

# **Assessment of Adverse Events Following Immunization Surveillance in Gaza Governorates-Palestine, 2015.**

**Improving Programme Implementation through Embedded Research (iPIER)**

## **Final Report Template**

### **PART I: Reporting on the study outcomes**

#### **Section 1: Background on the context in which you are working**

Vaccination is one of the greatest public health achievements of human history. Each year, vaccines prevent more than 2.5 million child deaths globally (CDC, 2011)<sup>(i)</sup>. An additional 2 to 3 million child deaths could be prevented each year through immunization (WHO, 2016a)<sup>(ii)</sup>. Although vaccines used in national expanded program of immunization (EPI) is considered safe and effective, they are not risk-free and Adverse Events Following Immunization (AEFI) will occasionally occur (WHO, 2013)<sup>(iii)</sup>. An AEFI is any untoward medical occurrence in a vaccine which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine (WHO, 2016b)<sup>(iv)</sup>. Comprehensive surveillance of AEFI is required to detect potential serious adverse events to maintain public trust in vaccine safety which is a key to the success of immunization programs (Alberta Health, 2015)<sup>(v)</sup>. Although the majority of health care providers observed an AEFI in clinical practice and understood the importance of their role in AEFI reporting, the reporting is infrequent (Parrella et al., 2013)<sup>(vi)</sup>.

Palestine constitutes of two geographically separated areas: West Bank and Gaza Strip. Gaza Strip which is the southern part of Palestine consists of five governorates (MoH, 2014)<sup>(vii)</sup>. In Palestine the EPI is the most successful story targeting twelve vaccine preventable diseases and achieving an immunization coverage more than 99% since years (MoH, 2014). AEFI surveillance program in Gaza-Strip (GS) is inadequate as no AEFI cases are reported except post-BCG lymphadenitis. The reporting process of any AEFI relies on health professionals: doctors, nurses,

managers, epidemiology & immunization departments staff. The failure of AEFI surveillance program could be due to non- well trained manpower, unavailability of unified guidelines, protocols and forms of AEFI, improper or lack of inter-sectorial coordination and cooperation, lack of monitoring, notification, reporting and feedback and absence of qualified data management man power (data entry, analysis, monitoring and evaluation) which can help in system improvement.

