

In the article “**Evaluation of the National Immunization Program Surveillance System – Vaccination Record Module, Brazil, 2017**”, doi: 10.1590/S1679-49742021000100028, published on *Epidemiology and Health Services*, 30(1):e2019596, 2021, in the page 1:

Original text:

“Abstract

Objective: To compare structure and work process in Primary Care for implementing medical teleconsultation in municipalities in different regions and with different population sizes (100,000 inhabitants). **Methods:** This was a cross-sectional study, with descriptive and bivariate analysis, using data from 2017-2018 to assess availability of computers with internet access, webcam, microphone, speaker, as well as to assess team work processes (use of Telessaúde [Telehealth], service supply and demand control center and communication flow). **Results:** 30,346 primary health centers and 38,865 teams were evaluated. Presence of teleconsultation equipment in the health centers ranged from 1.2% in large northern municipalities to 26.7% in small southern municipalities. Established work process ranged from 10.7% in small northern municipalities to 39.5% in large southern municipalities. Compared to the South, medium-sized municipalities in the North (OR=0.14 – 95%CI 0.11;0.17) and Northeast (OR=0.21 – 95%CI 0.18;0.25) regions were less likely to have the necessary equipment. **Conclusion:** Significant regional inequalities call for investments in Digital Health.

Keywords: Telemedicine; Remote Consultation; Information Technology; Policy Making; Cross-Sectional Studies.”

Corrected text:

“Abstract

Objective: To evaluate the National Immunization Program Immunization Surveillance System, based on its Vaccination Record module, for Brazil in 2017. **Methods:** This was a descriptive study using the Guidelines for Evaluating Public Health Surveillance Systems, published by the Centers for Disease Control and Prevention (CDC/Atlanta/GA/United States) to evaluate the attributes of simplicity, flexibility, data quality, sensitivity, timeliness and usefulness of the system for six vaccines on the child immunization schedule. **Results:** The Immunization Surveillance System was considered complex in its description; flexible to changes in the immunization schedule; of poor data quality for the DTP and rotavirus vaccines; regular acceptability; high sensitivity for the BCG vaccine; untimely for the hepatitis B vaccine and useful for the purposes of the National Immunization Program. **Conclusion:** The data quality, acceptability and timeliness results were not satisfactory, so that actions are needed to enhance the information system.

Keywords: Immunization; National Immunization Program; Public Health Surveillance; Program Evaluation; Information Systems; Data Accuracy.”