



# PAHO Immunization GIN Articles

## (GLOBAL IMMUNIZATION NEWSLETTER)

September 2017

### Workshop on Immunization Data Quality is Held in Nicaragua

Jazmina Umaña, ministry of health-Nicaragua; Nancy Vasconez, PAHO-Nicaragua; Martha Velandia, Marcela Contreras, PAHO-Washington, DC

<b>Location</b>	Managua, Nicaragua
<b>Dates</b>	15-17 August 2017
<b>Participants</b>	<ul style="list-style-type: none"><li>• Nicaragua's Expanded Program on Immunization (EPI)</li><li>• Representatives from Nicaragua's Local Comprehensive Healthcare System (SILAIS)</li><li>• Representatives from PAHO-Nicaragua</li><li>• Representatives From PAHO-Washington, DC</li></ul>
<b>Purpose</b>	The purpose of the workshop was to strengthen the EPI teams that are in charge of immunization data quality using modules from the Toolbox For Coverage Monitoring of Integrated Public Health Interventions, developed by PAHO.

Correctly filling out immunization registries that generate administrative coverage has been an essential to guiding the management, follow-up and evaluation of activities within immunization programs. Vaccination coverage indicators must be interpreted based on aspects related to data quality, therefore it is necessary to know their limits and possibilities. Another essential aspect for coverage analysis is disseminating the results in a way that constitutes them as contributing to making decisions aimed at elevating coverage and implementing actions to improve the quality of the analysis.

PAHO's Immunization Unit and Neglected Diseases Unit have developed a Toolkit for Monitoring the Coverage of Integrated Public Health Interventions to facilitate using concepts and methods that make improving coverage data quality easier, as well as analyzing and using that information. The Toolkit includes modules on topics, like analyzing administrative coverage, rapid coverage monitoring and evaluating data quality, among others. The tools can be applied in an integrated way or individually, facilitating coverage analysis and monitoring for any health program.



Participants at the Immunization Data Quality workshop in Nicaragua, August 2017.  
Credit: PAHO/WHO



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The data quality module was used in this workshop, aiming to strengthen the national EPI team and statistics team from the subnational level or SILAIS. Forty-four representatives from the SILAIS and the national level participated. The workshop was divided into a theoretical section on data quality, which took Nicaragua's context, as well as concepts, methodologies and instruments to monitor and evaluate data quality into consideration, and a practical section, which considered a visit to the different levels involved in the flow of immunization-related information, where a thorough data quality exercise identified findings, strengths and opportunities for improvement. These were analyzed and presented in a plenary session, inciting a discussion and establishing commitments to improve.

The workshop was well received by participants. An extension of the workshop to local levels and use of the tools acquired were among the conclusions drawn.



Participants at the Immunization Data Quality workshop in Nicaragua, August 2017. Credit: PAHO/WHO



Participants at the Immunization Data Quality workshop in Nicaragua, August 2017. Credit: PAHO/WHO



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### Meeting of the Regional Polio Laboratory Network

Gloria Rey-Benito Regional Advisor FGL/IM, VPD Laboratory Network, Andrea Villalobos

<b>Location</b>	Santiago, Chile
<b>Dates</b>	11-12 September 2017
<b>Participants</b>	Polio laboratory representatives from Argentina, Brazil (two labs), Canada, Colombia, Caribbean sub-region, Chile, Mexico, United States and Venezuela attended the meeting. Due to weather conditions, Cuba's representative had a late arrival. Representatives from the CDC, Polio and Picornavirus Laboratory Branch (PPLB) and Global Immunization Division (GID), WHO's Global Polio Laboratory Network (GPLN) - coordinator and PAHO's Regional Polio Laboratory Network (RPLN) also participated in the meeting.
<b>Purpose</b>	Meeting objectives were to review: <ol style="list-style-type: none"><li>Recent advances in global polio eradication with an emphasis on laboratory support to the program.</li><li>Performance of the Global and Regional Polio Lab Network, quality assurance program and capacity-building.</li><li>Progress, achievements and challenges in poliovirus containment in the network laboratories and adaptation of procedures in the GPLN.</li></ol>

The global and regional status of the Polio Laboratories Network was updated by GPLN's coordinator and PAHO Regional-VPD Laboratory Network, both highlighting the critical importance of maintaining the integrity and functionality of surveillance for poliovirus as an essential function to achieve and sustain a polio-free world. All polio laboratories should follow WHO-recommended procedures for detecting and characterizing polioviruses (viral isolation [VI], intratypic differentiation [ITD] and sequencing [SEQ]) from stool and sewage samples collected from cases of acute flaccid paralysis and the environment, respectively.