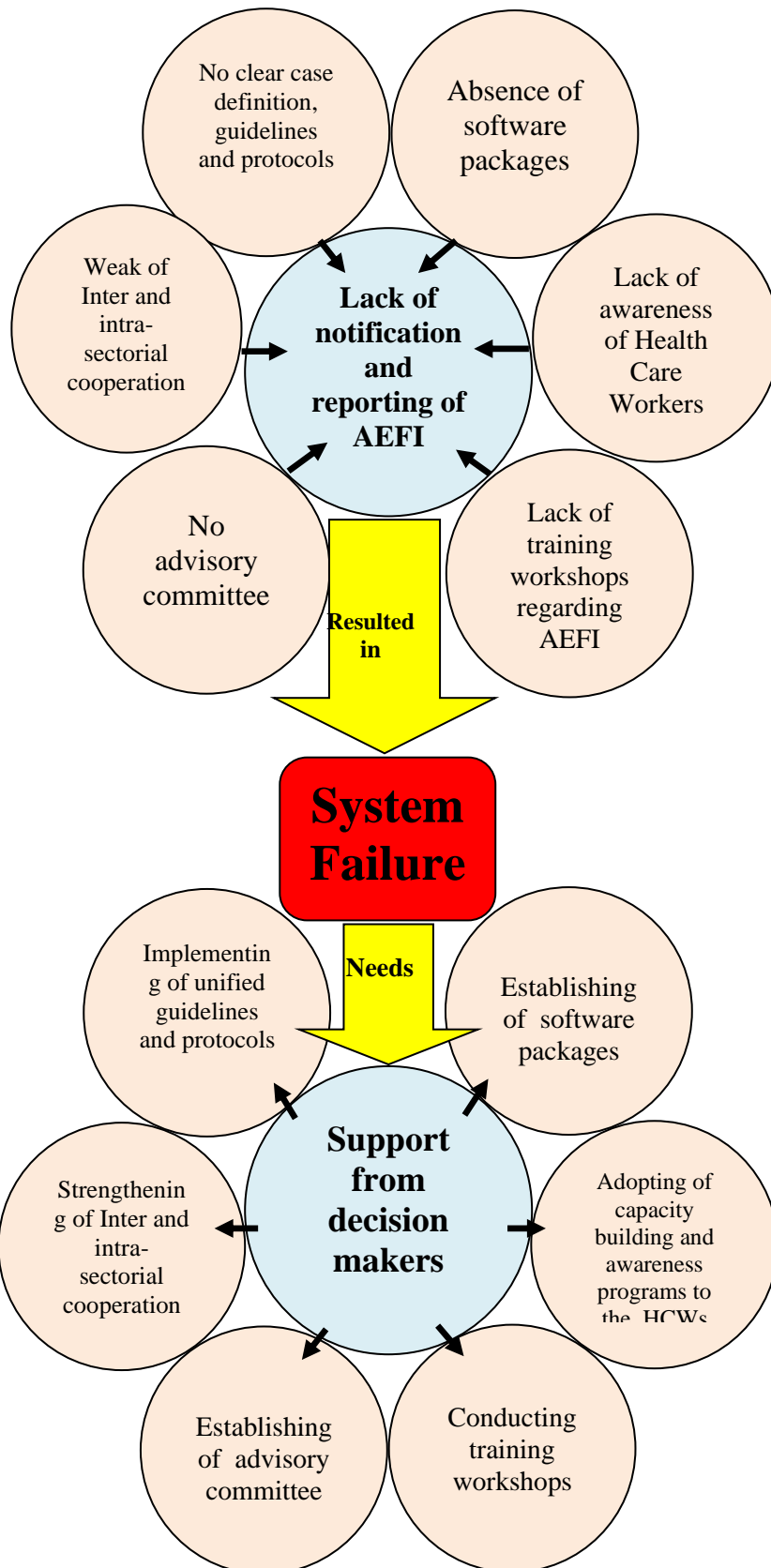
In Palestine, the only health care providers for vaccination program are Ministry of Health (MOH) and United Nations for Relieve and Work Agency (UNRWA). In GS, out of 55 MOH care centers only 33 centers are providing vaccine services in addition to all UNRWA centers (23 centers) (PHIC, 2015)<sup>(viii)</sup>. Rreporting of AEFI is mandatory (Palestinian public health law) and all AEFI could be reported from all health providers to the epidemiology and immunization departments,

**Section 2: What was the implementation challenge that you were trying to address with this research?**

**a. What is the implementation barrier you were facing?**

- **The components of system failure that lead to severely under reporting of AEFI cases were:-**
- The absence of clear case definitions, unified guidelines and protocols and notification forms to all HCWs.
- No advisory committee is existed.
- The absence of data base for AEFI connecting all health care facilities for proper reporting and notification.
- Un-awareness of HCWs about Palestinian public health law.
- The presence of weak Inter and intra-sectorial cooperation and coordination.
- Lack of training workshops regarding AEFI for all HCWs.

b. What was your theory about the systems failure that caused the barrier?



### **c. The research question**

*The research question was "Are the health care providers in Gaza governorates adhering to AEFI surveillance? And if not, Why?"*

*It was due to "the absence of clear case definitions, guidelines and protocols, absence of advisory committee, absence of data base, lack of Inter and intra-sectorial cooperation and coordination and lack of capacity building to the HCWs.*

### **Section 3: What was the study design and what methods did you use to answer your research question?**

#### **a. What methods were used in the study?**

The objectives were achieved by using four methods: predesigned questionnaire (Annex 3) with health providers, checklist (Annex 4) for the selected health care centres, in-depth- interview with medical health officers, information system managers in both MoH and UNRWA health centres and hospitals and focus group with epidemiologist, stakeholders, consultants and EPI manager.

#### **b. What data were collected and analysed?**

##### **Predesigned Questionnaire:**

The predesigned questionnaire was administered to health care workers in Gaza governorates aiming to assess if health care workers report AEFI cases or not, to collect demographic variables, knowledge and capacity regarding AEFI surveillance program, mechanism of reporting and notification of AEFI surveillance system, the presence of guidelines and protocols related to AEFI and other relevant variables. The questionnaire was revised several times to include all factors of interest. The questionnaire was validated by the competent experts. The team collected data by themselves. The team visited respondents at their place of work in order to fill the questionnaire. Moreover consent (annex 2) was already obtained before the interviews. Participants were told that participation is voluntary, data obtaining are confidential and provided verbal informed consent. They also were

informed about the lack of risk, and the benefits from the study as well as about their right to withdraw or to refuse participation.

