AR"> •

<acknowledgementDetail> •

<text>Could not understand the import data: The 'extension' attribute is invalid - The value '' is invalid according to its datatype 'urn:hl7-org:v3:st' - The actual length is less than the MinLength value., Line: 17 Position: 53. The 'extension' attribute is invalid - The value '' is invalid according to its datatype 'urn:hl7-org:v3:st' - The actual length is less than the MinLength value., Line: 426 Position: 51. </text>

Below are some examples of Acklog where the fields mentioned above are displayed.

E2B R2

• ***Error***

• <?xml version="1.0" encoding="UTF-8"?> • <!

DOCTYPE ichicsrack SYSTEM"http://eudravigilance.ema.europa.eu/dtd/ichicsrack11xml.dtd"> • <ichicsrack

lang="en">

• <ichicsrmessageheader>

• <messagetype>ichicsrack</messagetype> •

<messageformatversion>1.1</messageformatversion>

• <messageformatrelease>1.0</messageformatrelease> •
<messagenumb>4a58dec0-96b5-425a-8003-2f37ff3014f2</messagenumb> •
<messagesenderidentifier>MPA</messagesenderidentifier> •
<messagereceiveridentifier>BAYER</messagereceiveridentifier> •
<messagedateformat>204</messagedateformat> •
<messagedate>20201005200414</messagedate> </
• ichicsrmessageheader> •
<acknowledgment>
• <messageacknowledgment>
• <icsrmessagenumb>7401084_8P1</icsrmessagenumb> •
<localmessagenumb>4a58dec0-96b5-425a-8003-2f37ff3014f2</localmessagenumb> •
<icsrmessagesenderidentifier>BAYER</icsrmessagesenderidentifier> •
<icsrmessagereceiveridentifier>MPA</icsrmessagereceiveridentifier> •
<icsrmessagedateformat>204</icsrmessagedateformat> •
<icsrmessagedate>20181025021712</icsrmessagedate> •
<transmissionacknowledgmentcode>03</transmissionacknowledgmentcode> •
<parsingerrormessage>Message sender and/or receiver identifier doesn't match expected values</parsingerrormessage> </
• messageacknowledgment> • </
acknowledgment>
• </ichicsrack>

E2B R3

• ***OK***

• <?xml version="1.0" encoding="UTF-8"?> •
<MCCI_IN200101UV01 **xmlns="urn:hl7-org:v3"** ITSVersion="XML_1.0" xsi:schemaLocation="urn:hl7- **org:v3 MCCI_IN200101UV01.xsd"**
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"> • <id **extension="842e09df-bb47-48d3-90f9-d5d36a06c39b"**
root="2.16.840.1.113883.3.989.2.1.3.20"/>
• <creationTime **value="20201005201537+0200"/>**
• <responseModeCode code="D"/> • <interactionId
extension="MCCI_IN200101UV01" root="2.16.840.1.113883.1.6"/> • <MCCI_IN000002UV01> • <id
extension="UMC-UMCORG-276"
root="2.16.840.1.113883.3.989.2.1.3.19"/>
• <creationTime **value="20201005201537+0200"/>**
• <interactionId **extension="MCCI_IN000002UV01" root="2.16.840.1.113883.1.6"/>** • <processingCode
code="P"/><processingModeCode code="T"/> • <acceptAckCode code="NE"/> • <receiver
typeCode="RCV"> • <device
determinerCode="INSTANCE"
classCode="DEV">
• <id extension="UMC" **root="2.16.840.1.113883.3.989.2.1.3.16"/>**
• </device>

• </receiver>

• <sender typeCode="SND"> • <device
determinerCode="INSTANCE" classCode="DEV">

• <id extension="UMC" **root="2.16.840.1.113883.3.989.2.1.3.15"/>** • </device>

• </sender>

• <attentionLine> •

<keyWordText code="1" codeSystemVersion="1.0" **codeSystem="2.16.840.1.113883.3.989.2.1.1.24"/>** • <value **value="20200929133859+0000"**

xsi:type="TS"/> • </attentionLine> • <acknowledgement typeCode="CA"> •
<targetMessage> • <id

extension="SE-UMCTEST-000007"

root="2.16.840.1.113883.3.989.2.1.3.1"/>

• </targetMessage> •

<acknowledgementDetail> • <text/></

acknowledgementDetail> • </acknowledgement> • </

MCCI_IN000002UV01> • <receiver

typeCode="RCV"> • <device

determinerCode="INSTANCE"
classCode="DEV"> • <id extension="UMC" **root="2.16.840.1.113883.3.989.2.1.3.18"/**

