

Experiences and best practices of Electronic Immunization Registries in Latin America and the Caribbean

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PAHO/WHO



PAHO



PAHO



Pan American
Health
Organization



REGIONAL OFFICE FOR THE

World Health
Organization
Americas



- **51 countries & territories**
 - 35 Member States
 - 12 Members Participants
 - 4 Associated Members.
- **1,037 M total population**
 - 13.6 M under 1 year old



Regional Context



Need for Reliable Data

Timely and detailed information is essential for effective immunization program management in the region.

Life-Course Vaccination Approach

Tracking vaccinations across all life stages requires person-centered, longitudinal data systems instead of childhood-only models.

COVID-19 Digital Acceleration

The COVID-19 pandemic accelerated the adoption of digital tools to handle large immunization data volumes quickly.

Complex Regional Factors

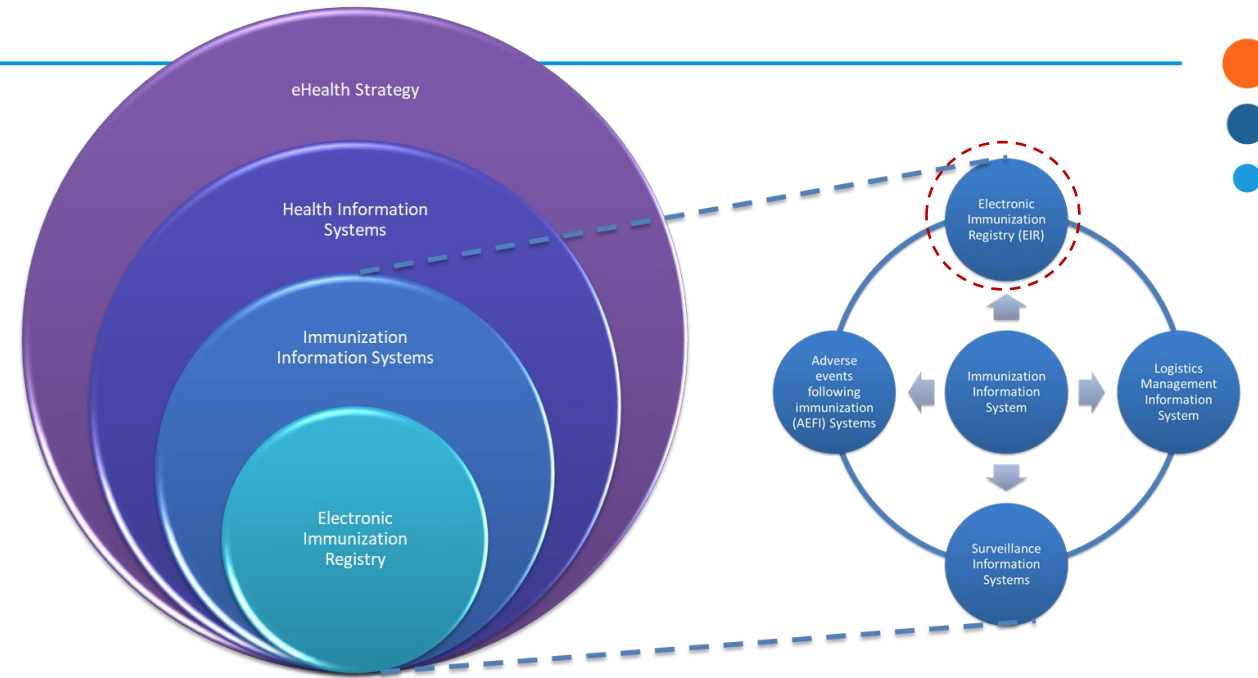
Urbanization, population mobility, and system integration increase immunization delivery complexity in Latin America and the Caribbean.



Electronic Immunization Registries

Electronic Immunization Registries

Confidential, population-based systems that aggregate vaccination data from multiple health care providers and can be used in the design and maintenance of effective immunization strategies.



EIR ideal characteristics

Demographic profile

- Comprehensive inclusion of all PAI recipients (vaccinated and unvaccinated), ideally at birth.
- Unique identification of all individuals.

Vaccination Record

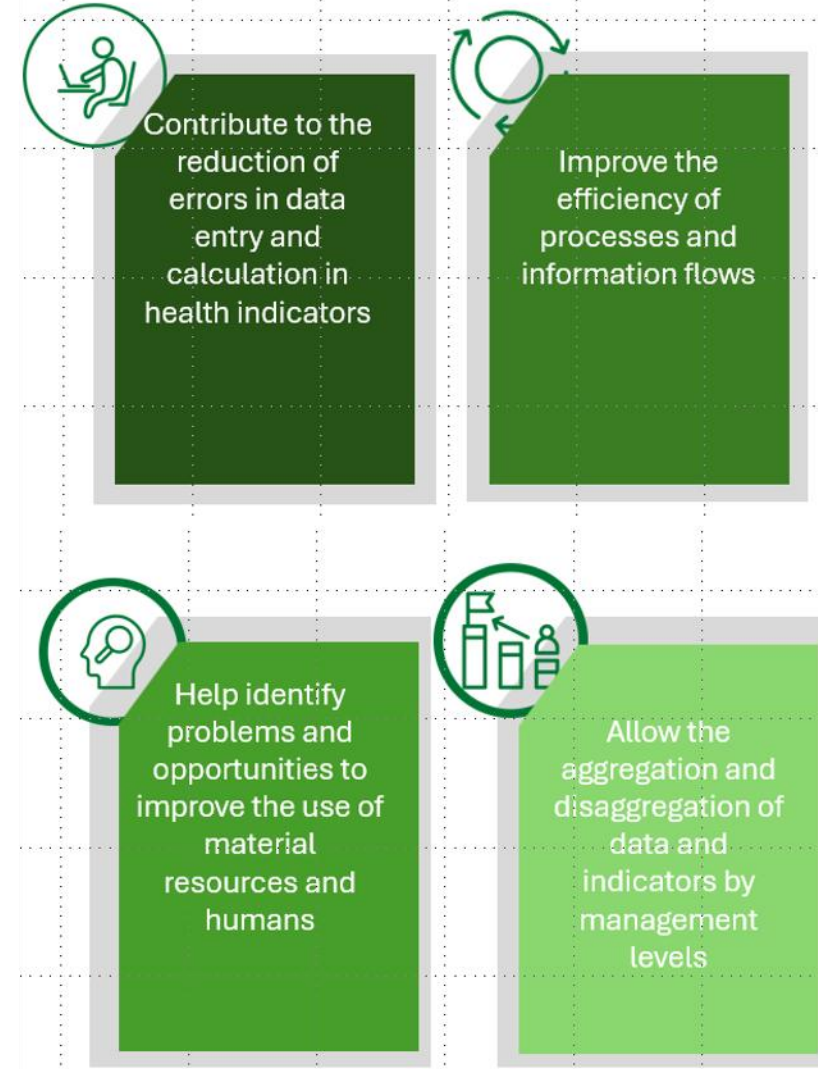
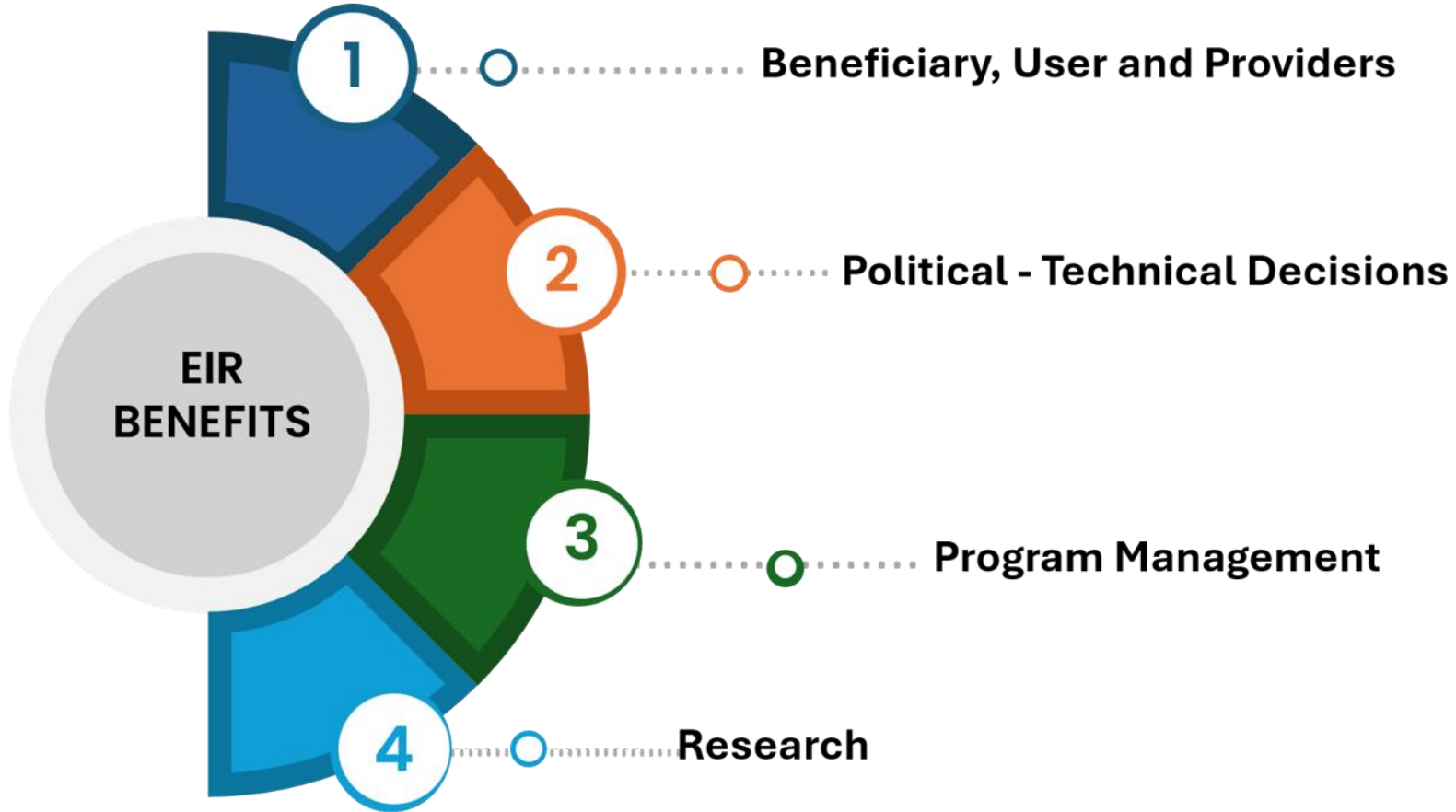
- Information about the vaccine administered.
- Including all vaccination times/events.
- Traceability of vaccines
 - ESAVI/AEFI follow-up.
 - Stock management