**Checklist:**

Checklist was utilized in order to explore the reporting of AEFI and the presence of guidelines and protocols in the health centres included in the study. The checklist was filled by the team based on the answer.

**In-depth interview:**

In-depth interview was held with medical health officers and information system managers in their work places post-filling the questionnaire in a separate visit in order to assess the existing guidelines and protocols related to AEFI to describe the existing data management process (reporting, analysis, interpretation, monitoring and evaluation), proposed challenges in the health centres and to explore possible options to improve inter and intra-sectorial cooperation and coordination in reporting AEFI.

**Focus group:**

Focus group session was held with consultants, stakeholders, EPI managers, MOH and UNRWA health managers in a special place in order to collect data about the possible root causes of non-adherence to AEFI surveillance and the suggested solutions to improve the surveillance and overcome the research problem. This session was conducted after the preliminary results of the questionnaires to obtain more clarifications and accurate results.

The group agreed upon the reactivation of the awareness of the HCWs about the Palestinian public health law.

**c. Who and how many people were included in the study?**

A total of 105 health care workers filled the predesigned questionnaire as follow: from the selected 14 centres which provide vaccination services, 70 health care workers (medical health officer, head nurse, one physician who provides well-baby clinic services, and two nurses who provides vaccination in each center) were included in the study (5 health care workers from each centre). From the other 5 health care centres which does not provide vaccination services, 15 health care providers (medical health officer, head nurse and one physician who provides well-

baby clinic services in each centre) were also included in the study (5 health care workers from each centre). From the selected 5 hospitals, 20 health care providers (head of paediatric department, a paediatrician, general practitioner and chief nurse in each hospital) were included in the study (4 health care workers from each centre).

In-depth interview was held with 17 medical health officers and information system managers in their work places post-filling the questionnaire in a separate visit. And one focus group session was held with consultants, stakeholders, EPI managers, MOH and UNRWA health managers.

#### **Section 4: Results & Interpretation**

##### **a. What were the outcomes of the analyses of the data?**

About the importance and necessity of notification, all participants know that they must notify about the AEFI detected cases. The majority of participants know that they must notify the AEFI in order to follow the efficacy of the vaccines, to make decisions about the vaccination program or to know the main cause of these AEFI.

Different opinions were observed regarding the process of notification especially between those who are working in the ministry of health centres or UNRWA centres. For those who are working in the ministry of health centres, they notify to the epidemiology or immunization departments. For those who are working in UNRWA centres, they notify to the medical health officer then to the preventive medicine department manager and then to the ministry of health.

The majority of participants (95.2%) showed that there is a need for further training courses about AEFI. More than 60% of participants mentioned that there is no a special forms or guidelines for dealing with the reported cases of AEFI. The majority of participants mentioned that the best solution for AEFIs reporting is the availability of definite notification form and to be sent to the epidemiology/ immunization departments. Some recommended the importance of using special forms, special questionnaire and feedback. They suggested to provide the health care facilities with clear guidelines and protocols regarding vaccine and AEFI, to provide

them with AEFI forms, a clear written policy regarding notification and how to deal with cases.

Regarding the improvement of notification, the majority of participants think that it is very important to do a continuous training programs regarding vaccine and vaccine related issues.

All the participants ascertain that there is no any cooperation or coordination between different PHC centres or between hospitals and PHC regarding AEFI notification.

The top managerial level will be notified and involved regarding the importance and the conclusion of the study and to facilitate the implementation of the recommendations, through the conducting of training programs to strengthen the surveillance system as well as the reporting system, facilitating of supervision and follow up, availability of logistic and supportive materials and assisting in the preparation of AEFIs guidelines and protocols.

All participants in the focus group agreed that there are different obstacles facing HCWs to notify the reported AEFI cases like:

- Fear to notify to avoid any consequences like punishment and accountability.
- Afraid of medico-legal issues.
- Lack of knowledge regarding AEFIs.
- Over loaded work.
- Not considering the event as related to immunization.
- Absence or shortage of registration forms, protocols, and guidelines.
- Absence of monitoring, evaluation, feedback and incentives.
- *Lack of training* about immunization topics, adverse events, cold chain, importance of notification and reporting and how to use the guidelines.