>

• </device>

• </receiver>

• <sender typeCode="SND"> • <device
determinerCode="INSTANCE" classCode="DEV">

• <id extension="UMC" **root="2.16.840.1.113883.3.989.2.1.3.17"/>**

• </device>

• </sender>

• <attentionLine>

• <keyWordText code="2" codeSystemVersion="1.0" **codeSystem="2.16.840.1.113883.3.989.2.1.1.24"/>** • <value **extension="842e09df-bb47-48d3-90f9-**

d5d36a06c39b" root="2.16.840.1.113883.3.989.2.1.3.21" xsi:type="II"/> • </attentionLine>

• <attentionLine>

• <keyWordText code="3" codeSystemVersion="1.0" **codeSystem="2.16.840.1.113883.3.989.2.1.1.24"/>** • <value **value="20200929133859+0000"**

xsi:type="TS"/> • </attentionLine>

• <acknowledgement typeCode="AA"> • <targetBatch> •

<id **extension="a60401bb-e8f1-4d4f-925d-66ab95d48525" root="2.16.840.1.113883.3.989.2.1.3.22"/>**

• </targetBatch> •

<acknowledgementDetail> • <text/>

• </acknowledgementDetail> • </

acknowledgement> • </

MCCI_IN200101UV01>

4. Frequently Asked Questions

Can I report a case that does not meet the minimum 4 criteria?

No, and additionally, e-Reporting Industry will indicate the minimum mandatory fields (in accordance with the ICH-E2B standard) to be able to send a case to the CNFV.

How many users will be provided per company? Should the password be unique per user, or is it necessary to create a password for each user?

The maximum number of users per lab will be two, for either the manual upload module or the XML upload module. Each user must generate their own password.

Can we register the same email address for different company names?

This isn't possible. The system recognizes each email address as a separate user, and two users can't have the same email address.

If they are from different subsidiaries that make up a group of laboratories, where the person in charge is the same, the same person can be registered with different email addresses.

What happens to reports that were initially submitted to Notireporta or regular e-Reporting?

If I have submitted a notification in any of the tracking systems or formats, should I capture all available information, including the tracking information that corresponds to me on this new platform, or only the new information?

For follow-up cases of notifications submitted prior to the implementation of this module, should the entire case be entered since there is no MX encoding?

If a report was initially notified through ordinary e-Reporting, you must submit follow-up reports using the official form via email to farmacovigilancia@cofepris.gob.mx

If a report was initially notified through Notireporta and subsequent follow-up was notified through regular e-Reporting, you must continue to follow up until it is closed by the designated email.

If a report was initially notified through Notireporta and no follow-up was performed in regular e-Reporting, you may enter the complete report with all the information in e-Reporting Industry on a single occasion.

Is it possible for two users to report simultaneously (if there is more than one user)?

Yes. The two accounts granted per laboratory are independent, and cases can be entered into the manual upload module or XML uploaded to the XML upload module simultaneously. However, one account cannot be used by more than two people at a time.

So the adverse event is reported in Verbatim and also in MedDRA?

Yes, it is necessary to report both terms in the corresponding fields.

Is it necessary for each laboratory to have a MedDRA license?

Yes. You must have the appropriate license to use e-Reporting Industry.

Is there an option on the platform to save the case and finish it later?

No. If you leave a report incomplete and log out without submitting it, you won't be able to retrieve the information later and will need to enter it again.
It is requested that the entire case be captured, the file be sent and downloaded, and the acklog be acknowledged before logging out.

Will there be a time limit for uploading a case? How long can a session remain active?

There's no time limit as long as you're constantly entering information for short periods of time. However, if the page remains open without any activity for long periods of time, your session will be logged out after a certain time for security reasons.

