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PAHO Launched Vaccination Week in the Americas in Brazil

Larissa Domingues, Lely Guzman and Luís Felipe Sardenberg

The Pan American Health Organization (PAHO) launched the 17th edition of Vaccination Week in the Americas on 22 April 2019. The initiative was celebrated by 45 countries and territories in the Region. This is the second time that Brazil has hosted the launch, as the regional 2011 inauguration took place in Manaus, on the border between Peru and Bolivia.

PAHO Director Dr. Carissa F. Etienne said that the resurgence of measles and diphtheria outbreaks, as well as the occurrence of yellow fever, are challenges that must be faced in the Region. Brazil's Minister of Health, Dr. Luiz Henrique Mandetta, called on all countries to cooperate and ensure that all populations are vaccinated.

Brazil has also included an increase in vaccination coverage as one of its 35 strategic priorities and launched the interinstitutional campaign Movimento Vacina Brasil. According to PAHO/WHO Representative in Brazil, Dr. Socorro Gross, PAHO has joined this mobilization and congratulates the government's efforts to rescue the value of vaccination and promote health for all.

Additionally, PAHO has organized and participated in a series of actions to promote vaccination throughout the year, including trainings, data analyses and communications, such as a photo exhibition involving different partners who promote vaccination in the country.

For more information, please visit: www.paho.org/bra



Dr. Carissa F. Etienne along with Dr. Luiz Henrique Mandetta, Minister of Health of Brazil, participating in the Vaccination Week in the Americas launch.
Credit: Erasmo Salomão/ASCOM/MS.



Photo exhibition in PAHO office in Brazil, showing the work of different partners who promote vaccination in the country, during a meeting of municipal, state and federal health authorities.
Credit: Erasmo Salomão/ASCOM/MS.



Documenting Grenada's Experience Implementing an Electronic Immunization Registry

Isabella Chan, Marcela Contreras, Robin Mowson, Martha Velandia

Location	St George's, Grenada
Dates	11-14 June 2019
Participants	Qualitative researchers and technical officers from PAHO and members of the Ministry of Health (MOH) Grenada.
Purpose	<ol style="list-style-type: none"> 1. Document Grenada's experience implementing a national electronic immunization registry (EIR) to identify challenges, innovative solutions, and lessons learned; 2. Record strategies to improve vaccination data quality; 3. Understand how country context impacts EIR implementation and sustainability.

Grenada's MOH began EIR implementation in 2015 with the aim of improving vaccination data quality and use. This visit applied a case study approach to retrospectively document Grenada's experience with EIR implementation and usage to date. The methodology involved semi-structured interviews and focus group interviews with key actors in the EIR implementation process, program supervisors, end users, and non-users. The team conducted seven semi-structured interviews, three focus groups and three health facility site visits, which included direct observations of the EIR system and five unstructured interviews with key personnel.

The team was able to share these preliminary thematic findings with the MOH:

1. There is great support for the EIR system among EPI staff, including strong acceptability and commitment, which has been cultivated throughout the process, in no small part because of the IT team's dedication and reliability.
2. Hands-on trainings were widely regarded as helpful. Some recommended tailoring training to differing levels of staff computer literacy and providing on-going training opportunities.
3. Notable progress has been made in addressing the recommendations from the 2018 PAHO/CDC Data Quality Self-assessment (DQS) Plus evaluation, including convening an EIR technical working group, reducing the burden of paper and electronic reporting, and addressing infrastructure-related growing pains by providing more clinics with computers and expanding internet connectivity.
4. While transitioning to the EIR continues, on-going data verification between systems is encouraged to strengthen data quality. Nonetheless, it is acknowledged that this situation is temporarily increasing workload and decreasing data confidence.
5. Recommendations to be shared with other countries include: incentivizing integration of private providers into the system; convening an EIR steering committee early on to meet regularly and share responsibilities with the EPI manager; having nationwide unique identifiers to facilitate patient identification; and sustainable funding allocation and ministry support throughout the process.

Next steps include dual-coding, thematic analysis, and elaboration of a final report to be shared



with the country for feedback as well as manuscript development for dissemination to other Member States.

PAHO is grateful to Grenada for providing the opportunity to follow their EIR journey from inception to full implementation and will continue providing technical support, as requested. The country's achievements and experiential knowledge deserves to be shared to provide lessons learned and potential paths that other Member States can follow.