**b. What do these data tell you about the theory about the systems failure (section 1 part c) – does it confirm your theory or reject your theory?**

The study outcomes asserted that there were system failure and it was explicit from the results of the study, which were as follow:

- The study revealed that notification of AEFI was infrequent and low,
- The reporting of AEFI was very poor,
- The absence of guidelines, protocols and forms for reporting,
- Lack of monitoring and evaluation from the higher managerial level,
- Lack of knowledge regarding AEFIs, the medico-legal issues, lack of training, overloaded work or the fear from punishment and accountability,
- Unclear definition of AEFI among health directors and HMISS.

**c. Based on your analysis, what is the new knowledge that you have generated about the implementation of your programme?**

The study shows that there is different gaps resulted in the system failure as the absence of guidelines and protocols, weak notification and feedback, weak cooperation and coordination between different health providers, the absence of data base and advisory committee. Accordingly, strategic plan was developed to overcome all these obstacles.

### **Section 5: Conclusion**

Findings demonstrate the importance of notification and reporting of AEFI. Potential reasons could explain the infrequent notification (50.5%) of AEFI as the AEFI is not recognized as such; and/or that an AEFI is recognized but not reported.

Different causes could explain the poor adherence of HCWs to AEFI surveillance system where the system is weak in the MOH.

At the UNRWA level, there is a well-established system for notification of AEFI (within the organization) with a poor system for reporting to the epidemiology department in the MOH (outside the organization). The absence of guidelines, protocols, forms for reporting, monitoring and evaluation from the higher



managerial level are playing a role of lack of adherence of HCWs for reporting AEFI. Other different obstacles facing HCWs are lack of knowledge regarding AEFIs, the medico-legal issues, lack of training, over loaded work or the fear from punishment and accountability. So HCWs must be encouraged to report adverse events without fear of penalty.

Despite the majority of HCWs included in the study mentioned that they participated in workshops about immunization containing topics related to AEFI, only half of them notified about AEFI, that indicating the participation of the workshops were not highly effective. This was consistent with that nearly all HCWs showed that there is a need for further training courses about AEFI. This result was consistent with the majority of participants in the in-depth interview who asserted that the HCWs' awareness regarding the importance of vaccine and AEFI plays a positive role in AEFI notification.

Participants in the focus group discussion agreed that one of the root causes of the lack of AEFI reporting is inadequate knowledge and insufficient training about AEFIs and accordingly they recommended conducting training for all HCWs.

## **Part II: Reporting on the iPIER process**

### **Section 1: Please describe how research findings helped inform changes in health policies and programs.**

By the Birzeit ICPH and EMRO technical and financial support and the homogenous research team the study revealed the root causes that lead to the main problem "Why the health care providers in Gaza governorates non-adherent to AEFI surveillance?"

Based on the study results, the researchers coordinated with the decision makers in order to overcome the problem by conducting the followings:

- Establishing of Advisory committee.
- Developing case definitions, unified guidelines and protocols and notification forms.
- Developing data base for AEFI
- Training workshops regarding AEFI for all HCWs

- Improving Inter and intra-sectorial cooperation and coordination.
- Reactivation of awareness of HCWs about Palestinian public health law.

**Section 2: Please describe the collaboration (positive and negative aspects) between the implementer (principal investigator) and the researcher(s).**

Generally the collaboration was perfect, reproductive, goes smoothly. This was due to the fact that all of them working in the same field and having the same language.

**Section 3: Please describe the collaboration/support (positive and negative aspects) provided by Birzeit ICPH and EMRO?**

Without the technical and the financial support by the Birzeit ICPH and EMRO to the Palestinian research team the applied research wouldn't be conducted in such professional and scientific manner.

In reality the continuous follow up, supervision and support reflected positively on the team to conduct the research which will improve one of the most crucial aspect in the immunization program by enhancing the adherence to the AEFIs surveillance..

**Section 4: What if any, challenges have you experienced during this period?**

The main challenges were:

- The barriers faced to attend the second workshop in Cairo.
- The communication difficulties via different multimedia.
- The frequent cut of electricity in Gaza Strip.