Reports

- Coverage and Program indicators
- Consolidation of data at different administrative and geographical levels.
- Data and information about people with pending vaccines.
- Data that feeds graphical visualizations and risk maps.

System

- Data entry closer to the vaccination event (in time and place)
- Flexibility/adaptability and scalability to integrate new modules, vaccines, and schedules.
- Data security and privacy protection.

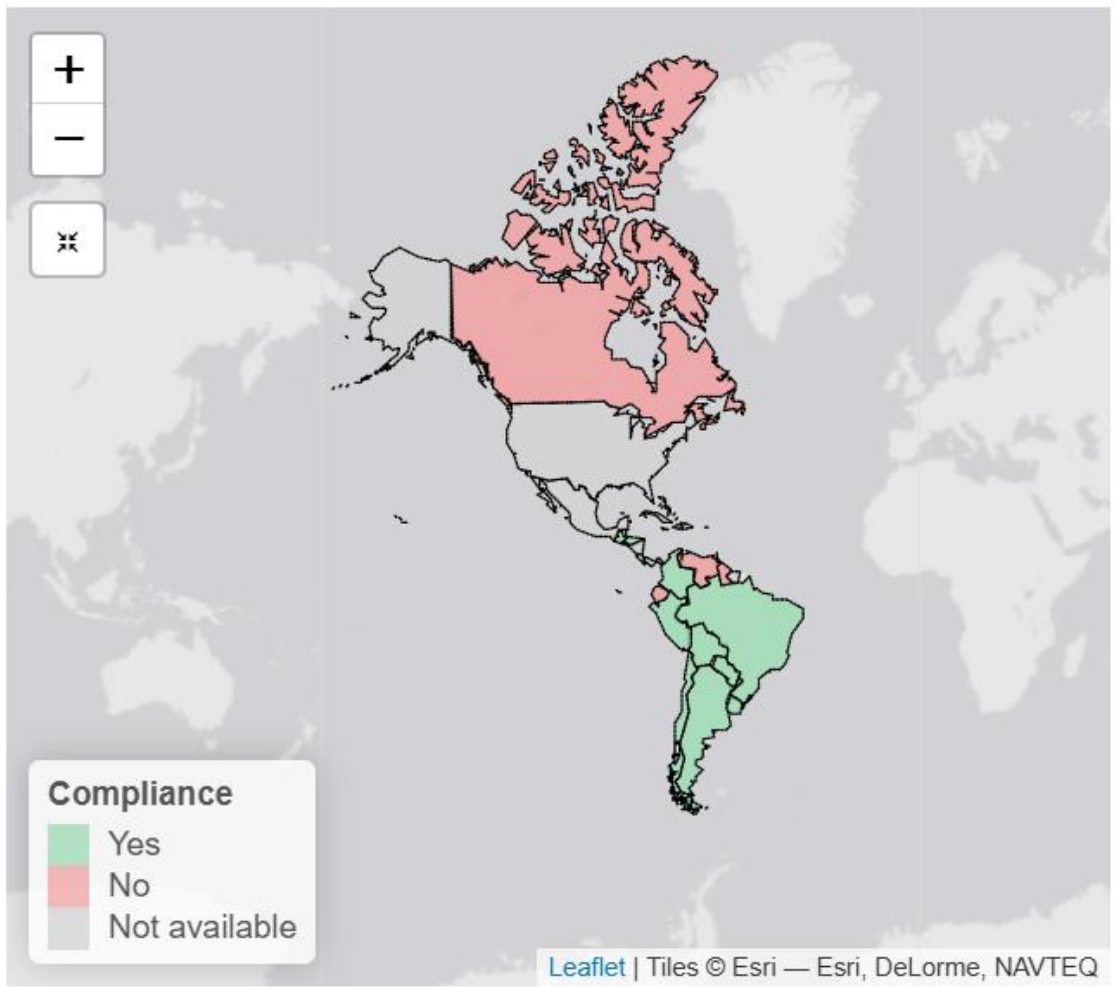




Current Implementation Status in the Region – EIR in numbers

29 Countries and Territories*

* JRF 2024



Diagnostic of the EIR in the Region – 2023 (n=23)



86% of the EIRs considers the entire life course



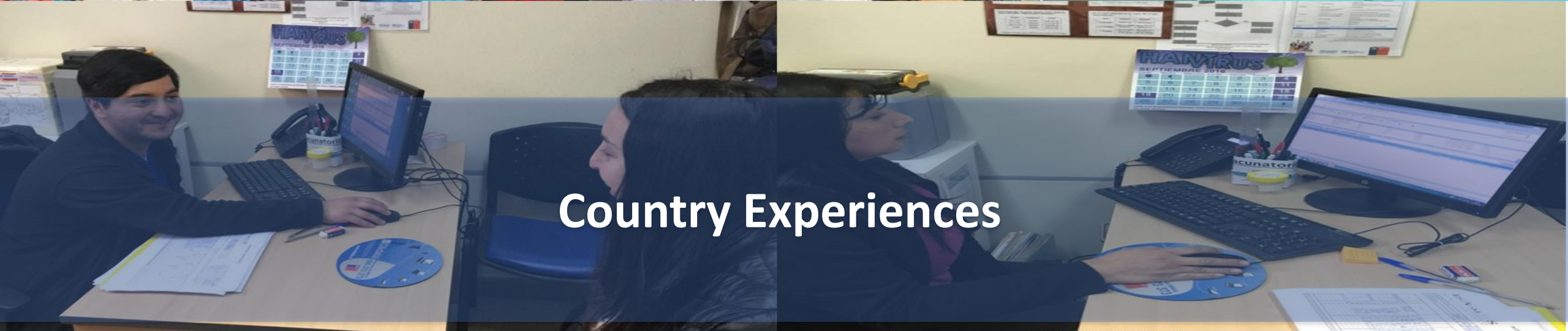
33% of the EIR considers all public and private health centers and social security



52% of the eEIR allows electronic vaccination certificates to be issued



57% of the EIR interoperates with the Civil Registry and/or vital statistics and incorporates live births



Vacuna Escolar Nonavalente contra Virus Papiloma Humano VPH



Jornada de Vacunación
contra el
Virus del Papiloma Humano, Difteria y Tétanos
¡Cada vacuna cuenta!

Todo lo que necesitas saber

WE ARE PROTECTED AGAINST CERVICAL CANCER... ARE YOU?

DID YOU KNOW?

- ▶ Human Papillomavirus (HPV) causes Cancer of the Cervix
- ▶ Cervical Cancer is the 2nd leading cause of cancer deaths in women
- ▶ We can all be protected by getting our **HPV vaccine**

VACCINATE TODAY!

Hablemos de la VACUNA CONTRA EL VPH

POR UN FUTURO SIN CÁNCER DE CUELLO DE ÚTERO



- La vacunación oportuna contra el Virus de Papiloma Humano (VPH) puede evitar el cáncer de cuello uterino.
- Todas las niñas de 9 a 14 años deben recibir la vacuna contra el VPH de forma gratuita en los vacunatorios
- En el año 2012, Paraguay introdujo la vacuna tetravalente contra los VPH 6-11-16 y 18
- Se aplica vía intramuscular y su esquema consiste en 2 dosis con un intervalo mínimo de 6 meses entre la primera y la segunda dosis.
- Hasta la fecha no existe un medicamento antiviral para tratar la infección por este virus, por lo cual, la única manera de prevenir la infección por los virus de alto riesgo es la vacunación.

