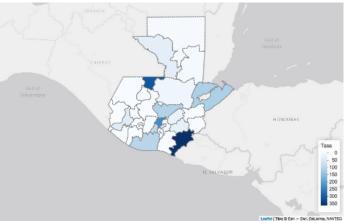




## Implementing Active ESAVI Surveillance following COVID-19 Vaccination among Pregnant Women in Guatemala

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COVID-19 vaccination among pregnant women was implemented in late August 2021. PAHO has supported the Ministry of Health in establishing an active ESAVI surveillance system through direct collaboration with the Department of Epidemiology, with protocol and questionnaire development and implementation, including a pilot test and training reproductive health technicians in 29 health areas. Ongoing support has also been provided in data analysis, technical advisory, and monitoring at the national level.



ESAVI monitoring rates in pregnant women following COVID-19 vaccination, by health area. Guatemala, October 2021-January 2022. Prepared by: Department of Epidemiology, Guatemala Ministry of Public Health.

Surveillance consists of telephone calls made by local reproductive health technicians in health areas to pregnant women at designated intervals following COVID-19 vaccination. Women are contacted at days 2, 7, 35-40 (Pfizer and Moderna vaccine recipients) and 60-65 (AstraZeneca vaccine recipients) post-vaccination, as well as 7 days after their scheduled delivery date. A standardized questionnaire is administered during every one of these phone calls. A pilot test was implemented in 4 health areas in early October 2021.

Between mid-October 2021 and mid-January 2022, ESAVI surveillance personnel in health areas have carried out 3986 monitoring calls and received 813 ESAVI notifications (following the administration of 33,369 vaccine doses). The most common symptoms reported are injection site reactions (60% of notifications), headache (43%), and fever (31%). Of these reports, three have been reported as serious events (0.4%); two of which were determined to be unrelated to the vaccine or vaccination process by the National Committee on Evaluation of Serious ESAVIs and one is still under investigation.

The active ESAVI surveillance in Guatemala adds to the evidence from other countries that mRNA and AstraZeneca COVID-19 vaccines are safe among pregnant women.





## **Collaborative Efforts with Ancestral Authorities as a Key Component to Advance COVID-19 Vaccination Coverage in Guatemala**

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Guatemala launched vaccination against COVID-19 at the national level in February 2021, after prioritizing health workers in the first phase and then populations at higher risk due to age and comorbidities. Although vaccination coverage increased steadily, marked differences have been observed between geographic areas, with lower coverage in rural localities and those indigenous with populations. Communication barriers were identified ethnoanthropological through an assessment in eight departments of the country. This assessment identified



Dialogue with the Intersectoral Environment and Land working group, in collaboration with Ancestral Authorities and PAHO in south Petén, January 2022. Pictures provided by FGER.

factors that affect decision-making to get vaccinated in Guatemala and provided key recommendations for more culturally relevant reporting.

A factor in preventing COVID-19 and promoting vaccination is the trust of the population in health personnel and institutional actions, without which greater efforts and investment of resources are required, therefore it has been necessary to raise awareness and link different sectors so that the health issue is approached in a participatory manner, from the Ministry of Health the communication for development approach is promoted.

As part of PAHO's efforts to support the Guatemalan Ministry of Health in increasing demand for COVID-19 vaccines and based on a request made by the Mayan, Xinka and Garífuna Ancestral Authorities, a collaborative work plan was designed among Ancestral Authorities and leaders and health personnel from local health areas to promote intercultural management of the COVID-19 pandemic and promote vaccination at the community level.

With support from the Guatemalan Federation of Radio Schools (FGER), local facilitators were identified in 81 communities, 23 municipalities, and 8 departments. The work involved ancestral leaders of the Maya, Xinka, and Garífuna peoples, as well as some dependencies of the Ministry of



## PAHO Articles in WHO's Global Immunization Newsletter (GIN)



Health, such as the Education and Health Promotion Program (PROEDUSA), Comprehensive Health Care System (SIAS), and the Health Care Unit for Indigenous Peoples and Interculturality (UASPIIG), holding a series of dialogues between November 2021 and January 2022, to strengthen the knowledge and understanding of COVID-19, and the promotion of vaccination with key actors at the community level and indigenous peoples.



The participation of ancestral and community leaders through "circular

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dialogues" has transferred reliable information to community members and opens opportunities to address limitations at the local level regarding access to health services, the management of COVID-19 and vaccination, with cultural relevance. This improved communication on comprehensive health care in an intercultural manner has allowed Ancestral Authorities, community authorities, and the Ministry of Health to work in a complementary manner, to increase the demand for COVID-19 vaccination9, in rural communities with low coverage.

The direct participation of ancestral authorities and community leaders has revealed their commitment to actively support the implementation of health strategies with cultural relevance, aimed at valuing and strengthening the vaccination campaign against COVID-19 in Guatemala. It has also allowed an active approach to highlight the complementary role between institutional medicine and indigenous medicine in the management of the COVID-19 pandemic in Guatemala and the comprehensive improvement of health in vulnerable populations. This collaborative work will continue to be coordinated from the Guatemalan Ministry of Health, beyond the pandemic for the medium and long term.