Overall performance indicators to detect and characterize poliovirus remain good. The performance of the Region of the Americas until 2016 showed that out of the 11 polio laboratories in the Region, all have installed capacity to perform VI/ITD and four have installed SEQ capacity. Considering the results of the performance indicators and results of the proficiency testing panels, the accredited laboratories for 2016 were: 11/11 for VI, 6/11 for ITD and 3/4 for SEQ.

For the GAPIII, two Biorisk Management trainings and one Containment Certification Scheme (CCS) auditors training have been implemented at the regional level. Poliovirus Essential Facilities (dPEFs) must submit applications for the Certificate of Participation to National Authorities of containment (NAC) according to the CCS.

From 13-15 September, after the RPLN meeting and in cooperation with the Chilean Institute of Public Health (ISP), PAHO and CDC prepared a workshop on poliovirus real-time reverse transcription polymerase chain reaction (RT-PCR) for ITD 5.0 to provide RPLN training in intratypic differentiation assays as recommended by the GPLN, strengthening laboratory surveillance of poliovirus in the Region of the Americas.



Participants at the Meeting of the Regional Polio Laboratory Network. 11-12 September 2017, Santiago, Chile.

Credit: PAHO/WHO



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## (GLOBAL IMMUNIZATION NEWSLETTER)

### Workshop on Electronic Immunization Registries (EIRs) Held in Argentina

*Analia Aquino, Amelia Monti, Gustavo Iriarte, Emanuel Sarmiento, Patricia Torrilla, Martin Saralegui (DICEI, ministry of health-Argentina); Mirta Magariños (PAHO-Argentina), Marcela Contreras (PAHO-Washington, DC); Susana Devoto (EPI-DICEI, ministry of health-Argentina)*

<b>Location</b>	Buenos Aires, Argentina
<b>Dates</b>	5 September 2017
<b>Participants</b>	<ul style="list-style-type: none"><li>• Representatives from the Directorate of Control for Immuno-preventable Diseases (DICEI), ministry of health-Argentina</li><li>• Those responsible for EIR systems in Argentina</li><li>• PAHO-Argentina</li><li>• PAHO-Washington, DC</li></ul>
<b>Purpose</b>	The objectives of this workshop were to share the experiences and lessons learned from implementing and using EIR systems in Argentina, as well as establish the future challenges in the country regarding the use of EIR systems.

The DICEI from the ministry of health in Argentina conducted a workshop on implementing and using EIR systems in Argentina, in conjunction with those responsible for the system at all subnational levels. Argentina has 24 provinces, 12 of which utilize the EIR system developed by the DICEI, named NOMIVAC. The other 12 provinces use their own development systems, which should transfer nominal vaccination information to the main repository.



Participants at the EIR workshop in Argentina, September 2017. Credit: PAHO/WHO

During this workshop, PAHO and Argentina presented the progress of the Region of the Americas and of the country, respectively, in relation to EIR system implementation and data quality, emphasizing the importance of counting on basic and complex tools, like the EIRs to monitor EPI performance at all levels, data analysis and systematically monitoring the quality of immunization data.

Through teamwork, participants discussed the following central themes: indicators for implementing the system they use, limitations and advantages to having an online/offline EIR system, standards for the data quality in a consolidated EIR system and uses of the information stemming from an EIR.

At the end of the workshop, future challenges regarding the use of EIR systems in Argentina were discussed, where participants highlighted strengthening EPI performance indicator reports in the system, improving motivation for system users, reducing the error rate, stimulating analysis at all levels, among others.



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## Training on Monitoring Vaccination Coverage and Preventive Chemotherapy to Eliminate Lymphatic Filariasis is Conducted in Haiti

*Mauricio Cerpa, Jean Andre, PAHO-Haiti; María Jesús Sánchez, Marcela Contreras, PAHO-Washington, DC; Laure Dumolard, WHO; Ana Morice, Ana María Recinos, PAHO (consultants)*

In 2012, PAHO's Comprehensive Family Immunization and Neglected Diseases units started developing a joint protocol to monitor vaccination and deworming coverage. From this process, six modules were created through a decision algorithm, that can be used jointly or separately to analyze vaccination and Preventive Chemotherapy (PC) coverage.