VACINAÇÃO NAS ESCOLAS

SEMPRE FOI MUITO BRASIL

24 A 30 DE ABRIL

Críancas menores de 5 anos: Febre amarela, Tríplice viral, Tríplice bacteriana (DTP), Covid-19

Críancas a partir de 5 anos e adolescentes menores de 15 anos: Febre amarela, Tríplice viral, Tríplice bacteriana (DTP), Meningocócica ACWY, HPV

24 A 30 DE ABRIL

Aproveite a **Semana Nacional Saúde na Escola** para atualizar a caderneta de vacinação de crianças e adolescentes menores de 15 anos

Baixe o Meu Sus Digital e acesse a caderneta

SUS 30 ANOS | GOVERNO DO BRASIL

EIR and HPV vaccination

Paraguay – Data Collection

Fecha de Vacunación: 27 / 4 / 2026
 Vacunatorio: []
 Vacunador: []
 Esquema: PAI niños, PAI adultos, Especial, Consultorio

Recién Nacido: BCG RN, HB Pediátrica

2 meses: Rota - 1ª dosis, PCV13 - 1ª dosis

4 meses: Hexavalente - 1ª dosis

6 meses: VZV - 2ª dosis, AA Pediátrica - dosis única, PCV13 - refuerzo

12 meses: WZ - 1ª dosis, VHA - 1ª dosis

15 meses: WZ - 2ª dosis, Hexavalente - 1ª Refuerzo

18 meses: Rota - 2ª dosis, PCV13 - 2ª dosis, Hexavalente - 2ª dosis

4 años: DPT - 2ª ref., IPV - 2ª refuerzo

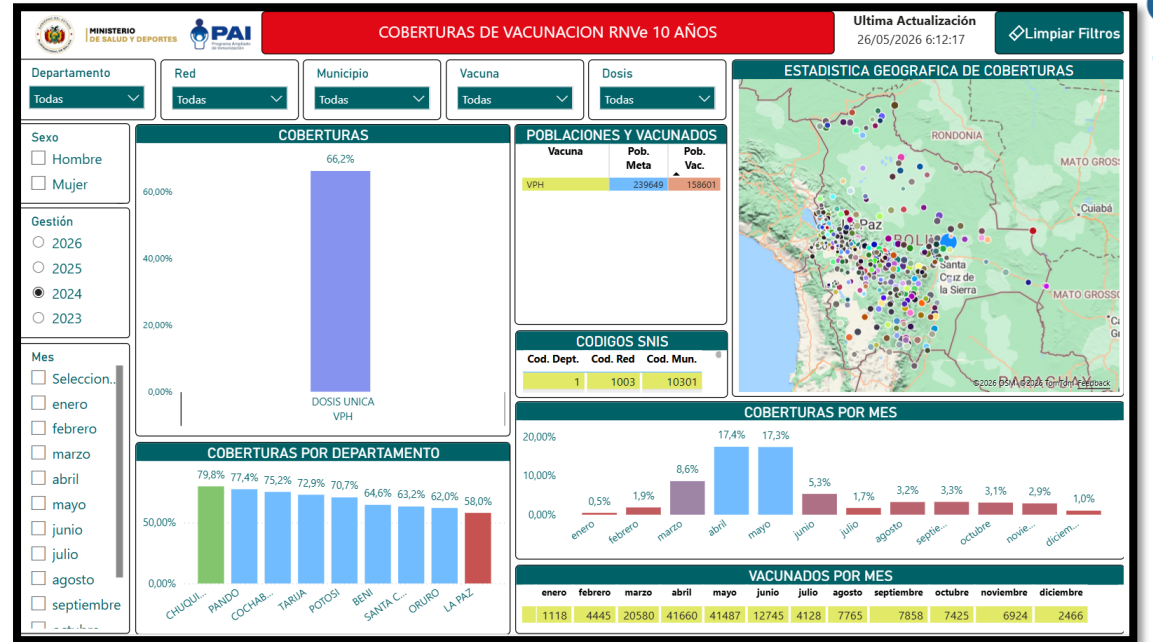
5 años: WZ - 3ª dosis, VPH 4s - Dosis Única

A partir 9 años (highlighted in red)

CAMPAÑA SPR - 1 a 5 AÑOS: SPR - 1ª dosis, SPR - 2ª dosis, SPR - Adicional campaña

Nirsevimab: Dengue 1ª dosis, Dengue 2ª dosis

Bolivia – Data visualization



Ecuador – Data visualization



Chile

2014-2018: Cohort data analysis for HPV Vaccination

- HPV vaccine coverage has been analyzed from the school strategy and birth cohort.
- Follow-up of the 2005 birth cohort:** the largest number were vaccinated in 2014, but they continue to be vaccinated even in 2018, reaching 90% coverage.
- 2014:** 5,510 girls refused the HPV vaccine, the following year 1,461 decided to get vaccinated and 350 did so in 2016.

| VPH 1a dosis | | | | | | | | | |
|-----------------------------|----------|----------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|
| AÑO | EDAD | | | | | | | | |
| 2014 | 11 | 10 | 9 | | | | | | |
| 2015 | 12 | 11 | 10 | 9 | | | | | |
| 2016 | 13 | 12 | 11 | 10 | 9 | | | | |
| 2017 | 14 | 13 | 12 | 11 | 10 | 9 | | | |
| 2018 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | | |
| Proy. INE cohorte | 118.452 | 116.424 | 115.198 | 115.181 | 117.636 | 121.005 | 123.849 | 827.745 | |
| periodo vacunación | año nac. | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Total |
| 2014-01 | | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 5 |
| 2014-02 | | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2014-03 | | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 4 |
| 2014-04 | | 7 | 1 | 0 | 0 | 0 | 0 | 0 | 8 |
| 2014-05 | | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 6 |
| 2014-06 | | 9 | 6 | 0 | 0 | 0 | 0 | 0 | 15 |
| 2014-07 | | 6 | 3 | 3 | 0 | 0 | 0 | 0 | 12 |
| 2014-08 | | 128 | 539 | 338 | 2 | 0 | 0 | 0 | 1.007 |
| 2014-09 | | 2.340 | 24.009 | 14.995 | 7 | 1 | 2 | 1 | 40.955 |
| 2014-10 | | 2.425 | 25.859 | 15.135 | 15 | 3 | 8 | 2 | 43.447 |
| 2014-11 | | 688 | 5.764 | 3.121 | 2 | 1 | 0 | 0 | 9.576 |
| 2014-12 | | 109 | 613 | 363 | 0 | 0 | 0 | 0 | 1.085 |
| 2015-01 | | 18 | 42 | 36 | 2 | 0 | 0 | 0 | 98 |
| 2015-02 | | 17 | 22 | 14 | 0 | 0 | 0 | 0 | 53 |
| 2015-03 | | 8 | 11 | 12 | 0 | 0 | 0 | 0 | 31 |
| 2015-04 | | 12 | 11 | 11 | 12 | 0 | 0 | 0 | 46 |
| 2015-05 | | 12 | 9 | 64 | 22 | 1 | 0 | 0 | 108 |
| 2015-06 | | 11 | 5 | 16 | 4 | 0 | 0 | 0 | 36 |
| 2015-07 | | 2.288 | 1.049 | 1.600 | 930 | 0 | 1 | 1 | 5.869 |
| 2015-08 | | 44.279 | 21.365 | 30.396 | 16.901 | 19 | 7 | 6 | 112.973 |
| 2015-09 | | 33.654 | 16.345 | 21.968 | 11.899 | 17 | 12 | 7 | 83.902 |
| 2015-10 | | 6.630 | 3.215 | 4.366 | 2.385 | 1 | 1 | 1 | 16.599 |
| 2015-11 | | 1.561 | 699 | 982 | 448 | 0 | 1 | 0 | 3.691 |
| 2015-12 | | 214 | 113 | 173 | 105 | 0 | 0 | 0 | 605 |
| 2016-01 | | 31 | 18 | 28 | 18 | 1 | 0 | 0 | 96 |
| 2016-02 | | 24 | 12 | 23 | 10 | 0 | 0 | 0 | 69 |
| 2016-03 | | 16 | 12 | 23 | 8 | 0 | 0 | 0 | 59 |
| 2016-04 | | 15 | 1 | 7 | 11 | 1 | 0 | 1 | 36 |
| 2016-05 | | 14 | 6 | 15 | 40 | 25 | 0 | 0 | 100 |
| 2016-06 | | 8 | 9 | 28 | 160 | 101 | 0 | 0 | 306 |
| 2016-07 | | 14 | 14 | 16 | 88 | 67 | 0 | 0 | 199 |
| 2016-08 | | 1.806 | 858 | 1.806 | 12.971 | 7.282 | 10 | 1 | 24.321 |
| 2016-09 | | 2.470 | 1.551 | 3.115 | 20.858 | 11.899 | 17 | 9 | 39.919 |
| 2016-10 | | 1.723 | 1.109 | 2.181 | 14.667 | 7.812 | 20 | 1 | 27.513 |
| 2016-11 | | 772 | 452 | 906 | 5.253 | 2.758 | 6 | 3 | 10.150 |
| 2016-12 | | 236 | 167 | 273 | 1.495 | 833 | 0 | 0 | 3.004 |
| 2017-01 | | 13 | 18 | 27 | 85 | 46 | 0 | 0 | 189 |
| 2017-02 | | 17 | 7 | 8 | 58 | 23 | 0 | 0 | 113 |
| 2017-03 | | 8 | 9 | 11 | 28 | 17 | 0 | 0 | 73 |
| 2017-04 | | 9 | 4 | 9 | 23 | 16 | 1 | 0 | 62 |
| 2017-05 | | 13 | 4 | 4 | 15 | 10 | 1 | 0 | 47 |
| 2017-06 | | 5 | 5 | 3 | 34 | 201 | 139 | 0 | 387 |
| 2017-07 | | 9 | 5 | 4 | 23 | 166 | 97 | 0 | 304 |
| 2017-08 | | 51 | 93 | 330 | 2.133 | 15.639 | 8.829 | 20 | 27.095 |
| 2017-09 | | 97 | 152 | 516 | 3.385 | 22.376 | 12.067 | 50 | 38.643 |
| 2017-10 | | 88 | 144 | 531 | 3.134 | 18.551 | 9.390 | 34 | 31.872 |
| 2017-11 | | 36 | 64 | 161 | 973 | 4.695 | 2.253 | 14 | 8.196 |
| 2017-12 | | 11 | 11 | 28 | 108 | 525 | 270 | 0 | 953 |
| 2018-01 | | 11 | 12 | 10 | 30 | 63 | 39 | 0 | 165 |
| 2018-02 | | 4 | 13 | 11 | 16 | 38 | 26 | 2 | 110 |
| 2018-03 | | 10 | 17 | 9 | 13 | 43 | 88 | 24 | 204 |
| 2018-04 | | 13 | 12 | 15 | 29 | 102 | 589 | 277 | 1.037 |
| 2018-05 | | 11 | 7 | 10 | 5 | 16 | 65 | 48 | 162 |
| 2018-06 | | 9 | 9 | 9 | 11 | 15 | 140 | 109 | 302 |
| 2018-07 | | 16 | 15 | 21 | 22 | 122 | 649 | 360 | 1.205 |
| 2018-08 | | 43 | 82 | 208 | 784 | 5.273 | 38.020 | 20.126 | 64.536 |
| 2018-09 | | 27 | 50 | 121 | 433 | 2.613 | 18.869 | 9.922 | 32.035 |
| 2018-10 | | 33 | 38 | 66 | 235 | 1.439 | 8.715 | 4.385 | 14.911 |
| 2018-11 | | 12 | 18 | 19 | 59 | 240 | 1.408 | 583 | 2.339 |
| 2018-12 | | 11 | 14 | 13 | 25 | 43 | 225 | 109 | 440 |
| Acumulado | | 101.699 | 104.695 | 103.762 | 99.974 | 103.094 | 101.965 | 36.096 | 651.285 |
| COBERTURA | | 86% | 90% | 90% | 87% | 88% | 84% | 29% | 79% |
| 88% | | | | | | | | | |
| promedio cohortes 2003-2007 | | | | | | | | | |