**Section 6: Strategy for Implementation**

<b>Proposed Strategy</b>	<b>Key Implementation Steps</b>	<b>Key Players</b>	<b>Lead authorities</b>	<b>Timeline</b>	<b>marks</b>
Orientation to policy makers and the HCWs of the needed change and what support needed from them	Feedback of the IPIER Workshop outcome	Partners and stakeholders (MOH, UNRWA, NGOs and private sector)	Preventive medicine department  (Immunization and Epidemiology)	July 2016	Completed
Establishment of Advisory committee	For consultancy, To be a term of reference in the immunization related topics to the policy makers and HCWs	MOH, UNRWA, NGOs and Universities	Primary health care directorate	July 2016	Completed
Reactivation of awareness of HCWs about Palestinian public health law	Distributing awareness materials	HCWs	Immunization and Epidemiology departments	August-September 2016	On Processing
Improving Inter and intra-sectorial cooperation and coordination	Regular meeting of stockholders	MOH, UNRWA, NGOs Private sector and Universities	Primary health care directorate	August 2016	Meeting will be held within the next 2 weeks
Developing case definitions, unified guidelines and protocols and notification forms	Round table discussion with key persons	MOH, UNRWA, NGOs and Universities	Preventive medicine department(Immunization & Epidemiology)	October-December 2016	On processing
Developing data base for AEFI	Review and update the existing system	Information Technology team in MOH and UNRWA	Preventive medicine department(Immunization & Epidemiology)	October-December 2016	Require financial and technical support
Training workshops regarding AEFI for all HCWs.	Continues training workshops regarding AEFI for all HCWs.	MOH, UNRWA, NGOs and Private sector	Preventive medicine department(Immunization & Epidemiology)	Jan.-April 2017	Require financial and technical support



## Annex 1: Helsinki Committee Approval



### المجلس الفلسطيني للبحوث الصحية Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

#### Helsinki Committee For Ethical Approval

Date: 06\04\2015

Number: PHRC/HC/16/15

Name: Jihad Ahmed

الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم  
حول:-

Assessment of adverse events following immunization (AEFI) surveillance in Gaza provinces – Palestine, 2015

The committee has decided to approve the above mentioned research.  
Approval number PHRC/HC/16/15 in its meeting on 06/04/2015

و قد قررت الموافقة على البحث المذكور عاليه  
بالرقم والتاريخ المذكوران عاليه

رؤساء المجلس  
عبد الرحمن  
عبد الرحمن

Member

عبد الرحمن



Member

عبد الرحمن

#### Genral Conditions:-

16. Valid for 2 years from the date of approval.
17. It is necessary to notify the committee of any change in the approved study protocol.
18. The committee appreciates receiving a copy of your final research when completed.

#### Specific Conditions:-

The subject was approved following the World Medical Association Declaration of Helsinki-Ethical principles for medical research involving human subjects, adopted by the 18th World Medical Association General Assembly, Helsinki, Finland, June 1964 and amended by the 59th WMA General Assembly, Seoul, Korea, October 2008.

E-Mail:pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين

## Annex 2: Consent Form نموذج موافقة

### برنامج الرصد المتعلق بمضاعفات ما بعد التطعيم – محافظات غزة 2015

الاخوة الزميلات والزملاء:

نود أن نحيطكم علماً بأننا بصدد عمل دراسة حول برنامج الرصد المتعلق بمضاعفات ما بعد التطعيم وذلك من أجل الوقوف على نقاط القوة والضعف في البرنامج من أجل تحسينه وتطويره لذا فقد تم اختياركم لتكونوا احد المشاركين في هذه الدراسة. علماً بأن كل المعلومات التي تدلون بها هي معلومات سرية للغاية وستستخدم فقط من اجل البحث العلمي.

نقدر لكم مشاركتكم، ونشكركم على التعاون

فريق البحث

### استبيان حول مضاعفات ما بعد التطعيم: Annex 3

Serial Number

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(1) المركز الصحي:

1- مركز حكومي 2- مركز تابع لوكالة الغوث 3- مستشفى

(2) المحافظة:

1- رفح 2- خانونس 3- الوسطى 4- غزة 5- الشمال

(3) المهنة :

1- طبيب 2- ممرض

(4) الوصف الوظيفي :

1- مدير مركز صحي أو رئيس قسم 2- رئيس قسم تمريض

3- طبيب أخصائي 4- طبيب عام 5- ممرض

(5) الجنس:

1- ذكر 2- أنثى

(6) المستوى التعليمي:

1- دبلوم 2- بكالوريوس 3- ماجستير 4- دكتوراه

(7) سنوات الخبرة في العمل بالقطاع الصحي:

(7.1) بقطاع غزة:

1- أقل من خمس سنوات 2- خمس إلى عشر سنوات 3- أكثر من عشر سنوات

(7.2) خارج قطاع غزة:

2- أقل من خمس سنوات 2- خمس إلى عشر سنوات 3- أكثر من عشر سنوات

(8) هل اكتشفت/ي أي حالة لمضاعفات ما بعد التطعيم؟

1- نعم 2- لا

(8.1) إذا كانت الإجابة نعم، كم عدد الحالات التي تكتشفها شهرياً؟

1- حالة واحدة 2- حالتان إلى خمس حالات 3- أكثر من خمس حالات

9) هل قمت بالتبليغ عن حالات لمضاعفات ما بعد التطعيم؟

1- نعم  
2- لا

9.1) إذا كانت الإجابة نعم، لمن قمت بالتبليغ؟

1- للمركز الصحي  
2- لقسم الوبائيات/التطعيمات  
3- لإدارة المنطقة  
4- للإدارة المركزية

10) هل شاركت/ي في ورشات عمل حول التطعيمات؟

1- نعم  
2- لا

10.1) إذا كانت الإجابة نعم، هل تضمنت الورشة موضوع حول مضاعفات ما بعد التطعيم؟

1- نعم  
2- لا

11) هل تعتقد أن هناك حاجة إلى المزيد من الدورات التدريبية حول مضاعفات ما بعد التطعيم؟

1- نعم  
2- لا

12) هل تعتقد أن التطعيم المزود للمراكز الصحية آمن وفعال؟

1- نعم  
2- لا

12.1) إذا كانت الإجابة لا، حدد:

.....  
.....

13) هل ياعتقداك أن كل التطعيمات من الممكن أن تسبب مضاعفات؟

1- نعم  
2- لا  
3- لا أعرف

13.1) إذا كانت الإجابة نعم، ما هي هذه المضاعفات؟

.....  
.....

13.2) حسب معرفتك ما هي أكثر التطعيمات التي تصاحبها مضاعفات؟

.....



.....  
14 هل تعتقد/بأن جميع مضاعفات ما بعد التطعيم يجب التبليغ عنها؟

1- نعم 2- لا 3- لا أعرف

14.1 إذا كانت الإجابة لا، ما هي هذه المضاعفات؟  
.....  
.....

15 هل تقوم بإخطار الأم عن المضاعفات المتوقعة بعد التطعيم؟

1- نعم 2- لا

15.1 إذا كانت الإجابة نعم، ما هي المضاعفات التي يجب إخطار الأم بها للإبلاغ عنها؟  
.....  
.....

16 في حال تشخيص حالة مضاعفات ما بعد التطعيم، كيف تتعامل مع الحالة؟

1- أقدم المشورة والعلاج 2- أحول الحالة لطبيب أخصائي

3- أحول الحالة لقسم الوبائيات بالمنطقة 4- أحول الحالة للمستشفى

5- غير ذلك

17 هل يوجد سجل خاص لتسجيل مضاعفات ما بعد التطعيم؟

1- نعم 2- لا

18 هل يوجد دليل إرشادي حول مضاعفات ما بعد التطعيم في مؤسستكم؟

1- نعم 2- لا 3- لا أعرف

18.1 إذا كانت الإجابة نعم، أجب على الأسئلة الآتية:

18.1.1 هل الدليل الإرشادي يوجد بصورة مستقلة أم مع رزمة إرشادات أخرى؟

1- نعم 2- لا 3- لا أعرف

18.1.2 هل قمت بتلقي تدريب حول استخدام الدليل الإرشادي الخاص بمضاعفات ما بعد التطعيم؟

