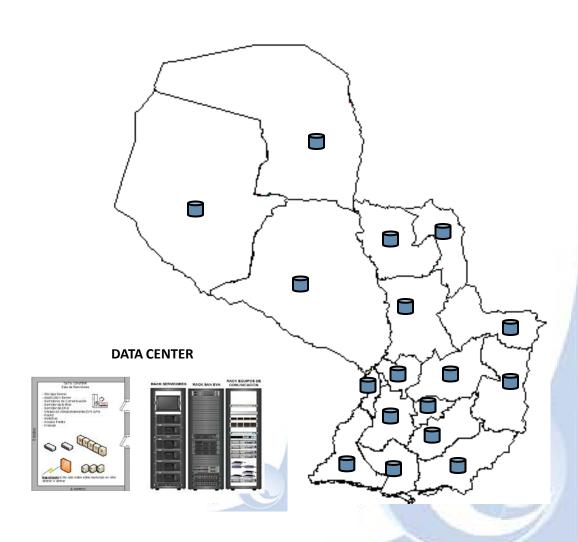
# Immunization surveillance and data collection

Immunization modules integrated into the national health information system

Meeting of the American Nominal Immunization
Association

Expanded Program on Immunization (EPI) information system Where are we?

- National Level: General
   Directorate for Strategic Health
   Information
- Regional Level: 18 sanitary regions (17 departments + 1 capital district)
- Municipal Level: 240
   municipalities with about 1,800
   health centers that vaccinate a
   total of 6.3 million people



### The current EPI information system

- Derates three separate non-integrated sub-systems:
  - Coverage surveillance sub-system: PAI-Visual
  - Vaccine-preventable disease (VPD) surveillance subsystem: ISIS for polio and measles/rubella and database in Excel
  - Vaccine and syringe logistics sub-system: VSSM



#### Flow of information

- Vaccine registration on pre-determined forms by variables of:
- Age
- Gender
- Vaccine
- Dose
- Residence municipality

Local Level (Position/Health Center/All sectors)

### District Level (Head District)

- Consolidates data in pre-determined forms and entered on the PAI-Visual system by variables of:
- Age
- Gender
- Vaccine
- Dose
- Residence municipality
- Vaccination center

 Consolidates municipal data in the database: PAI Visual Software. Maintains all consolidated variables

Regional Level

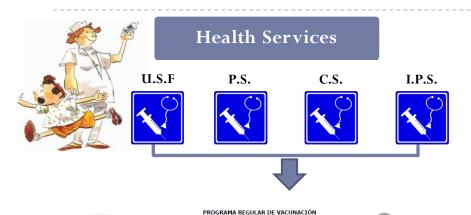
### Central Level (EPI Office)

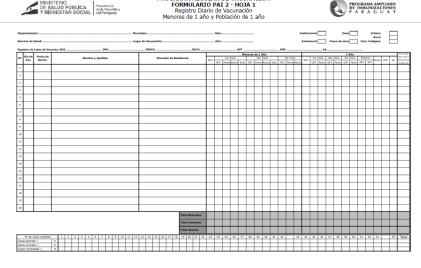
• Receives information in DBF format via internet, consolidates the national information, maintaining the variables of the data loaded.

Municipalities are assigned the vaccinated population in other municipalities

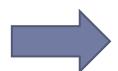
The loading of data into the PAI-VISUAL System is performed on a weekly basis from Sundays to Mondays. The report is completed monthly.

#### Local level: data collection





Aggregate data are sent on a weekly basis to the head district



# | Second Continue of March | Second Continue of

PROGRAMA REGULAR DE VACUNACIÓN FORMULARIO PAI 3 - HOJA 1 Consolidado de Vacunación Menores de 5 año

Removes data of people vaccinated living in other municipalities (outside of area)

#### Daily registry according to Variables:

- •Age
- •Gender
- Vaccine
- Dose
- •Residentcemunicipality
- •Municipality (outside of area)

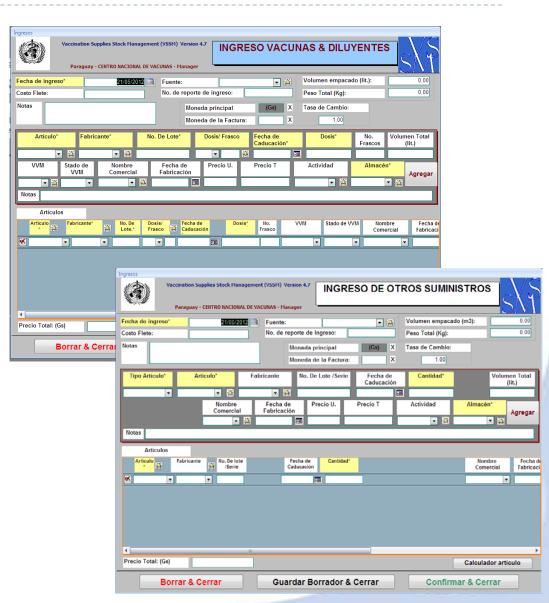
### **VPD** Surveillance

- Until the late 90s: reported through the service system borrowed from the Ministry of Public Health's Statistics Dept.
- Late 1990: began monitoring indicators through PESS and MESS, the other VPD on an Excel database
- ▶ 2012: implemented ISIS system for diseases subject to eradication and elimination (Polio, measles/ rubella)