Chile: Refusals (patient request)

Chile monitored the rejections through two analysis:

- Rate of HPV vaccination: rejections/(vaccinated + rejections)
- Refusal reverted: EIRs allow follow-up with individuals who initially declined vaccination, enabling targeted communication and dose recovery.

The rejection rate: rejections/(vaccinated + rejected)

| Año/nivel escolar | 2014 | 2015 | | 2016 | |
|--|---------------------|---------------------|---------------------------|---------------------|---------------------------|
| | 1° dosis (4°básico) | 1° dosis (4°básico) | 1° dosis (6° y 7° básico) | 1° dosis (4°básico) | 1° dosis (6° y 7° básico) |
| Rechazos | 5.510 | 5.832 | 9.253 | 9.565 | 3.793 |
| vacunadas 2015 | 1.461 | | | | |
| vacunadas 2016 | 353 | 1.566 | 1.986 | | |
| vacunadas 2017 | 92 | 481 | 421 | 1.830 | 514 |
| % de alumnas que revierten su decisión | 34,59% | 35,10% | 26,01% | 19,13% | 13,55% |

Fuente: RNI base de datos 12 de mayo de 2019

Advanced Uses

Interactive Dashboards

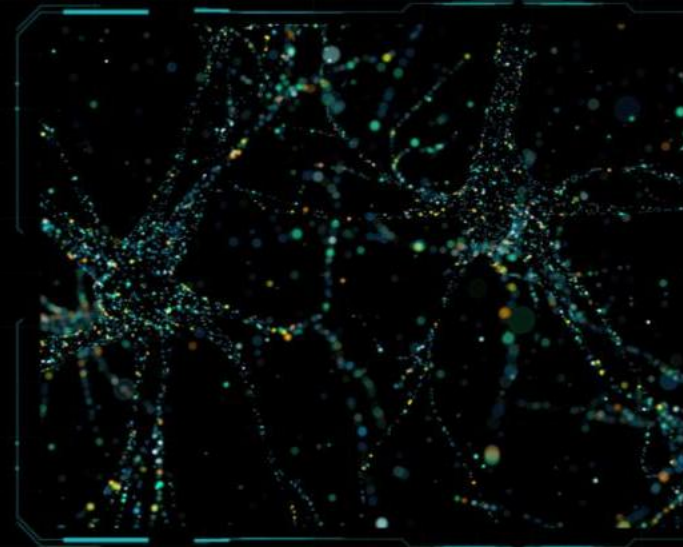
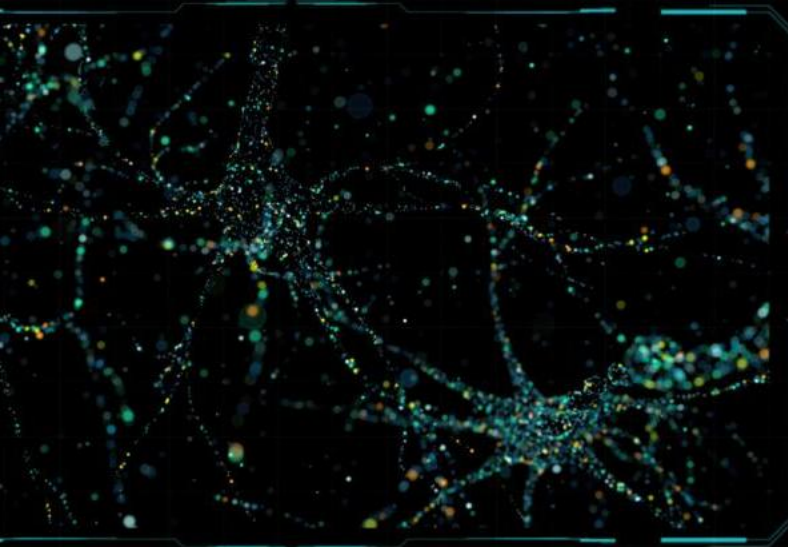
Mature EIR systems enable real-time monitoring through interactive dashboards tracking vaccination coverage and performance.

GIS Data Integration

Integration of EIR data with GIS allows spatial analysis to identify underserved areas and support microplanning efforts.

Electronic Vaccination Certificates

Electronic certificates improve record portability, transparency, and public trust in vaccination programs.



Examples of countries using EIR data



Bogota, Colombia.

Use of GIS integrated with the EIR

1. Aplicativo PAI 2.0: registro dirección (parametrizada-nomenclatura) residencia de personas
2. Geocodificador de direcciones: localidad, barrio, UPZ, longitud y latitud (variables x y)
3. Generación de reportes: listados, BD: descarga, revisión, validación y verificación
4. Generación de mapas de calor susceptibles: información manzanas catastrales; UPZ
5. Generación de mapas de coberturas: localidades

Brazil.

