

Qualitative research to increase participation and quality of surveillance networks

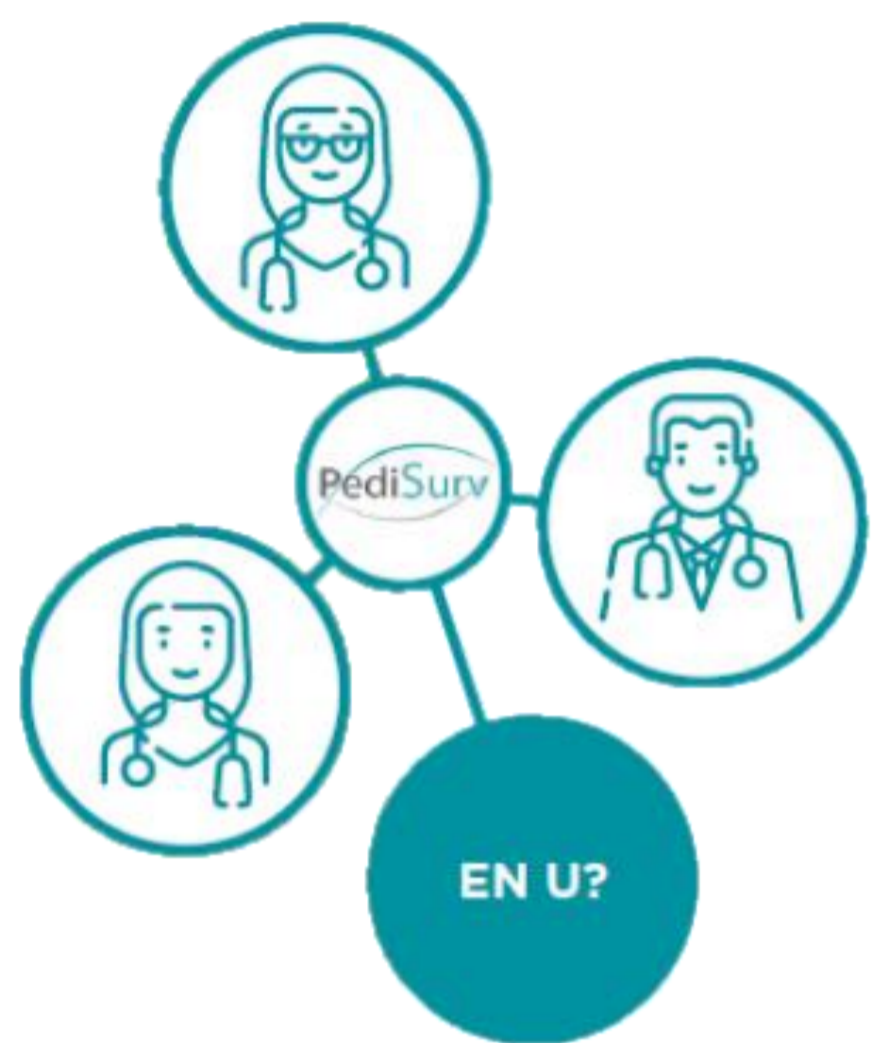
I. Peeters¹, T. Grammens¹, L. Cornelissen¹

1. Epidemiology of infectious diseases, Sciensano, Brussels, Belgium



What is PediSurv?

Set-up in 2002, the surveillance network 'PediSurv' is an important source of information for monitoring WHO eradication and elimination targets and for supporting and defining health policy priorities in Belgium.



- Collection of clinical information in children <15years on measles, mumps, rubella, acute flaccid paralysis, invasive pneumococcal infections and pertussis in hospitalized infants (<3 years)
- Voluntarily monthly registration by physicians
- Active reporting of zero-cases (key in surveillance of rare diseases)



Discover the network

Objective

Optimisation of surveillance is essential given the need for improved data quality. We aim to clarify difficulties and improvement areas for more effective 'PediSurv' use.

Methods

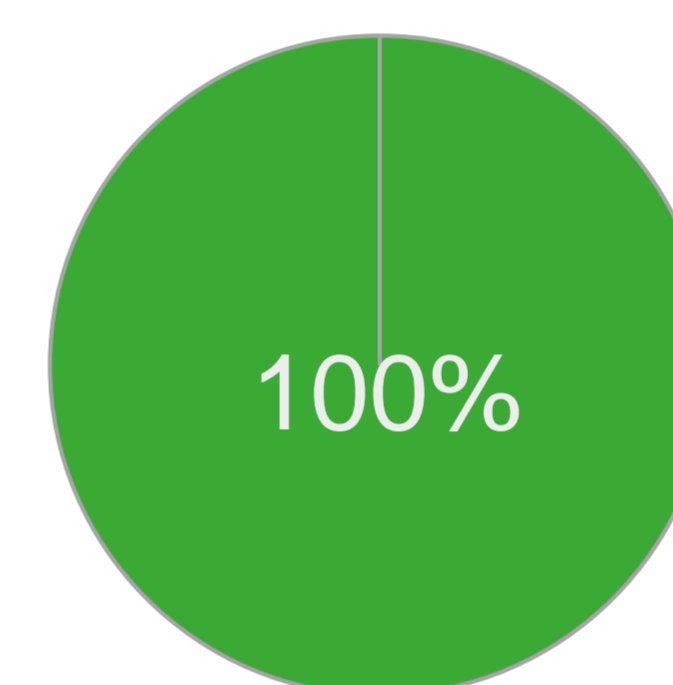
- All registered physicians in October 2022 received an email invitation to complete a survey (containing multiple choice and open-ended questions) within 2 weeks.
- Reminder was sent after 1 week.
- Survey results were presented and interpreted during a focus group discussion in which 12 stakeholders, from different federated entities in Belgium, participated (clinicians, academics and policy makers).