You are asked to remain logged in only if you are entering information, otherwise you must log out.

Should a notification be made for each suspected medication?

No. An individual case report may contain one or more suspected drugs, as well as one or more AEs, SRAMs, ADRs, and ESAVIs.

Where do I get the WWUID?

The constant part consists of the ISO country code (MX) and the company's short name. This information is established in the information request that the CNFV makes to the laboratory to register the user.
The variable part consists of a consecutive number of at least 5 digits which must be unique for each case.

What is the difference between the Safety Report Unnique Identifier and the WWUCI?

The WWUID is the first identifier assigned to the report. The Safety Report ID is another identifier that can be assigned to a case following the same format as the WWUID if needed.

What happens to my IQF codes, notireporta IDs, and previously generated IDs in e-Reporting? Should I use the field labeled "Other case identifiers in previous transmissions" to enter this information?

Yes, you can add them in the “Other case identifiers in previous transmissions” field, as long as you have not previously entered a follow-up in regular e-Reporting.

If there are initial notifications of additional PMR activities approved by the CNFV in the years prior to the implementation of Industry e-Reporting, can they be reported this way? Where do I enter the code that replaces the WWU ID or SRU ID from the notification approved by the CNFV?

Yes, they can be reported in the manual upload module as long as they are initial or their respective follow-ups and no follow-up has been reported through regular e-Reporting.
The coding provided by the CNFV can be added to the "Other case identifiers in previous transmissions" field. Under no circumstances does this coding provided by the CNFV replace the *SRUID* and *WWUID.*

Is it possible to go back between sections to edit information if I made an entry error?

Yes, it is possible. Navigating between sections is not limited to providing all the required information in one section to move on to the next.

Is it possible to save the information to continue with the report or does it have to be done in a single session?

Capturing a report must be done in one session. The system does not save the report until you submit it.

In the case of reports from literature, is it a requirement to attach the referenced publication?

It is not a requirement or mandatory field.

For clinical trials, is the clinical trial drug always the suspect drug?

You can add more than one suspected drug, but the study drug and/or comparators in blinded studies must be marked as suspect at least.

In the case narrative section across the three sections, how many characters can be captured?

The "Case Narrative" field capacity is 20,000 characters (including spaces). If your report has a case narrative that exceeds this limit, please include the remaining text in the *Case Summary and Reporter's Comments field in your native language.*

Should the causality of each reported PT be included, regardless of whether it is a suspected or concomitant PT?

The causality assessment must be performed for each AE/SRAM/AEAVI, and is only applicable for the suspected drug(s).

How can I review previously uploaded cases within the timeframe before they are deleted?

Complete information on previously uploaded cases is not available in e-Reporting Industry, as it is not a database. What will be available are the generated XML and the acklogs (of the

last 7 days) in the “Shipping Status” section of the top right menu and the possibility of uploading respective trackings

If no missing or incorrect data appears in red before submitting the case, and the case still cannot be submitted, what should be done?

You should review the report again in detail, section by section. As long as you provide the minimum required information and don't have any missing or erroneous data marked in red, the report can be submitted without any problems.

If I'm going to report a follow-up, do I need to capture the entire case again?

You do not need to re-enter the entire case. Once you have submitted the initial case in the manual upload module, you must immediately download the XML file (or within the first 7 calendar days) and save it to your computer. When you need to follow up, go to the *Edit Report* section in the top menu as described in this manual.

In the case of manual notification to E2B transmission, can the ACK log generated during manual upload be used for tracking in E2B transmission? Or is it only loaded in the XML file of the tracking sent by our global provider?

Not with the backlog. You must remember that the backlog is only the electronic acknowledgment of receipt. On the other hand, initial case follow-ups entered through manual upload can be uploaded via E2B Upload. The requirement is to ensure that the WWUIDs are exactly the same, so that when the report is entered into VigiFlow, it recognizes it as a follow-up.

If I didn't download the report, is it no longer possible to download it?

You have up to 7 days to download it once you submit the report. After this period, you will no longer be able to download it or the corresponding acklog.

If other problems arise that are not mentioned in this guide, how and where should they be reported?