List of unvaccinated children

Ministério da Saúde
SI-PNI
Listagem de Faltosos

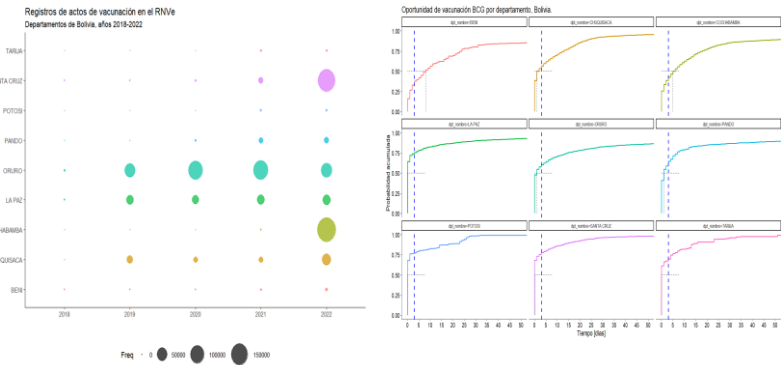
Período: 01/01/2016 até 08/08/2016 População: Geral Grupo Atendi.: População geral
Estratégia: Rotina Produto: DTP/INHB

UF: GOIAS Macro Reg.: MR-GOIAS Regional: ENTORNO SUL
Município: VALPARAISO DE GOIAS Reg. Municipal: RM-VALPARAISO DE GOI Dist. Sanitário: OS-RM-VALPARAISO DE GOI
Unidade de Saúde: PSF MORADA NOBRE AB

| DTP/INHB | Vacinado | CNS | Situação | Data de Nascimento | Data Última Aplicação | Próxima Dose | Data em Atraso | Dias em Atraso | Telefone |
|----------|----------|-----|----------|--------------------|-----------------------|--------------|----------------|----------------|----------|
| | | | | | | | | | |

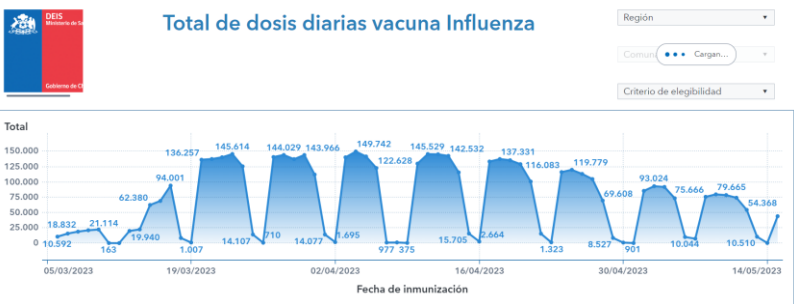
Bolivia.

Analyses using EIR



Dashboard

Chile. Influenza vaccine monitoring



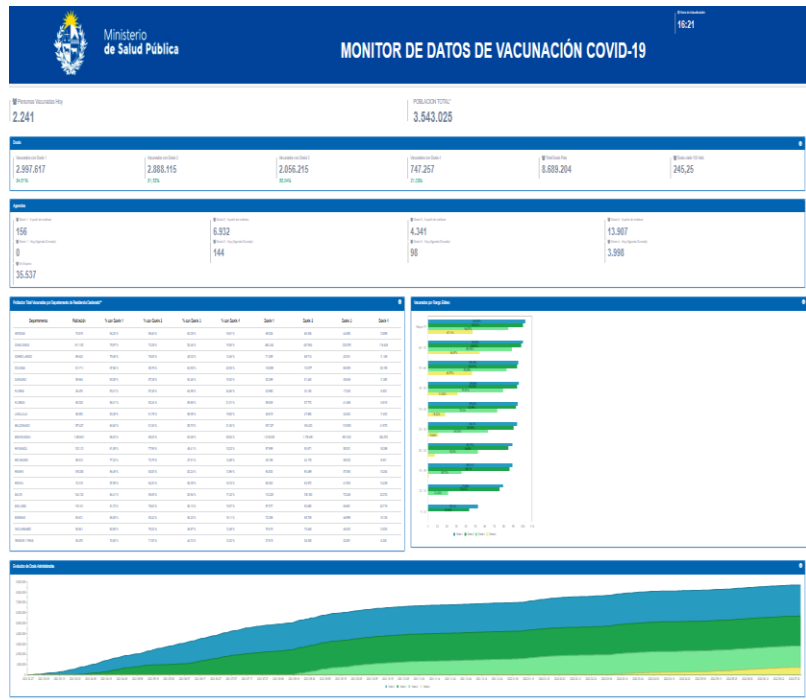
Nota técnica: Datos en proceso de validación

Porcentaje de avance de vacunación, según criterio de elegibilidad

| Criterio de elegibilidad | Total Población | Vacunados 1ª y única dosis | Avance de vacunación |
|--|-----------------|----------------------------|----------------------|
| Niños y niñas de 6 meses a 5 años de edad | 1.296.324 | 688.501 | 53,11% |
| Escolares de 1ª a 5º año básico | 1.264.185 | 857.823 | 67,86% |
| Enfermos crónicos de 11 a 64 años de edad | 2.005.039 | 1.112.980 | 55,51% |
| Personas mayores de 65 años y más | 2.664.128 | 1.287.024 | 48,31% |
| Embarazadas | 231.109 | 66.473 | 28,76% |
| Estrategia Capullo | 44.271 | 7.384 | 16,68% |
| P. de salud: Privado | 108.759 | 97.572 | 89,71% |
| P. de salud: Público | 327.922 | 285.824 | 87,16% |
| Trabajadores de avícolas y de criaderos de cerdo | 38.831 | 29.558 | 76,12% |
| Trabajadores de la educación preescolar y escolar hasta 5º añ... | 247.775 | 227.488 | 91,81% |
| Otras prioridades | 656.358 | 191.375 | 29,16% |

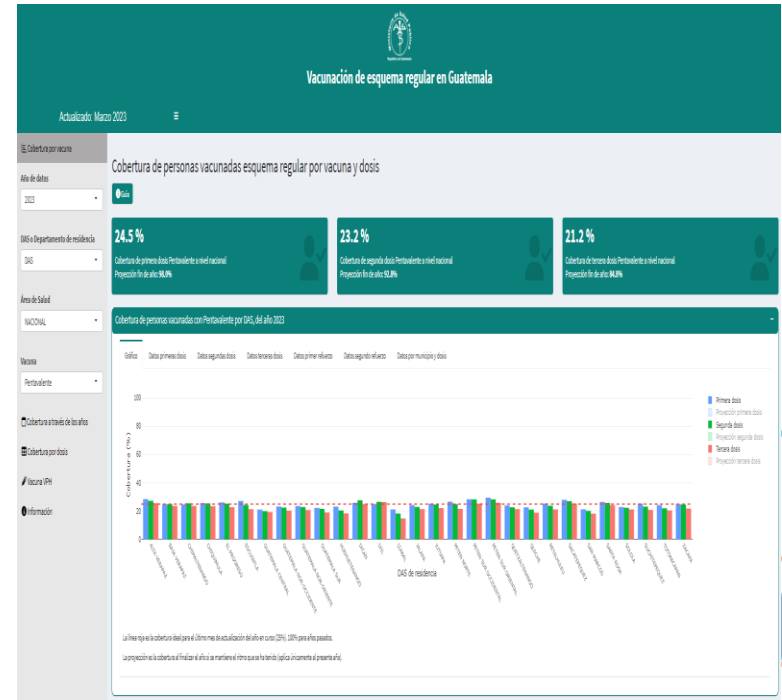
https://informesdeis.minsal.cl/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F3279bfc4-8460-4707-9b8c-15f8935aa77b§ionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false