- Diseases under control: cards are sent to the EPI and entered into an Excel database
- New vaccines: operates in sentinel sites (VIMENE) using software VINUVA

### Monitoring vaccine and syringe logistics

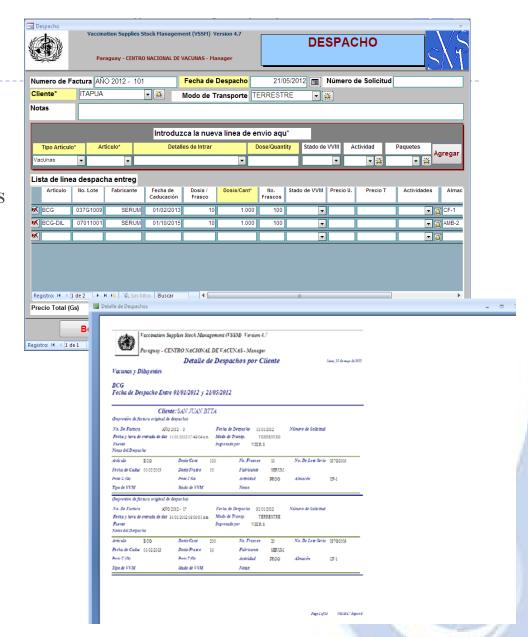
- Until 2010: monitored vaccines and supplies through Excel spreadsheet
- ▶ 2010: implemented the Vaccine Supplies Stock Management – VSSM
- ▶ 2011: evaluated the implementation and operation of the VSSM



### Logistics subsystem

#### ▶ The VSSM allows:

- Monitoring and tracking vaccines from arrival in the country to the regional levels
- Include new vaccines
- Maintaining updated stock of vaccines and syringes in real time
- Check items available
- Issue alerts for shortages and expiration risks
- Maintains the movement of biologicals updated (maximum and minimum)



#### Limitations

- Systems that do not operate in an integrated manner
- Duplicated information
- Lack of technology and training at all levels, limited by the number of systems that operate at once
- ▶ Different data flow



Nominal Immunization
Information System
Where are we headed?

### National Nominal Immunization Information System



Notificantes Silenciosos

### Characteristics of the EPI National Nominal Immunization Information System

- Integrated to National Health Information System (SINAIS)
- ▶ Real time information
- Features a unique ID
- Identifies if you have insurance (public, private)
- Protected by the Vaccine Act 4621/12

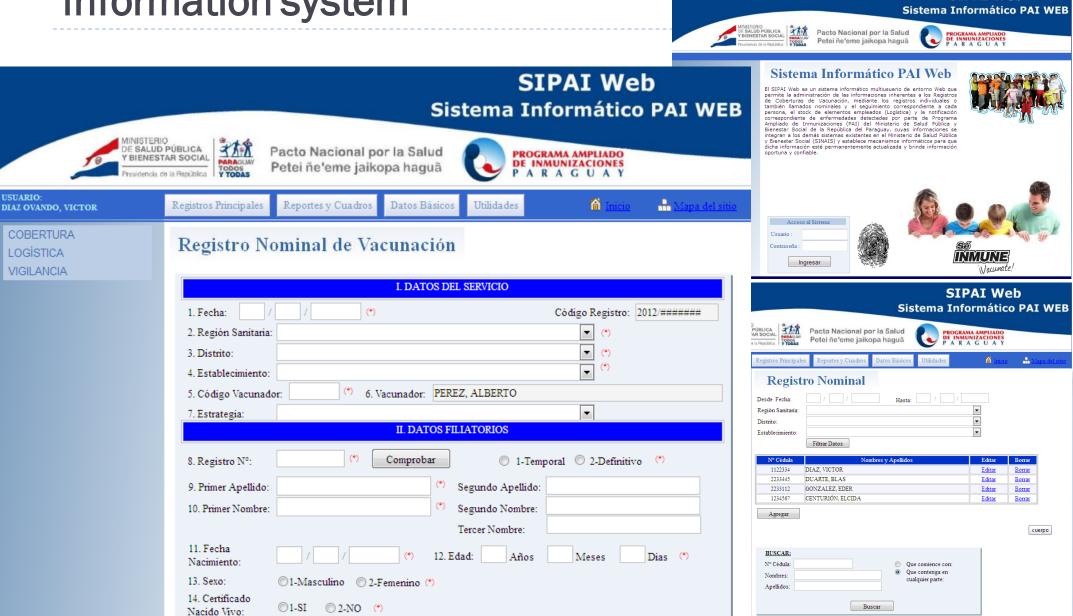
- Interface Software: Authentication and authorization method for unified access to the Application
- ▶ Communication Interface: Uses a browser and relational database centralized in the Ministry of Public Health
- Programming Language: open and free (PHP, JavaScript, AJAX, Xajax, Jquery)
- ▶ Application Server: APACHE
- Database: Postgres SQL
- Server Operating System: DEBIAN

