



BID INITIATIVE

Better data. Better decisions. **Better health.**



## **BLN Webinar: Electronic immunization registries and the COVID-19 response**

Better data. Better decisions. **Better health.**



## Webinar housekeeping

- All participants to type in the chat box: name and country where they are connecting from
- All participants will be muted & video disabled to allow speakers to present without interruption.
- Q&A /discussion session will be held at the end of the presentation(s).
- Questions can also be submitted via the chat box. They will be logged and answered during the Q&A session.
- This webinar will be recorded. The link to the recording and presentation slides will be shared via the BID website.



# Agenda

Time	Topic	Speaker
4:00 – 4:05 p.m. CAT	Welcome and introductions	Ms. Catherine Muyawala
4:05 – 4:15 p.m. CAT	Background and guidance on how to protect routine immunization during COVID-19	Dr. Carolina Danovaro, Dr. Jessica Shearer
4:15 – 4:30 p.m. CAT	Example from IRD and Pakistan	Dr. Subhash Chandir
4:30 – 4:40 p.m. CAT	Example from Tanzania and BID	Mr. Hassan Mtenga
4:40 – 5:00 p.m. CAT	Q&A and discussion	All



Dr. Carolina Danovaro, Medical Epidemiologist, Immunization Analysis and Insights, IVB, WHO



Dr. Jessica Shearer, Deputy Director, Health Systems Innovation and Delivery, PATH



Hassan Mtenga, Country Lead, Health System Strengthening, PATH



Dr. Subhash Chandir, Director, Maternal and Child Health, IRD



Catherine Muyawala, Community Coordinator, BLN



## The COVID-19 pandemic threatens to disrupt immunization services through:

- Overburdened health systems;
- Difficulties accessing care;
- Health worker shortages and reassignments;
- Limitations in some supplies as borders are closed
- Misinformation and community reluctance.
- Vaccine-preventable disease surveillance affected
  - Fewer cases reported/investigated
  - Lab disruption



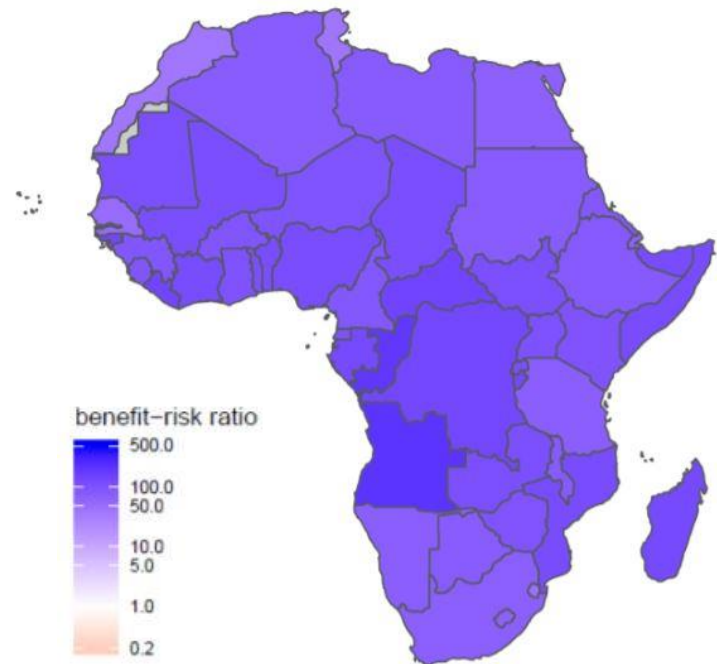
*Photo: PATH/Georgina Goodwin.*



## Preventing VPDs during COVID-19 saves lives and resources

The health benefits of sustained **routine immunization far outweigh the risks of COVID-19 transmission** with clinic visits.

LSHTM estimates that for every additional COVID-19 death attributable to continuing RI (e.g., a caregiver is infected at the RI clinic), RI would prevent 101 (29-347) child deaths.



*CMMID Repository. Benefit-risk analysis of health benefits of routine childhood immunization against the excess risk of SARS-CoV-2 infections during the COVID-19 pandemic in Africa. 20 Apr. 2020. Available at: <https://cmmid.github.io/topics/covid19/EPI-suspension.html>*



## WHO guidance for routine immunization and COVID-19

1. Immunization is a core health service that should be prioritized.
2. Surveillance should be maintained and reinforced.
3. National authorities need to monitor the dynamics of COVID-19.
4. Countries may need to design strategies for catch-up campaigns after COVID-19.
5. Mass vaccination campaigns should be temporarily suspended.
6. Countries require a careful risk-benefit analysis on mass vaccination campaigns.
7. Influenza vaccination of health workers, older adults, and pregnant women is advised.