1- نعم 2- لا

18.1.3 هل تتوفر لديك نسخة من الدليل الإرشادي الخاص بمضاعفات ما بعد التطعيم؟

1- نعم 2- لا

18.1.4 هل تقوم بمراجعة ما ورد في الدليل بصورة دورية؟

1- نعم 2- لا

#### Annex 4:

### قائمة المؤشرات الخاصة بمضاعفات ما بعد التطعيم في المؤسسات الصحية

#### (1) المركز الصحي

1- مركز حكومي 2- مركز تابع لوكالة الغوث 3- مستشفى

#### (2) المحافظة:

1- رفح 2- خانونس 3- الوسطى 4- غزة 5- الشمال

#### (3) هل تقدم المؤسسة خدمة إعطاء التطعيمات؟

1- نعم 2- لا

#### (4) عدد أطباء الأطفال داخل المؤسسة الصحية

1- طبيب 2- طبيبان 3- أكثر من اثنين

#### (5) عدد المرضى الذين يقومون بإعطاء التطعيم داخل المركز الصحي

1- ممرض 2- ممرضان 3- أكثر من اثنين

#### (6) هل يوجد نموذج خاص في المركز للتسجيل والتبليغ عن حالات مضاعفات ما بعد التطعيم؟

1- نعم 2- لا

#### (7) الجهة التي يتم تبليغها في حالة وجود مضاعفات ما بعد التطعيم

1- لقسم البائيات/التطعيمات 2- لإدارة المنطقة 3- للإدارة المركزية

#### (8) هل يوجد دليل إرشادي في المركز خاص بمضاعفات ما بعد التطعيم؟

1- نعم 2- لا

#### (9) إذا كانت الإجابة نعم، هل الدليل الإرشادي:

1- مستقل 2- ضمن دلائل إرشادية أخرى

## أسئلة متعلقة بمقابلات أطباء صحة المناطق ومركز البحث الصحي: Annex 5

- 1- هل من الممكن اعطاء فكرة عن مضاعفات ما بعد التطعيم؟ وما هي المضاعفات التي واجهتها خلال حياتك العملية ويواجهها زملاءك حالياً؟
- 2- كيف يتم التعامل مع الحالات التي يحدث لها مضاعفات ما بعد التطعيم؟
- 3- هل هناك حاجة للتبليغ عن مضاعفات ما بعد التطعيم؟ ولمن؟
- 4- كيف تتم عملية الإبلاغ عن مضاعفات ما بعد التطعيم؟
- 5- هل يوجد صعوبات في التبليغ عن مضاعفات ما بعد التطعيم؟
  - 5.1- إذا كانت الإجابة نعم ما هي الصعوبات التي تحول دون التبليغ؟
  - 5.2- إذا كانت الإجابة لا لماذا لا يتم التبليغ من وجهة نظرك؟
- 6- في حالة التبليغ عن مضاعفات ما بعد التطعيم هل هناك استجابة؟ وكيف تكون؟
- 7- ما هي أهم العوامل التي تؤثر إيجاباً على عملية التبليغ مضاعفات ما بعد التطعيم؟
- 8- ما هي أهم العوامل التي تؤثر سلباً على عملية التبليغ مضاعفات ما بعد التطعيم؟
- 9- ما هي أفضل آلية للتبليغ عن مضاعفات ما بعد التطعيم؟
- 10- هل يتم عمل تقييم مع الطاقم الصحي بالمركز حول الحالات المسجلة كمضاعفات ما بعد التطعيم؟
- 11- في حالة إدخال لقاح جديد أو لقاح من شركة غير مألوفة لكم هل يتم إبلاغكم بمعلومات عن ذلك؟ وإذا حصلت مضاعفات من هذا اللقاح ما هو الإجراء المتبع؟
- 12- هل يتم إبلاغكم بالإجراءات التي تم اتخاذها تجاه مضاعفات ما بعد التطعيم؟

## أسئلة متعلقة بالمقابلات المتعلقة بالمجموعات البؤرية: Annex 6

- 1- ما هو المقصود بمضاعفات ما بعد التطعيم
- 2- هل تقوم بتسجيل هذه المضاعفات؟
- 3- كيف يتم التعامل مع الحالات التي يحدث لها مضاعفات ما بعد التطعيم؟
- 4- هل هناك حاجة للتبليغ عن مضاعفات ما بعد التطعيم؟
- 5- هل يوجد صعوبات في التبليغ عن مضاعفات ما بعد التطعيم؟
  - 5.1- اذا كانت الاجابة نعم ما هي الصعوبات التي تحول دون التبليغ؟
  - 5.2- اذا كانت الاجابة لا لماذا لا يتم التبليغ من وجهة نظرك؟
- 6- ما هي أهم العوامل التي تؤثر ايجاباً على عملية التبليغ مضاعفات ما بعد التطعيم؟
- 7- ما هي أهم العوامل التي تؤثر سلباً على عملية التبليغ مضاعفات ما بعد التطعيم؟
- 8- ما هي أفضل آلية للتبليغ عن مضاعفات ما بعد التطعيم؟
- 9- هل يتم عمل تقييم مع الطاقم الصحي بالمركز حول الحالات المسجلة كمضاعفات ما بعد التطعيم؟

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