### **Immunization Registry Module**

- Nominal immunization registry, designed in a Web environment
  - It allows monitoring the vaccination history of each user through a single people registry.
- ▶ Enables three gateways:
  - Person with a history of previous vaccination who attended the health service for a different reason

- Person attending a vaccination center
- Person vaccinated at home or permanent outreach post
- ▶ The registry allows:
  - Adding vaccinated people (previous dose, other countries)
  - Unsubscribe people from the system (deaths and migration)

# Entering the user into the information system



SIPAI Web

### Registration of vaccine administered in the session







### Vaccine Module Reports

- Vaccination coverage of all vaccines by:
  - Vaccines
  - Dose
  - Age groups
  - Gender
  - Type of areas (urban, rural)
  - Ethnicity
  - Place of residence (by communities, neighborhoods)
  - Risk criteria
  - Type of strategy, vaccinator, other.
- Drop-out rates
- Children with complete schedules
- Defaulters
- Municipalities and areas with low coverage



### Characteristics of vaccine module reports

- ▶ Compilation of configurable and automatically generated statistical tables
- Customized statistical graphs based on the frequency table configured for the system.
- All questions, reports, and charts can be viewed through the screen, printed by Web browsers, exported to an electronic form, PDF documents and/or copied on a word processing or presentation software.
- ▶ The coverage is shown in maps.

### VPD and Adverse Reaction (ESAVI) Surveillance Module

- Based on ISIS and integrates the previous data reported to the system:
  - Reporting unit
  - Demographic data
  - Vaccination history



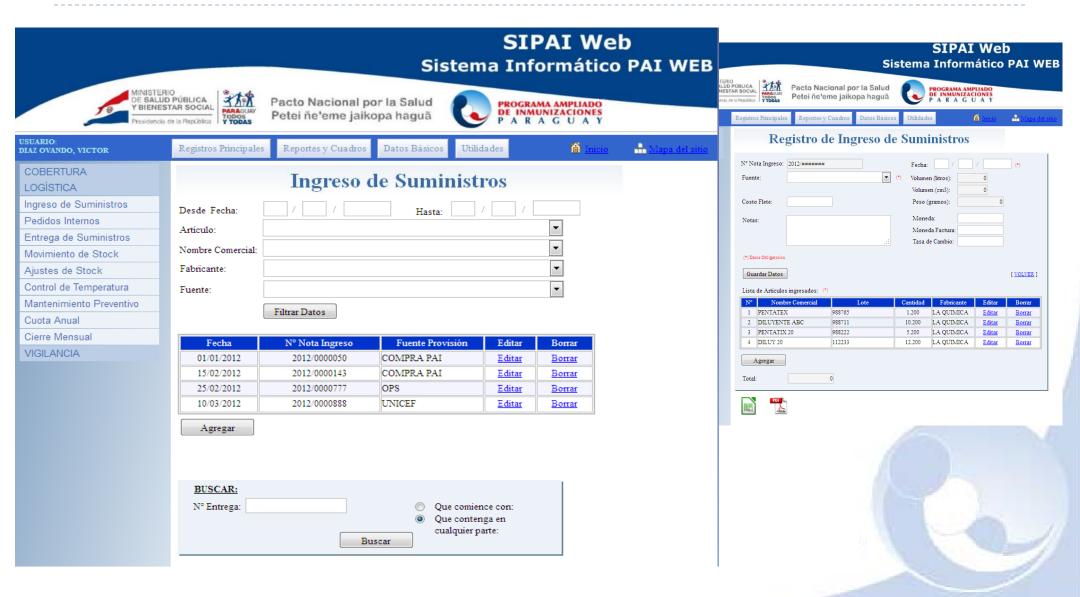
### Surveillance Module Reports

- Surveillance indicators
- Silent municipalities
- Data from the investigation
- ▶ Intervention conducted
- Laboratory results
- ▶ Final classification of the case

- Measles and rubella
- ▶ Acute Flaccid Paralysis (AFP)
- Diphtheria
- NNT / Tetanus other ages
- Pertussis
- Yellow fever
- Hepatitis B
- Rotavirus
- Meningitis and bacterial pneumonias
- **▶** ESAVI



### Logistics Module for Vaccines and Syringes



### Final considerations



### **Next steps**

- ▶ Complete the process of adjustments and tests
- ▶ Train regional and local human resources
- Initiate a process of gradual implementation of the system, maintaining the current system (PAI-Visual)
- Conduct verification and control of data
- Supervise
- ▶ Implement at the nation level

### System limitations

- It is not comprehensive
- Need updated equipment at all levels
- ▶ Requires permanent Internet connection
- ▶ The bandwidth is limited in some locations
- Requires skilled human resources
- Should complete a period of transition until implemented at the national level

### Thank you

www.mspbs.gov.py/pai