**You can find the full guidance document [here](#).**



## WHO/UNICEF FAQs relevant to today's session

### 5. Are there ways to organize the immunization service site to minimize the risk of COVID-19 virus transmission?

- Organising scheduled times for immunization appointments;
- Bundling immunization activities with other essential preventive health services, as appropriate for age, to limit the number of visits made to the health centre by vaccines and their caregivers;
- Use of outdoor spaces, if possible, and adherence to physical distancing at the health care facility or site.

### 8. If immunization services are suspended or reduced, will countries need to conduct catch-up immunization activities?

- Strategic planning of catch-up vaccination activities should begin during the time of suspension of immunization activities, and not wait for their resumption.
- Review of vaccine registers, defaulter listings and newborn tracking should be continuously updated during the time of suspended or reduced immunization activity and used for catch-up planning.

You can find the full FAQ document [here](#).





## EIR systems and their individual-level data help maintain routine immunization and respond to COVID-19 by:

- **Communicating** using the SMS alert system to send official COVID-19 messages;
- **Scheduling** vaccine visits to maintain physical distancing;
- **Monitoring** disruptions in immunization services;
- **Sending** patient reminders now and for catch-up;
- **Analyzing** data to target resources and activities.

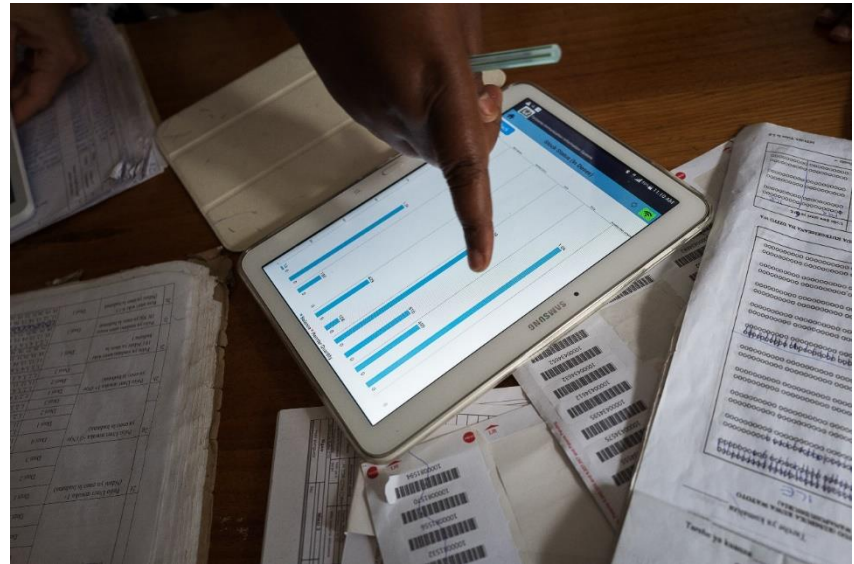


Photo: PATH/Trevor Snapp.



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# EXAMPLE: IRD AND PAKISTAN



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# EXAMPLE: BID AND TANZANIA

# Prospects of using EIR in Tanzania in response to COVID – 19

By  
Hassan Mtenga – PATH

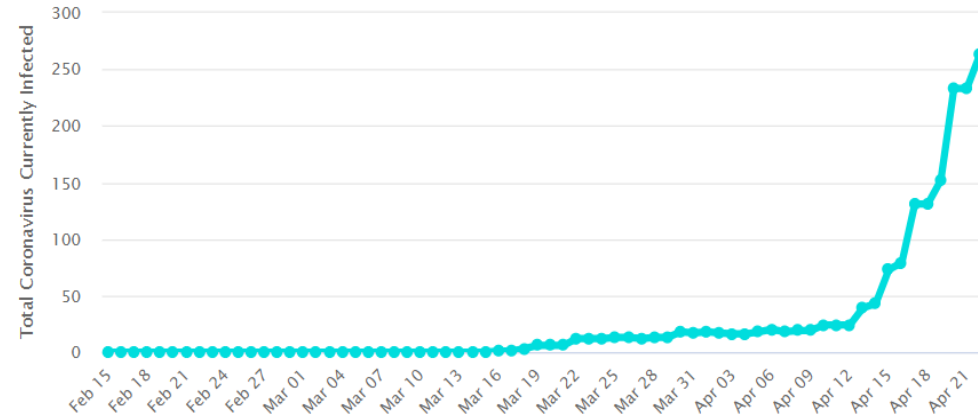


# Tanzania Context

1. All essential health services including immunization are running as normal in all health facilities
  - Preventive and managing overcrowding during service delivery
2. Designated health facilities for screening and hospitalizing COVID -19 cases
3. Designated quarantine centers
4. No national lockdown but advised to avoid unnecessary gathering and movement.
5. Special task force formed to oversee country COVID – 19 response activities within MOH