Results

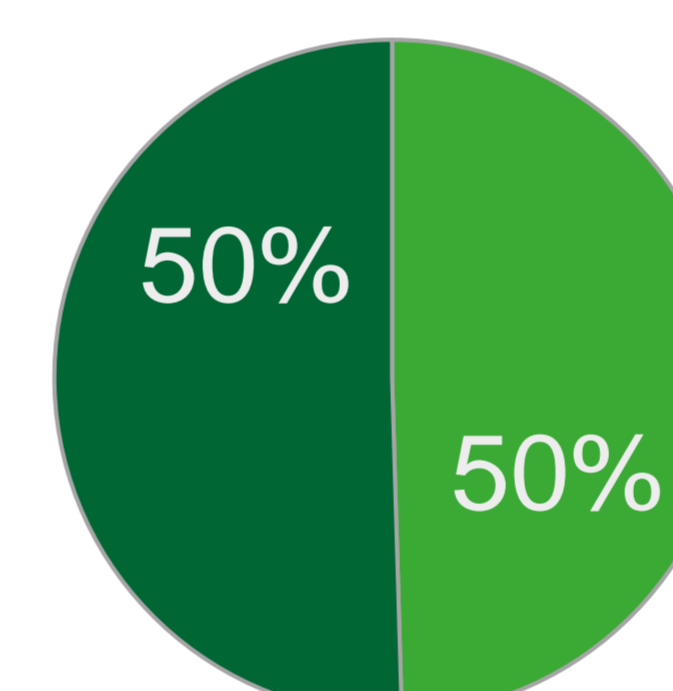
➤ Survey

- 35% response rate (131/376)
- 66% of the participants were between 50-69 years and 10% >69 years

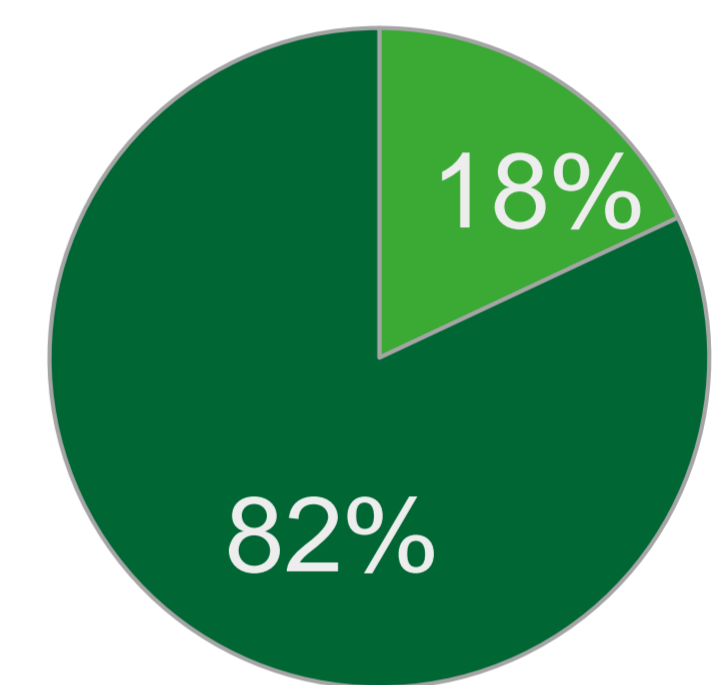
PediSurv is important for Public Health



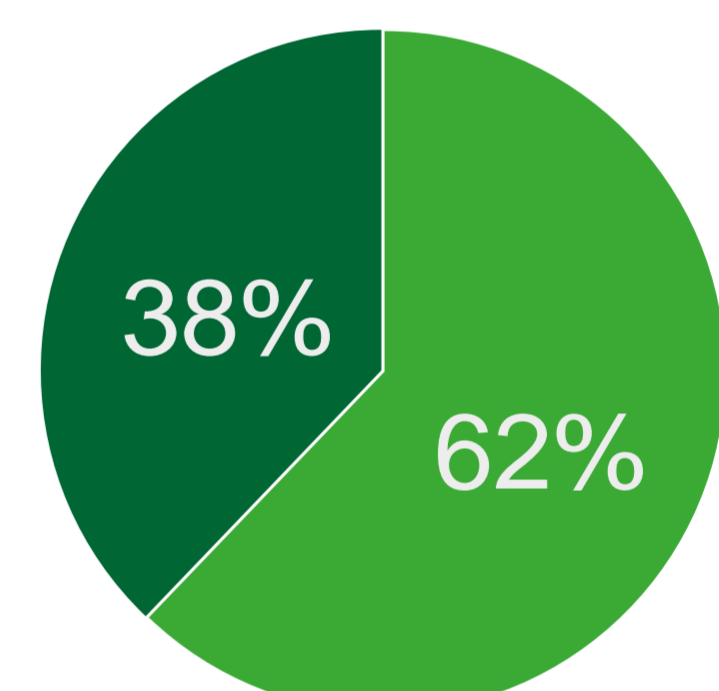
- if there was more feedback on personal registrations



I would register more - if there was a financial incentive



- if there was more feedback on general results



Agree ■ Don't agree ■

➤ Focal group discussion

- In line with survey responses.
- Lack of PediSurv awareness in young pediatricians.
- Burdensome logging-in procedure.

Key message

Active communication on surveillance results is paramount to optimise participation, where financial incentives are not. Likely these findings are valuable for other surveillance networks.

ACKNOWLEDGEMENTS

We thank all the pediatricians and GPs for their valuable contribution to 'PediSurv'.