Uruguay. COVID-19 vaccine monitoring



<https://monitor.uruguaysevacuna.gub.uy/>

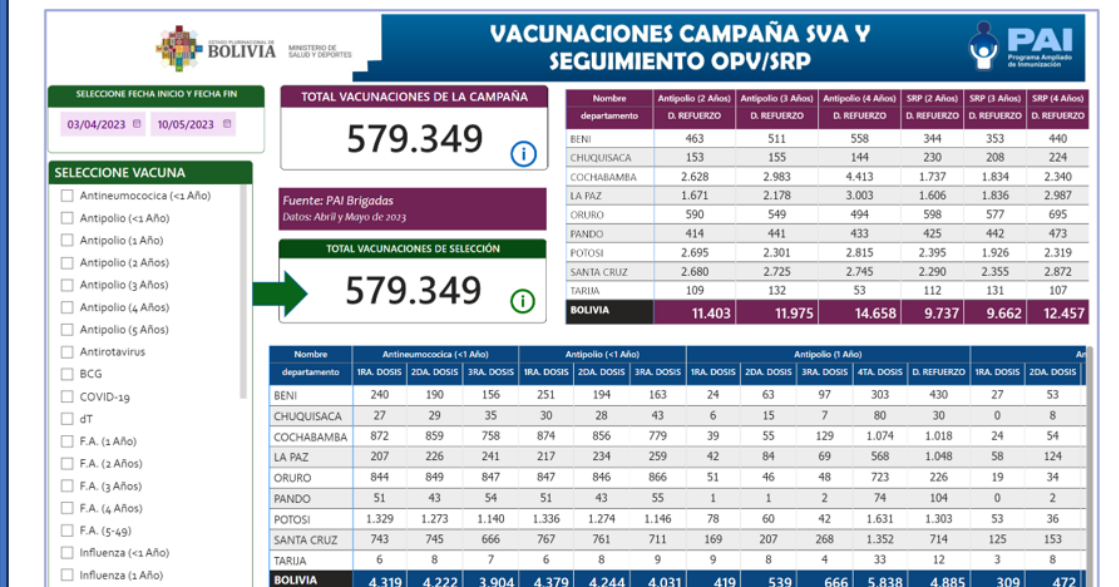
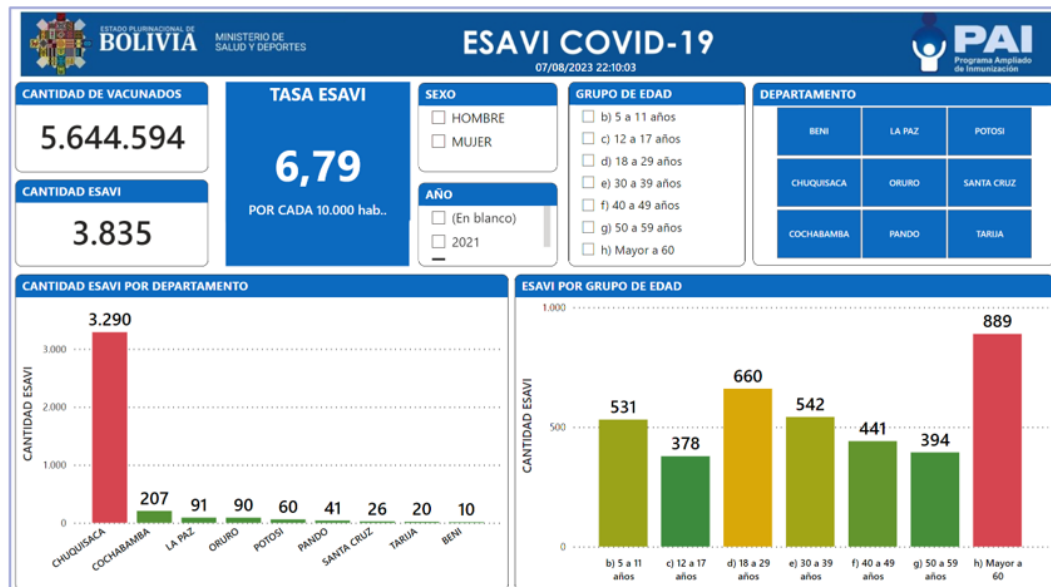
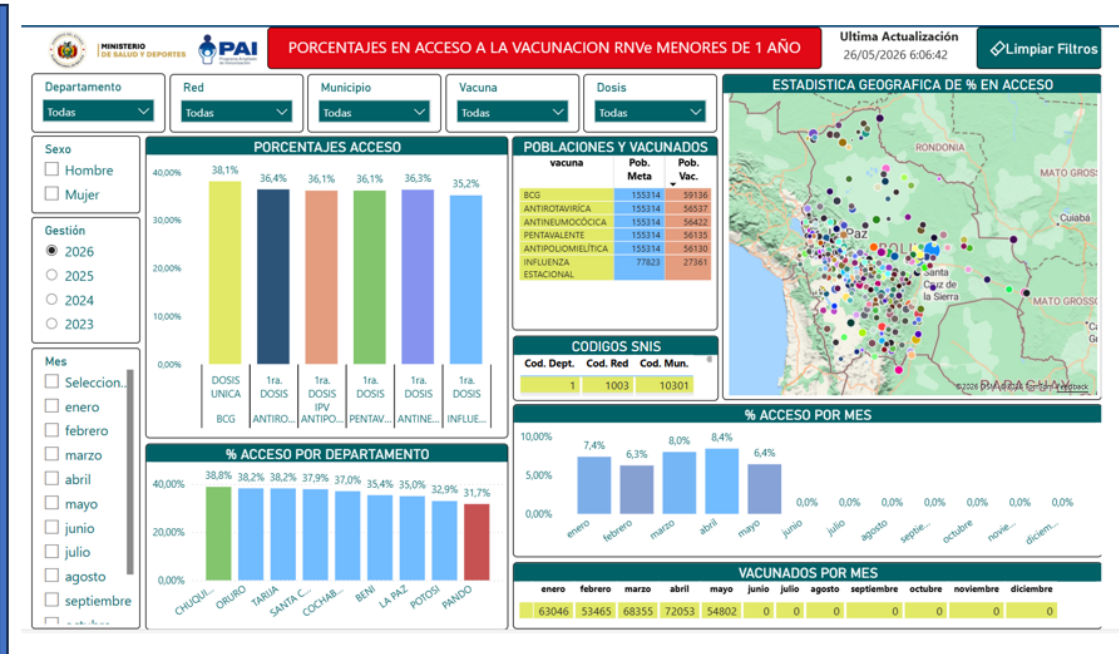
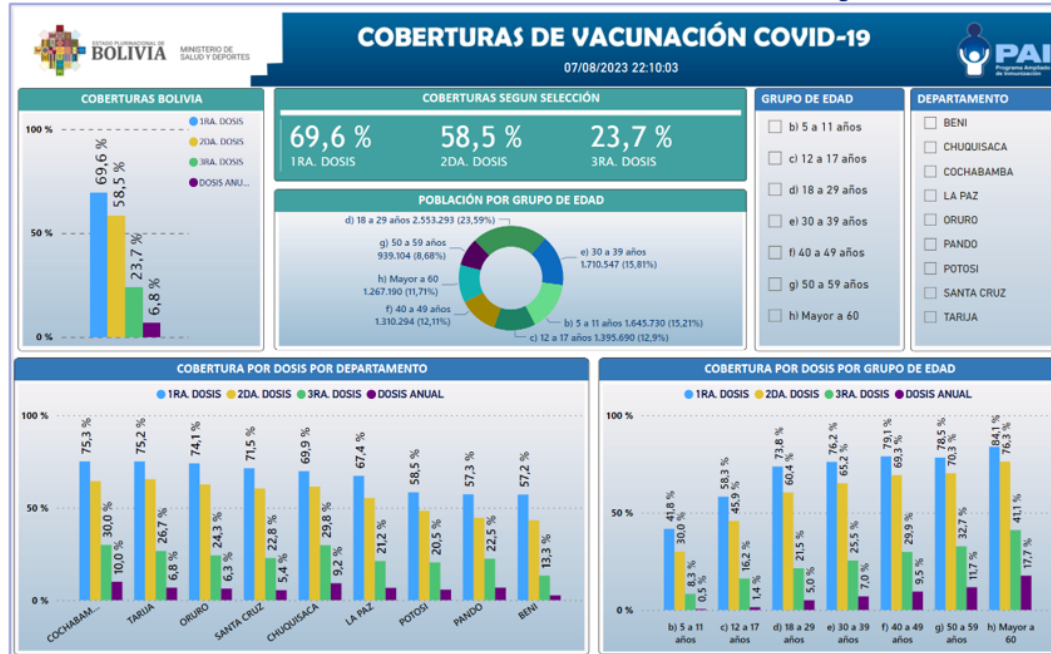
Guatemala. Routine Immunization



<https://tableros.mspas.gob.gt/vacunacionesquemaregular/>



Bolivia - Data analysis



Country examples utilizing EIR Electronic Vaccine certificate for the Routine Immunization

Bogota, Colombia.
Routine vaccination

Argentina.
Routine vaccination

The screenshot shows a web browser window displaying a health system interface. The main content area includes a table for vaccination records with columns for 'Vacuna', 'Fecha vacuna', 'Número sermenal', 'Lote', and 'Institución vacunadora'. Below this, there are sections for '2 Meses de edad' and '4 Meses de edad' with corresponding data tables. A sidebar on the right contains navigation links such as 'Aseguramiento en salud', 'Talentos Humanos', and 'Sitios relacionados'. A red circle highlights the link 'Consulte su Camé de vacunación' at the bottom of the sidebar.

The screenshot displays the SISA website interface. The top header includes the SISA logo and the text 'Sistema Integrado de Información Sanitaria' and 'Ministerio de Salud de San Juan'. The main content area shows a user profile for 'CARLOS ALBERTO ROMERO, DNI 23484657' with a photo and personal information. A sidebar on the right lists 'Sistemas disponibles' and 'Actividades, referentes y soporte técnico'. A red circle highlights the link 'Gestión del Registro de Vacunadores (NOMIVAC)' in the sidebar. The bottom of the page features a 'Comunidad SISA' section with options to 'Agregar contactos' and 'Cerrar sesión'.



Evaluation of the effectiveness and impact of Nirsevimab in Chile

The purpose of NirseCL is to evaluate the impact of including nirsevimab in the winter campaign in 2024 in Chile on the prevention of respiratory infections caused by Respiratory Syncytial Virus (RSV) in children.