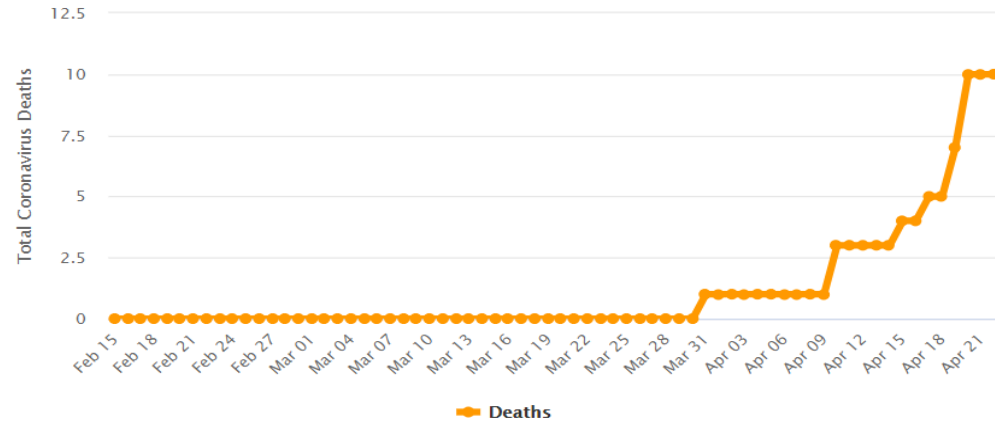
### Active Cases

(Number of Infected People)



### Total Deaths

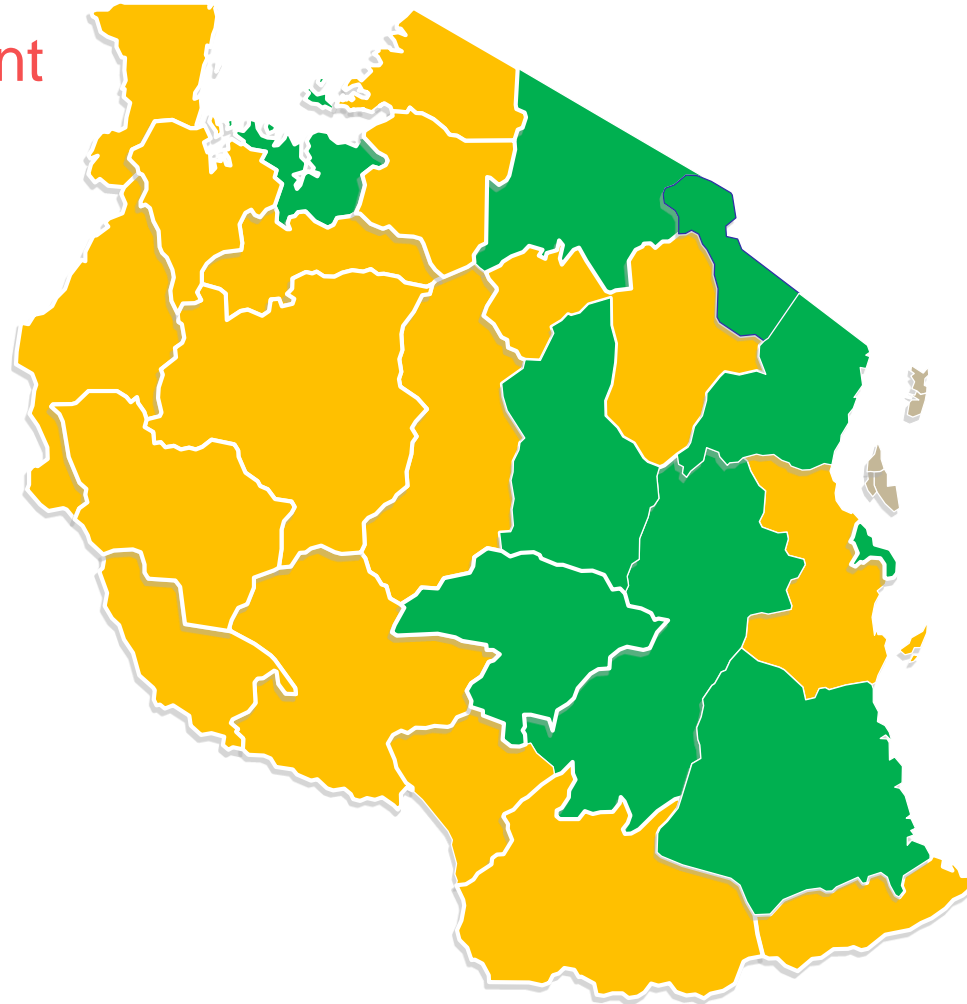
(Linear Scale)



