



WP 5: Capacity building in monitoring, prevention and management of post-vaccination Adverse Events

The package aims at providing MSs with relevant information on Adverse Events Following Immunisation (AEFI) issues, developing best practice models and contributing to capacity building with regards to monitoring, preventing and managing of AEFI.

The principal activities of WP5 are:

1. collection of information on systems in place for monitoring of AEFI,
2. development of AEFI case studies relevant to public health and useful for training, recommended common case definitions, protocol for investigating and finally
3. development of material for training modules on AEFI prevention, management and treatment

Regarding point 1, a questionnaire with 36 questions was formulated during 2006 and was administered during 2007. The questionnaire focused on:

- Political commitment,
- AEFI reporting and investigating,
- Modalities of AEFI data collection and analysis,
- Training and communication.

The questionnaire was completed by 26 MSs on the WEB site and data were analysed to produce a report for MSs. A summary of this report will be prepared for the public area of the Venice website. Some relevant strengths and weaknesses of the AEFI monitoring systems in place have been identified by this survey, namely:

Strengths: strong political commitment, relevant and articulated systems for reporting and assessing AEFIs, great potential capacity of surveillance systems to collect and analyse data, strong connection with EU surveillance networks and, finally, identification of interesting related practices; overall picture is homogenous with there being no great differences between the countries.

Weaknesses: a gap between a strong political commitment at the national level and delivery services in AEFI counselling, prevention and management area; weak implementation of the potential capacity of surveillance systems to collect and analyse data; limited use of available data and monitoring and evaluation (M&E) activity; limited analysis and study of interesting related



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practices; weak involvement of public opinion; and, finally, negligible health staff training program on prevention, identification and treatment of AEFIs.

For point 2, some cases studies have been collected from MSs and the available international literature and others have been described by the WP5 case study working group. Different AEFI-related categories have been identified as key areas suitable for developing case studies of public concern, relevant to the public health and useful for AEFI prevention and management. Namely, the categories are: programme errors, coincidental events, injection reaction, investigations, communications and counselling service delivery.

The WP5 group has analysed the case definitions from WHO and Brighton Collaboration (BC) and, up to now, the following comments are relevant:

- ✓ WHO case definitions look easier than BC's definitions to be implemented at countrywide level and, moreover, they include clear criteria of time interval for onset of adverse event.
- ✓ BC case definitions are very useful tools for uncommon adverse events not included in the WHO list or for supporting a specialized centre in the investigation of complex cases.

In reference to point 3, training material is being prepared by the WP5 working group.