Since 2015, twelve workshops have been conducted on using this toolkit, training a total of 689 people. The last workshop to monitor and analyze vaccination and preventive chemotherapy (PC) coverage for deworming and lymphatic filariasis elimination was conducted on 31 July-4 August 2017 in Port-au-Prince, Haiti. Twenty-six people from the neglected diseases and immunization programs in Haiti that work at the ministry of health, International Medical Aid (IMA), Carter Centre and PAHO participated in the workshop.

During the workshop, the concepts, advantages and limitations of the methods were discussed, including analysis coverage based on administrative data, Rapid Coverage Monitoring (RCM), Data Quality Self-Assessment (DQS/DQA) and surveys. Practical exercises, PC and vaccination coverage analyses for the country according to time, place, person and opportunity were made, evaluation of numerators and denominators, as well as field work to apply the DQS/DQA and RCM tool door-to-door. The practice on the field was done in the Tabarre community and in the Centre de Sante Sans Lits de la Croix des Missions, in the L'Ouest Department. Based on what was learned, actions to improve analysis and coverage for both programs were presented.

The participants highlighted the interactive and participatory methodology and the field work to apply the tools for coverage monitoring as the most positive of the workshop.



Participants at the Training on Monitoring Vaccination Coverage and Preventive Chemotherapy to Eliminate Lymphatic Filariasis in Haiti, July-August 2017. Credit: PAHO/WHO.



Participants at the Training on Monitoring Vaccination Coverage and Preventive Chemotherapy to Eliminate Lymphatic Filariasis in Haiti, July-August 2017. Credit: PAHO/WHO



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### Colombia's Ministry of Health Recognizes the International Rotary Foundation Support for Polio Eradication Efforts in the Country

*Diego Garcia, EPI Manager-Colombia; Ivy Talavera and Viviana Calderon, PAHO-Colombia; Ana Elena Chevez and Elizabeth Thrush, PAHO-Washington, DC*

The International Rotary Foundation, created in July 1917, is celebrating 100 years of community service this year and has been one of the key partners for global polio eradication.

In Colombia, Rotary International supported initial polio eradication efforts in the 1980's and in 2015 renewed their commitment to support the country to Global Polio Eradication and Endgame Plan.

In 2016, Rotary joined the country for the verification and certification process of the switch from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV).

During the current year, Rotary has participated in the poliovirus containment verification process in the national network of laboratories and more recently, has accompanied the ministry of health in the process of introducing fractional doses of the inactivated polio vaccine (fIPV).

Recognizing the importance of Rotary International's support in Colombia, the Director of Promotion and Prevention in the Ministry of Health and Social Protection, Dr. Elkin de Jesús Osorio, in the name of the Minister of Health, Dr. Alejandro Gaviria Uribe, delivered a special award to Rotary International in Colombia for supporting the global fight against poliomyelitis.

This recognition was given at the opening ceremony for the national training for fIPV implementation, held in Bogotá on 11 September 2017. Accepting the award on behalf of Rotary International Colombia was Efrain Marmolejo and Jorge Maldonado, District Governors of Rotary in Colombia and Dr. Guido Chávez, former District Governor, member of Rotary International and member of Colombia's National Certification Committee for the Elimination of Poliomyelitis

During his speech, Dr. Efrain Marmolejo highlighted the commitment of the ministry of health of Colombia to maintain polio eradication and also thanked PAHO/WHO for its support by placing a Rotary pin on Dr. Gina Watson, Representative of PAHO/WHO in Colombia.





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## Colombia Launches Cascade Training to Introduce Fractional Doses of the Inactivated Poliovirus Vaccine

*Diego Garcia, EPI Manager-Colombia; Ivy Talavera and Viviana Calderon, PAHO-Colombia; Ana Elena Chevez and Elizabeth Thrush, PAHO-Washington, DC*

On 11-12 September, Colombia became first country in the Region to launch training to introduce a fractional dose schedule of the inactivated poliovirus vaccine (fIPV).