## Data Review & Analysis – current thinking

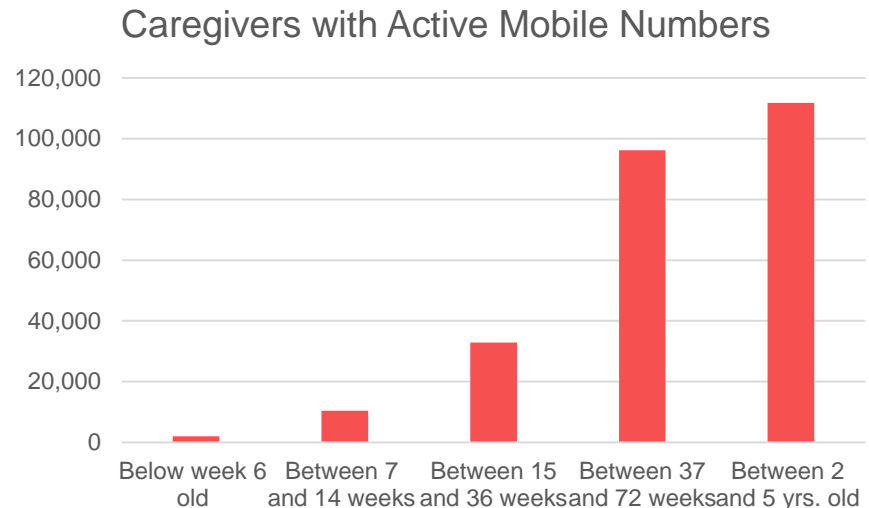
Conduct routine data analysis to determine impact on services

1. Performance of static and outreach sessions
2. Health facility operations particular HCW
3. Health seeking behaviors
4. Supply chain & disruptions
5. Immunization coverage & area for post COVID – 19 interventions

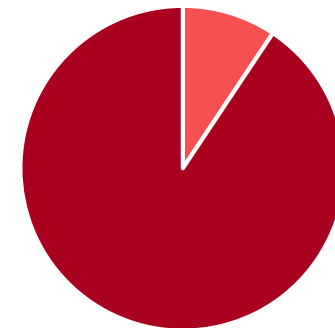


## COVID - 19 tailored Immunization services and awareness interventions – current thinking

1. Implement scheduling functionality within EIR to inform visits planning based on facility capacity.
2. Implement and disseminate schedule SMS notification to caregivers to avoid overcrowding.
3. Develop and disseminate tailored SMS messaging based on services needed by children
4. Implement centralized platform for COVID - 19 update and service operation guidelines for HCWs



### Health Care Workers Targeted



■ Immunization Managers ■ RCH Nurses

**PATH**  
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# QUESTIONS FOR PRESENTERS



## Open discussion

- How is the EPI program adapting to COVID-19 in your country? How is the program planning for catch-up? What lessons can we share so far?
- For countries with EIRs, how is your country using the EIR systems and data?
- What resources have you found most helpful? What gaps are there?
- What other questions do you have about immunization during the COVID-19 response? (i.e. what topics should we consider for future BLN webinars?)



## Resources

- [WHO guiding principles for immunization during COVID-19 document](#) (*WHO*)
- [WHO/UNICEF immunization in the context of the COVID-19 pandemic FAQ document](#) (*WHO/UNICEF*)
- [Guidance for monitoring essential health services during COVID-19 using data from routine health management information systems](#) (*PATH*)

***Please consider taking the [Immunization Pulse web poll](#) to better understand the current global immunization situation.***



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