VINUVA Data Flow

REGIONAL

LEVEL

NATIONAL

LEVEL

SENTINEL

HOSPITALS

Data verified

(shared)

Data not verified

(not shared)

Reports

VINUVA – New Tool for the Monthly Reporting of Data from Sentinel Surveillance of Rotavirus, Pneumonia and Meningitis

VINUVA (from "New Vaccine Surveillance" in Spanish), a web-based computer platform, was developed by the Pan American Health Organization (PAHO) to facilitate the monthly reporting of aggregated data from both the sentinel hospital surveillance of rotavirus diarrhea as well as invasive bacterial diseases, particularly pneumonia and meningitis in children aged <5 years. This platform comes to replace the Excel files and MS Access database that countries were using to report their data since the implementation of both surveillance networks in the Region of the Americas. As it is web-based, VINUVA simplifies the monthly sending of data to PAHO as well as maintaining the regional database. The system also facilitates the quality control of data and the generation of standardized reports. The countries can enter their data directly to VINUVA; however, data are sent to PAHO only after they have been validated by the surveillance officer

VINUVA - Advantages

VINUVA – Next steps

VINUVA includes the following variables: country, sentinel hospital. and the month, year, and number of hospitalizations in children aged <5 years. In the case of rotavirus, the specific variables included in the system are: the number of diarrhea admissions

in children aged <5 years; number of children aged <5 years meeting the case definition; number of stool samples from children aged <5

Verification

Data Collection

years; and number of cases with positive results for rotavirus. In the case of bacterial pneumonias, the variables include: the number of suspected cases of pneumonia in children aged <5 years; number suspected pneumonia with cases x-rays; number of cases of

Aggregated data

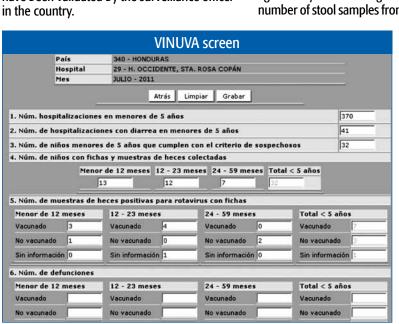
reviewed

Monthly

aggregated data

entered in VINUVA

bacterial pneumonia; number of probable cases with a blood specimen; number of probable cases with a specimen of pleural fluid; number of confirmed cases by etiological agent [Haemophilus influenzae type b (Hib), Hi (no b), Streptococcus pneumoniae (pneumococcus) and other bacteria or contamination]: and the number of cases that died of pneumonia. For bacterial meningitis, data is entered for the number of suspected meningitis cases in children aged <5 years: number of suspected meningitis cases with cerebrospinal fluid and study form completed; number of probable cases of meningitis by age group and total; number of confirmed cases by age groups and isolated agent; and the number of cases that died of bacterial meningitis. A challenge for the pneumonia and meningitis surveillance is to separate the cases by age group and vaccination status, and linking VINUVA to the information system for reporting the laboratory data from the SIREVA network.



- Via Web, does not require installing programs. It is accessible from any location/time with an Internet connection.
- Captures in real-time aggregated data of new vaccines by hospital per month.
- Enables users of accredited health ministries and regional offices (PAHO and WHO) access to verified data reports.
- Each country should identify for each hospital:
 - Person responsible for data logging (collector).
 - ⇒ Person responsible for verifying the data (checker).
- · Each one of these individuals should:
 - Register and train in the DEMO: www.paho.org/vinuva/demo.
 - Register and enter the data on the actual VINUVA: www.paho.org/vinuva.