In attendance at the meeting were 250 professionals from each of Colombia's 37 departments, including immunization program managers, surveillance coordinators and health center representatives.



Representatives from Colombia's 37 departments at the fIPV training in Bogotá, Colombia; 11-12 September 2017.  
Credit: PAHO/WHO

Colombia has started a cascade-style training to train health personnel in the polio vaccination strategy, framed in the eradication plan, which includes re-training all health workers on the intradermal administration technique, which is required for fIPV. This technique is known to all vaccinators, but since this technique is mainly used in hospital settings for administering the BCG vaccine, not all vaccinators practice it daily and therefore, it is important that all health personnel are re-trained.

A practical session was included on the training agenda, so that those in attendance could practice the vaccination technique and become familiar with the formation of the bleb immediately after the vaccine is administered.

Taking advantage of this training, the country emphasized the importance of improving surveillance for acute flaccid paralysis (AFP), preparing to detect and respond to any event or



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outbreak of poliovirus, and reinforced messages on strengthening cold chain practices, the surveillance of adverse events following immunization or vaccination, and the containment.

A pre and post-test was given to measure the knowledge gained at the meeting and the results showed a 12% increase in knowledge over the course of the two-day training, from 86% knowledge at the beginning to 98% at the end of the training.

The department representatives who attended this meeting will be in charge of holding the department-level trainings. Between now and November, Colombia plans to hold 258 trainings at the department and municipal levels, training a total of 9,100 vaccinators.

In addition to these meetings, Colombia has organized a further 12 meetings with pediatric and general physicians to inform them of the new vaccination strategy and request their technical and scientific endorsement of this recommendation of their patients.

Throughout the Region, trainings are planned for September through November in El Salvador, Honduras, Guatemala and Ecuador. All of these countries, including Colombia, plan to initiate the change in vaccination schedule from one complete dose of IPV to two fractional doses of IPV at the beginning of January 2018.

### Countries from Africa and the Americas Share/Exchange their Experiences with the Electronic Immunization Registry (EIR) Information System

*Marcela Contreras, Gabriela Felix, PAHO; Chilunga Puta, Catherine Muyawala, PATH; Tove Ryman, BMGF; Dan Ehlman, CDC*

<b>Location</b>	Santiago, Chile
<b>Dates</b>	22–25 August 2017
<b>Participants</b>	<ul style="list-style-type: none"><li>Those responsible for immunization information systems in the Americas, specifically in Chile, Bolivia, Honduras, Colombia and Costa Rica.</li><li>Those responsible for immunization information systems in Africa, specifically in Zambia, Tanzania and Ghana.</li><li>Pan American Health Organization (PAHO)</li><li>PATH, BID Learning Network</li><li>Bill and Melinda Gates Foundation (BMGF)</li><li>Centers for Disease Control and Prevention (CDC)</li></ul>
<b>Purpose</b>	The purpose of this meeting was for select countries from Africa and the Americas to share their experiences with electronic immunization registries (EIRs) and good practices to effectively manage them.

Experiences and lessons learned were reviewed among participants during the workshop, touching on topics like planning, implementing, monitoring and evaluating the system's data quality, interoperability, using and analyzing information within the systems and using EIRs in vaccination strategies and future challenges. Additionally, two vaccinating centers and maternity wards in private clinics were visited, as well as two public vaccinating centers, so workshop participants could witness the spectrum of health services in Chile and how the EIR system tool is actively used.



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The discussion on lessons learned highlighted the following topics: EIR data quality monitoring, information security, user management, establishment of contracts in the case of external providers, role of electronic clinical files, sustainability planning, the fact that EIRs require time and budgeting to ensure proper implementation of an information system's entire cycle, user involvement at all levels, the importance of having interoperability guidelines, documenting the analyses that are being done and conduct new analyses, the importance of health personnel committed and empowered, the idea of considering an online and offline version of the tool when designing the EIR, among others.

The shared vision regarding EIR implementation was the main conclusion drawn from the workshop, despite participants coming from different contexts. The lessons learned and shared challenges were established, valuable feedback among countries was given and the importance to continue promoting exchanges of experiences among countries in the Region of the Americas and other regions was emphasized.



Participants sharing experiences with EIR systems in Chile, August 2017. Credit: PAHO/WHO



Participants sharing experiences with EIR systems in Chile, August 2017. Credit: PAHO/WHO