Is there a contingency plan if the platform goes down? How would cases be reported?

In case of a platform error and/or system unavailability, is there any other option for reporting cases?

The e-Reporting manual upload module is continuously monitored and updated by the UMC to ensure proper operation. When the UMC performs updates, it usually takes a few hours to complete them, so access may be intermittent for some users. In this case, you should wait at least 3 hours and try again. If you are unable to access e-Reporting Industry for more than 24 hours and the failure is due to a cause beyond the control of the UMC (you can document this with a screenshot if your internal procedure requires it), report the error to xmlvigiflow@cofepris.gob.mx and monitor constantly until service is restored.

If you have a problem accessing, try the following:

- Access it from the link found in this manual and not through the one saved in your computer's cache or history.

- Delete cookies from the browser you are using.
- Access the platform using a different browser.
- Make sure that the correct username and password are entered.
- If you forgot your password, generate another one as established in this manual.

What happens if in the Submission status section, the end time is blank and the submission status of my notification is displayed as pending, and I don't have the issued backlog available for download?

When these types of situations are detected, it is not necessary to report them. The module is continuously monitored, so it can consider data related to the sending time and sending ID as evidence of sending.

Once successful transmission is confirmed, the same module will automatically issue the backlog, which will be available for download as usual for 7 days only. If any backlog remains pending download, it will be the user's responsibility to monitor its status and download it immediately to complete the corresponding documentation.

When downloading the xml it is necessary to confirm that the following data is contained, as it confirms the successful transmission of the information: <acknowledgement typeCode="AA">

AA – Application Acknowledgement Accept (message successfully processed, no further action)

If you receive an acklog with any of the following encodings, it will be necessary to load the information:

AE – Application Acknowledgment Error (error detected, error response has additional detail, some ICSR message(s) need further action)

AR – Application Acknowledgment Reject (parsing error, no data extracted, resend the entire transaction)

How will the pharmaceutical industry perform quality control or review of the information entered?

Providing as much information as possible about the case, covering at least the minimum required fields and adhering to the information entry guidelines established in this manual.

What should we do if our XML case is rejected?

You should review the acklog to identify the cause and establish the necessary corrections for resubmission.

For follow-ups sent via eReporting and using the notification format, is it possible to send multiple formats in a single email?

No, each follow-up request is sent in a separate email.

If there is a safety issue that does not generate an adverse event, should it be reported?

For example, exposure to a medication during pregnancy, but there was no event in either the mother or the baby. Is it reported?

According to section 4.57 and section 7.7.1 of NOM-220-SSA1-2016, cases of exposure to medications or vaccines during pregnancy and lactation must be reported.
According to point 8.1.2.1 of the modification of NOM-220-SSA1-2016, other safety problems related to the use of medicines and vaccines are only reportable if they are accompanied by clinical manifestations (not necessarily related to the safety problem).

Where will the medications to treat the adverse event be entered in the manual entry module? In the narrative?

In the free text field Narrative Case.

Could access to manual uploads and XML be reconsidered for cases where we cannot enter information in Spanish, such as clinical studies and serious cases that require reporting within 48 hours?

The CNFV will define the valid exceptions under which the pharmaceutical industry that has access to the XML upload module can use the manual upload module to report specific and exceptional cases.

Even if you initially work with the manual module and then migrate to XML, should the short name be provided from now on?

Yes, the long name, short name, and sender identifier must be provided. This information must be the same as that initially provided for the manual upload module and subsequently for the E2B upload. This will prevent future issues when entering reports.

For CROs, do you have to create one account per customer or one user per customer? Because the molecule must be linked to the owner of the molecule, not the CRO. Or will this be defined with the information sent for the account, including the definition of long and short names?

CROs, like pharmaceutical companies, will have two user accounts in the manual or XML upload module. These accounts will allow them to enter all of their clients' adverse event reports.
Remember that there must be an agreement established between the CRO and the sponsor so that only one of them makes the notification of adverse events according to the times established in NOM-220-SSA1-2016 and the notification is not duplicated.

If we can't download the XML file after submitting an initial case, for whatever reason, and we want to send a follow-up and don't have that file, what should we do?