[Go to report](#)[Download report](#)

New Borns (NB)

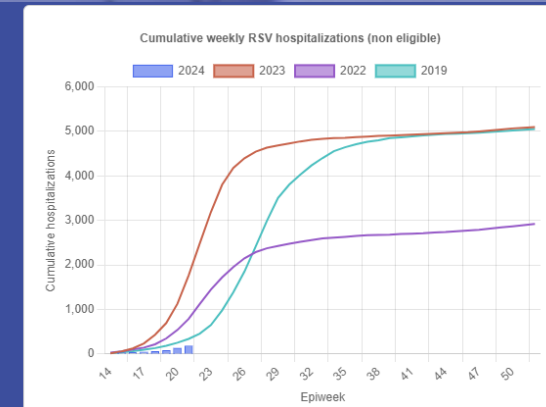
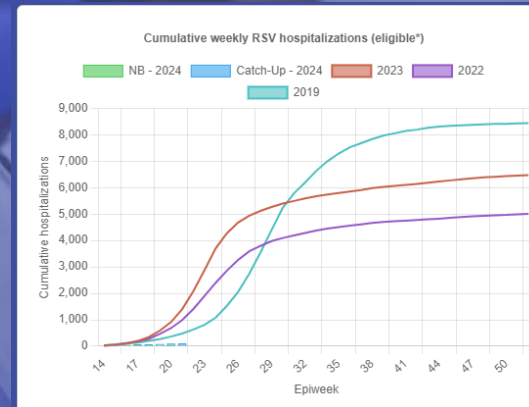
Born from April 1st of 2024 to September 30th of 2024.

Coverage **98.0%**

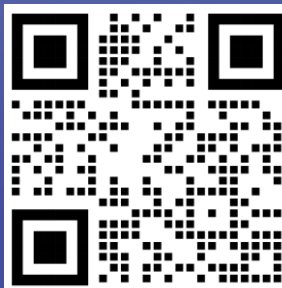
Catch-Up

Born from October 1st of 2023 to March 31st of 2024.

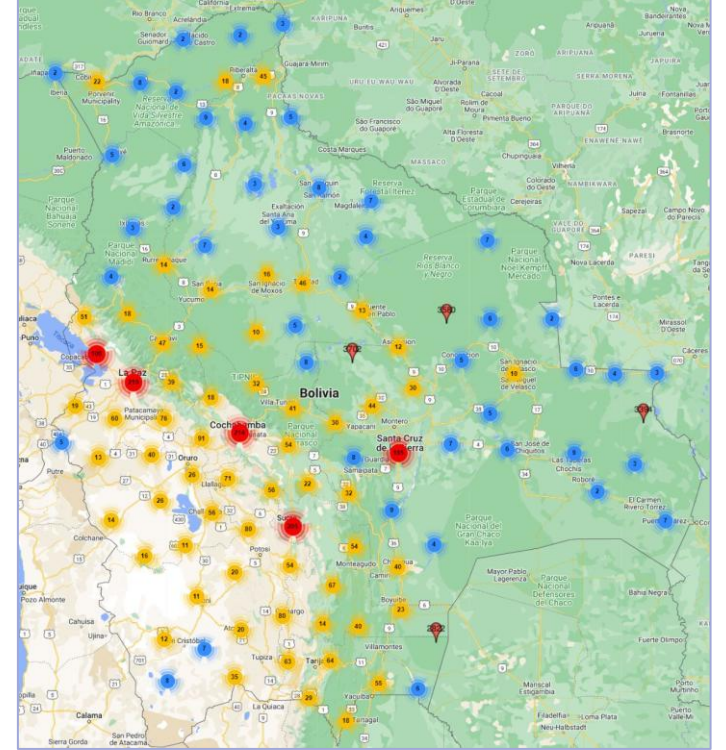
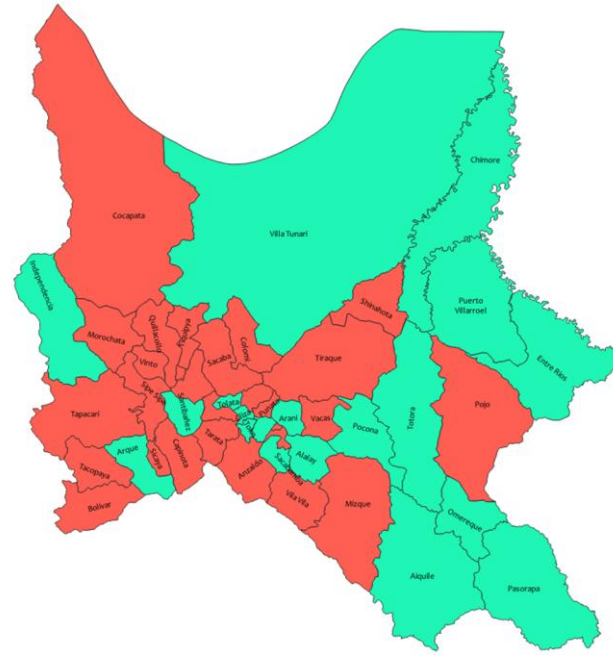
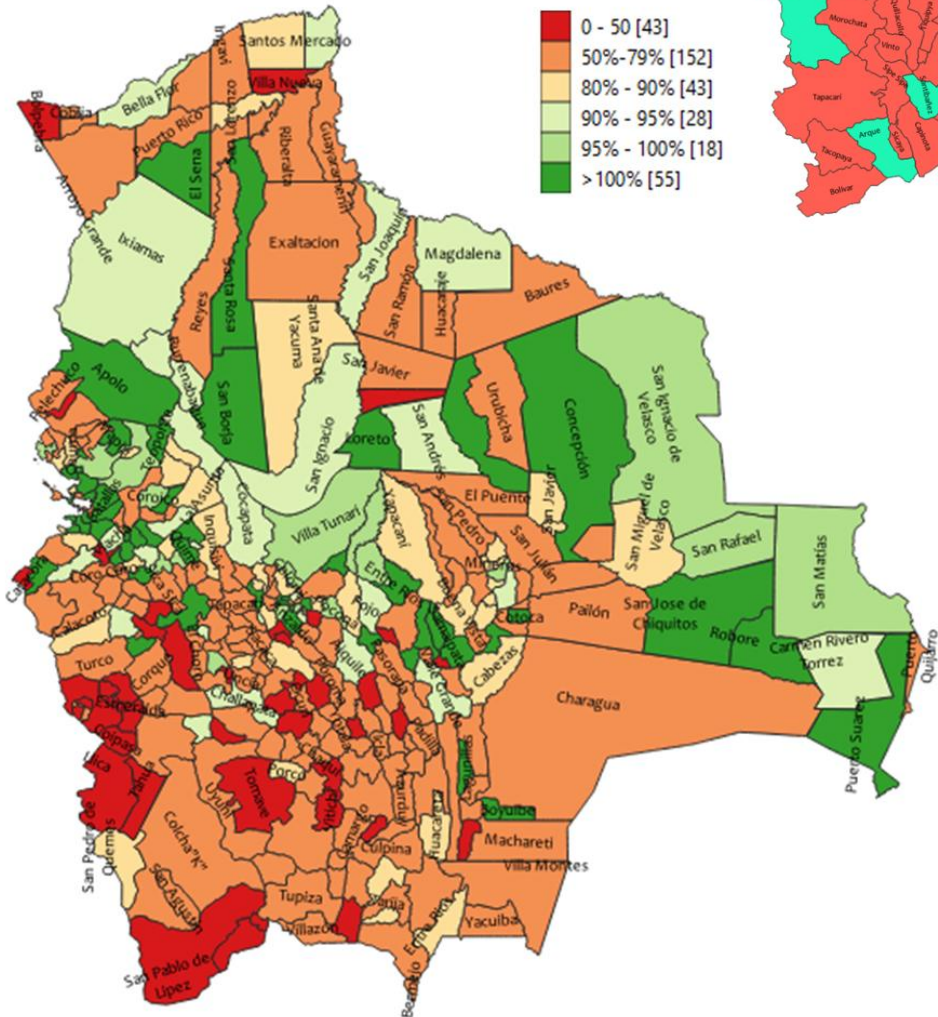
Coverage **85.6%**



[NirseCL \(isci.cl\)](https://isci.cl)



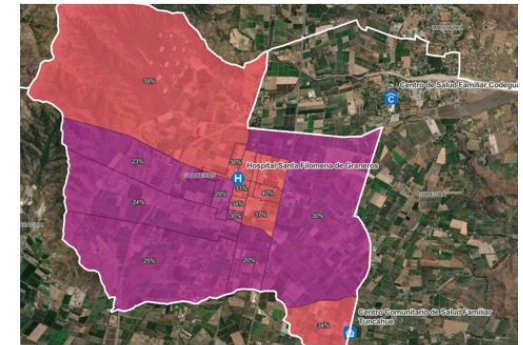
Geographic Analysis



Niveles de Vacunación

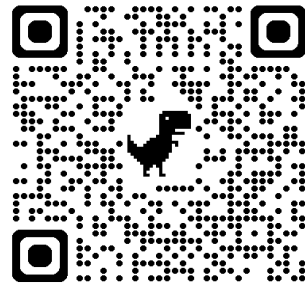
Muestra el detalle de la población del **Registro Social de Hogares** inmunizada para Influenza y Virus Respiratorio Sincial (VRS), con desagregación por **unidad vecinal**.

La georreferenciación de los casos se realiza mediante el cruce de información del Registro Nacional de Inmunizaciones con el Registro Social de Hogares, lo que permite identificar la unidad vecinal de residencia de la población objetivo y agrupar los datos para su visualización territorial.



