



Workshop to Review the *Manual on Rapid Responses to Imported Cases of Measles, Rubella and congenital rubella syndrome (CRS)* is Held in Colombia

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Location	Bogota, Colombia
Dates	4-6 December 2016
Participants	Delegates from the ministries of health from ten countries (MEX, ELS, HON, COR, VEN, COL, ECU, BRA, CHI, DOR) representing National Immunization Programs, the General Directorate of Epidemiology and National Laboratory for Measles and Rubella and PAHO immunization focal points from eleven countries (MEX, HON, NIC, VEN, PAN, COL, ECU, BRA, DOR, PER, ARG) attended the workshop.
Purpose	The purpose of the workshop was to create a regional tool that guides rapid response actions when facing imported measles, rubella and CRS cases, with the goal of maintaining the elimination of endemic measles and rubella viruses in the Americas.

During the workshop, master lectures were given to update the participants on the measles and rubella situation at the regional and global level, as well as an analysis of the **strengths, weaknesses, opportunities and threats** that present challenges to sustaining measles and rubella elimination in the Americas. Three countries were also invited to present on their experiences controlling and closing outbreaks, as well as on the methodology used in risk analysis before and after outbreaks. These countries were Brazil, Chile and Colombia.



Participants at the workshop to review the Manual on Rapid Responses to Imported Cases of Measles, Rubella and congenital rubella syndrome, Colombia, December 2016. Credit: PAHO.

The methodology for risk analysis and case studies on the measles outbreak, which were developed by the Health Secretariat in Ceará, Brazil with support from PAHO, were presented in this workshop and will be adapted to be included as annexes in the *Manual on Rapid Responses to Imported Cases*, which PAHO will publish in 2017.

Chile also presented on their experience managing the 2015 outbreak and on the methodology they have developed for both outbreak control and risk analysis, both of which will work to enrich the experiences shared in the *Manual on Rapid Responses to Imported Cases* from PAHO/WHO.

The workshop ended with a presentation on recommendations from five plenary working groups. These recommendations created a very rich discussion on the agreements that should be achieved from all countries in the Region to sustain elimination, responding in a quick,



effective and homogeneous way to any importation of measles and rubella viruses from any region in the world.

On the third and last day of the workshop, the proposed strategic lines of action and indicators for the *Regional Plan of Action for the Sustainability of Measles and Rubella Elimination, 2017-2022*, were presented.

Advances on Electronic Immunization Registries in Latin America are Highlighted in the Global eHealth Report

Martha Velandia, Marcela Contreras, Gabriela Felix – PAHO, Washington, DC

The recently released Global eHealth report includes a case study on Electronic Immunization Registries (EIR) in Latin America. This case study highlights the fact that Latin America is home to some of the oldest computerized immunization registers in the world. Additionally, it mentions that, to date, many countries in Latin America have been working toward implementing electronic immunization registries, seeking to improve immunization data quality and facilitate better data availability at all levels of the immunization program. The study also mentions that EIRs are considered useful tools to reach the goals stated in the Regional Immunization Action Plan [of the Americas].

The eHealth Report highlights the “Improving Data Quality for Immunization (IDQi)” Project, a PAHO initiative to help countries decide whether, when and how to introduce and/or expand EIRs. Best practices on EIR development and implementation, identified from various countries in the context of the IDQi initiative, include the following:

- Objectives and the scope of the EIR should be clearly established before development;
- Implementation of the EIR should be monitored in order to address problems as soon as possible;
- Data flow and processes should be clearly identified at the start of the project;
- An unique identifier should be used or created, as well as capturing the entire target population;
- EIRs need to be flexible enough to accommodate new vaccines, new schedules, etc.; and
- EIRs require investments in time and financial commitments during their entire life cycle.

“Global diffusion of eHealth: making universal health coverage achievable. Report of the third global survey on eHealth. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO.” Available at: <http://apps.who.int/iris/bitstream/10665/252529/1/9789241511780-eng.pdf> – pages 22-25.