See Download Report section of this manual

Can medical judgment be used as a causality assessment method? At the company where I work, they assess causality through case analysis and medical judgment. Is this a valid method?

The priority use of standardized evaluation methodologies is requested.

Will the MedDRA version that will be used for e-Reporting be the most recent?

Yes, the most recent version will be used and will be automatically updated as MedDRA MSSO releases new versions.

5. Annex A

Terms and conditions of use e-Reporting Industry

Description

e-Reporting Industry is a platform developed by the Uppsala Monitoring Centre (UMC) specifically for the pharmaceutical industry to notify the Regulatory Authority of Individual Case Reports of Adverse Drug Reactions (ADRs), Suspected Adverse Drug Reactions (SDRs), Adverse Events (AEs), Events Supposedly Attributable to Vaccination or Immunization (ESAVI), and any safety issues related to the use of medicines and vaccines through a standardized platform designed for improved data collection. ***e-Reporting Industry*** is linked to VigiFlow, a tool used for the management of Individual Case Reports at the national level. The National Center for Pharmacovigilance (CNFV) operates VigiFlow nationally as a country belonging to the International Medicines Programme of the World Health Organization (WHO) for the management of individual case safety reports.

The CNFV has defined the exclusive use of e-Reporting Industry for:

- Health Registry Holders or their legal representatives.
- Institutions or establishments where health research is carried out (includes Contract Research Companies (CROs).
- Distributors/marketers

Statements

The CNFV declares that:

I. It is the area of the Federal Commission for the Protection against Sanitary Risks, through the Executive Directorate of Pharmacopoeia and Pharmacovigilance, which is responsible, in accordance with the applicable regulations, for issuing policies and guidelines for the operation of Pharmacovigilance in the national territory, among which are:

a. Establish and disseminate Pharmacovigilance requirements and formats for reporting SRAMs, AEs, ADRs, AEFIs, and any other safety issues related to the use of medicines and vaccines, INCLUDING electronic tools for reporting, considerations for use, and operating guidelines.

The User declares that:

I. As a user of ***e-Reporting Industry,*** you authenticate that you belong to one of the following Pharmacovigilance members in the country:

a. Health Registry Holders or their legal representatives.

b. Institutions or establishments where health research is carried out (including contract research organizations (CROs).

c. Distributors/marketers

II. Any unauthorized use by any entity mentioned in the previous point represents a rape.

III. You are aware of the content and obligations arising from this *e-Reporting Industria Terms and Conditions of Use letter,* and therefore agree, under its terms, to comply with the following rules of access and use.

IV. You agree that the CNFV and the Uppsala Monitoring Centre (UMC) may withdraw your access if violates any of the following rules for access and use of e-Reporting Industry.

Rules of access and use

I. The *e-Reporting Industry* user is responsible for maintaining the confidentiality of their password and for the consequences of failing to do so. They must protect their password and not share it. If they become aware of unauthorized use of their account, they must change their password immediately and inform their superior.

II. The user of *e-Reporting Industria* agrees not to misuse it or assist anyone else in doing so, for example, in the following situations:

a. Explore, scan, or test the system for vulnerability.

b. Breach or circumvent any security or authentication measures.

c. Sell the e-Reporting Industry services.

d. Use in an illegal, fraudulent or harmful manner.

e. Within the system, copy, store, host, transmit, send, use, publish or distribute any material that consists of (or is linked to) any spyware, computer virus, Trojan horse, worm, keystroke logger, rootkit or other malicious computer software.

f. Share your account password or give unauthorized access to your account.

III. Information shared through e-Reporting must be treated in accordance with the General Law on the Protection of Personal Data Held by Obligated Subjects and, where applicable, the Federal Law on the Protection of Personal Data Held by Private Parties, the General Law on Transparency and Access to Public Information, and other applicable regulations.

IV. The user of e-Reporting Industry acknowledges that the UMC, through the National Pharmacovigilance Center, grants them access to this tool, but no license, patent, or intellectual property rights are granted to it.

You can review COFEPRIS's comprehensive Privacy Notice at the following link:
https://tramiteselectronicos02.cofepris.gob.mx/Frontendnuevoportal/General/AvisoPrivacidad