Por lo tanto, es **información de carácter referencial** que aproxima los niveles de vacunación a nivel **subcomunal**

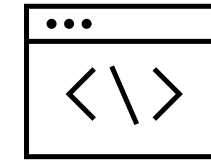
PAHOabc



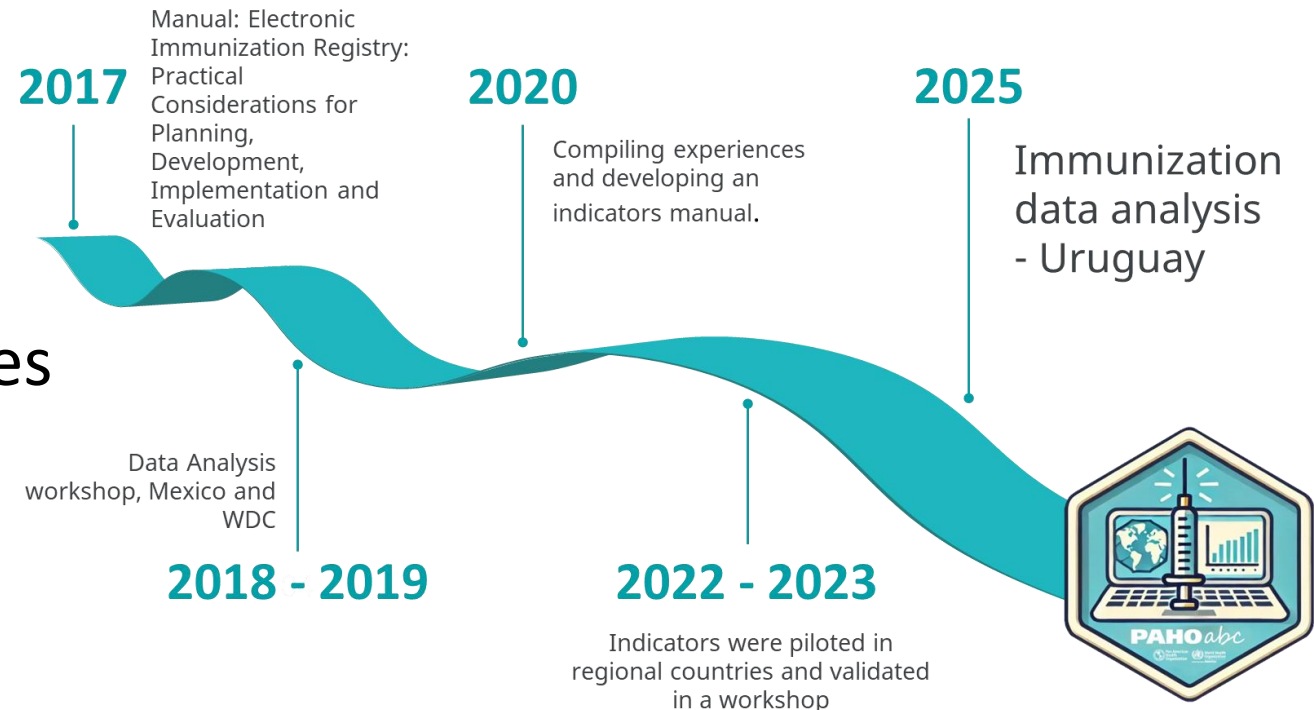
- Standardized Immunization Data Analysis Framework
 - Handbook of indicators
 - R Analysis Package
 - Technical support
- Working together with countries to share knowledge and experiences



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+



PAHO Technical Cooperation

Standardized Frameworks

PAHO develops standardized frameworks and indicators to ensure consistent immunization data analysis across countries.

Analytical Tools

PAHO provides cost-effective R-based analytical tools offering alternatives to commercial software for data processing.

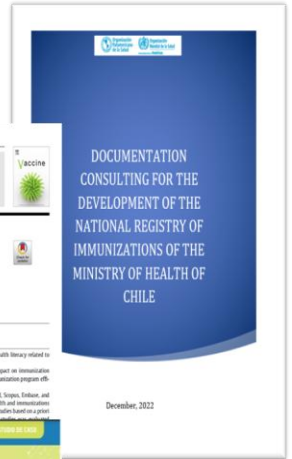
Capacity Building

PAHO supports capacity building through training, mentoring, and knowledge exchange to enhance effective data use.

<https://campus.paho.org/en/course/electronic-immunization-registry>



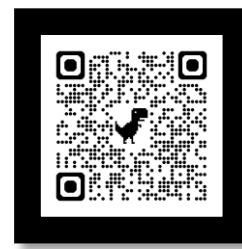
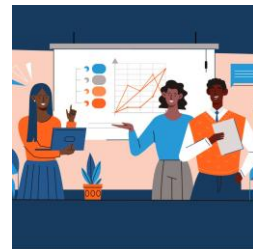
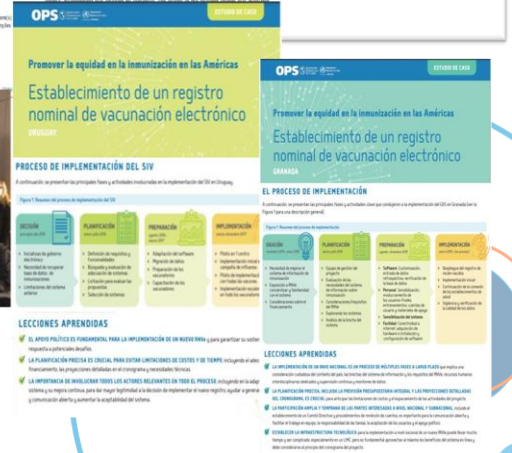
Participants at the EIR workshop in Argentina, September 2017. Credit: PAHO/WHO



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



Regional Meeting on Digital Transformation of the Health Sector





Lessons learned

Important factors to have in mind

Shared vision among countries and even among regions

Governance

Differences and synergies between EIR and HMR

Need for a Regulatory framework

eHealth Policy

Life course stages

Guarantee the maintenance and sustainability

Respond to the local level

Promote the information from the EIR

DQ Monitoring and Evaluation in an EIR

Transition period and Change management

Delete the paper?

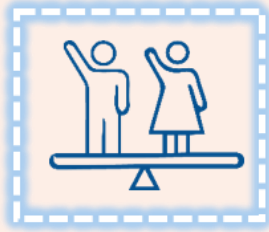
Promote the use of mobile technologies

Feasibility of the EIR implementation in the countries.

Strengths



Better and more homogeneous coverage



Reducing inequalities



Improve program management



Better data quality



Better access to data



Better vaccine stock management



Population access to their Vaccination records

Challenges



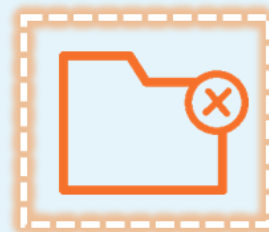
Infrastructure limitations: internet, electricity



Governance and regulation



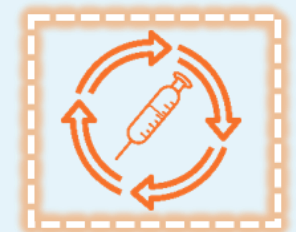
Digital literacy



Deployments without in-depth review or pilots / evaluation.



Integration Training



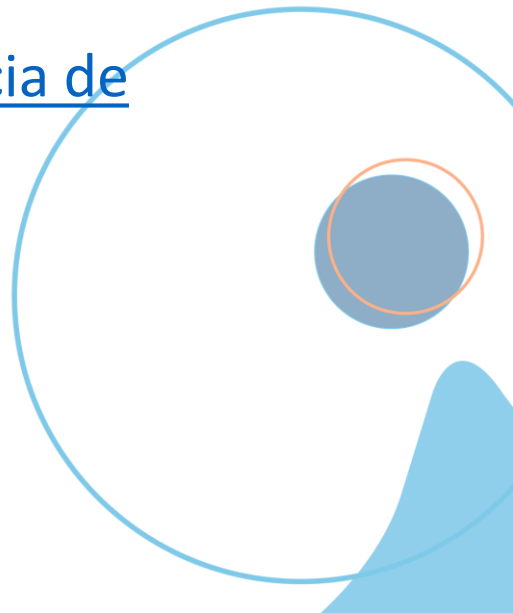
Implementation of interventions without considering end users and / or health impact.



Inequalities in digital access

EIR Experiences

- Peru:
 - https://www.youtube.com/watch?v=1_2RALbi6iA
 - <https://www.youtube.com/watch?v=UDhH4WF4E2E>
- Bogota, Colombia:
 - <https://www.youtube.com/watch?v=uGcjlLgvmig&t=23s>
- Colombia:
 - [Optimización de sistemas de información de inmunizaciones y vigilancia de inmuno-prevenibles](#)
- Bolivia:
 - <https://www.youtube.com/watch?v=pDJAdJoqTxM&t=54s>



Thank you!
Merci!
Muchas gracias
Muito Obrigada