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# Health education in pandemia: activities carried out by the multiprofessional residence in vaccination against influenza

La educación sanitaria en la pandemia: actividades realizadas por la residencia multiprofesional en vacunación contra la influenza

Educação em saúde na pandemia: atividades realizadas pela residência multiprofissional na vacinação contra influenza

## ABSTRACT

This study aims to report experiences lived by the Multiprofessional Residents Team in a Basic Health Unit in Fortaleza, Ceará, Brazil, about the health education actions carried out with the Influenza Vaccination Campaign during the Covid-19 pandemic, in the year 2020, which had to go through a series of adaptations considering this new context. An experience report, descriptive and qualitative in nature, was used as methodology. In order to be able to vaccinate a large number of people by avoiding gatherings, it was necessary to carry out various health education activities. The adoption of the educational forms listed in this work showed that despite a new pandemic context, the activities carried out brought together technical and practical knowledge in a given health reality, sharing important information between users, family members and professionals, which reflected in the care health of people and the community.

**DESCRIPTORS:** Health Education; Patient Care Team; Immunization Programs.

## RESUMEN

El presente estudio tiene como objetivo reportar las experiencias vividas por el Equipo de Residentes Multiprofesionales en una Unidad Básica de Salud en Fortaleza, Ceará, Brasil, sobre las acciones de educación para la salud realizadas con la Campaña de Vacunación Influenza durante la pandemia de Covid-19 en el año 2020, que debió sufrir una serie de adaptaciones debido al contexto de la pandemia. Se utilizó como metodología una descripción de la experiencia, de carácter descriptivo y de carácter cualitativo. Para poder vacunar a un gran número de personas evitando las tertulias, fue necesario realizar diversas actividades de educación sanitaria. La adopción de las formas educativas enumeradas en este trabajo mostró que a pesar de un nuevo contexto pandémico, las actividades realizadas reunieron conocimientos técnicos y prácticos en una determinada realidad de salud, compartiendo información importante entre usuarios, familiares y profesionales, que se reflejó en la atención de la salud de las personas y la comunidad.

**DESCRIPTORES:** Educación en Salud; Grupo de Atención al Paciente; Programas de Inmunización.

## RESUMO

O presente estudo tem como objetivo relatar experiências vivenciadas pela Equipe de Residentes Multiprofissionais em uma Unidade Básica de Saúde de Fortaleza, Ceará, Brasil, sobre as ações de educação em saúde realizadas junto à Campanha de Vacinação contra a Influenza durante a pandemia da Covid-19 no ano de 2020, que precisou passar por uma série de adaptações considerando esse novo contexto. Utilizou-se como metodologia um relato de experiência, de caráter descritivo e de natureza qualitativa. A fim de conseguir vacinar um grande número de pessoas evitando-se ajuntamentos, mostrou-se necessário realizar várias atividades de educação em saúde. A adoção das formas educativas relacionadas neste trabalho mostrou que apesar de um contexto novo de pandemia, as atividades realizadas uniram conhecimento técnico e prático em uma dada realidade de saúde, compartilhando-se informações importantes entre usuários, familiares e profissionais, o que refletiu no cuidado de saúde das pessoas e da comunidade.

**DESCRIPTORIOS:** Educação em Saúde; Equipe Multiprofissional; Campanha de Vacinação.

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**INTRODUCTION**

Vaccination presents itself as a very important immunological protection practice for human beings, being one of the main public health intervention actions in the control of diseases caused by immunizable agents, presenting undeniable efficacy, since through its use it has already been achieved eradication of diseases such as polio and smallpox.<sup>1,2</sup>

The National Immunization Program - PNI, created in 1973, is coordinated by the Ministry of Health in a shared way with the State and Municipal Health Secretariats, and its main objective is to organize the National Immunization Policy, contributing to the control, reduction and/or elimination of diseases, such as those caused by the influenza virus, among other.<sup>1</sup>

Influenza is characterized as an acute viral infection that affects the respiratory system, caused by viruses A, B, C and D, presenting a tendency to spread easily in seasonal epidemics, and can also cause pandemics, as it is a disease of high transmissibility and global distribution.<sup>3</sup>

In 1999, the PNI incorporated the influenza vaccination strategy with the aim of reducing hospitalizations, complica-

tions and deaths in high-risk populations. In 2020, the 22nd National Influenza Vaccination Campaign was held, which was scheduled to take place from March to May 2020, targeting individuals with risk factors or conditions, plus teachers, postpartum women, health workers, adolescents and young people from 12 to 21 years of age under socio-educational measures, population deprived of their liberty, prison staff and security and rescue forces, presenting a portion of the population estimated at 67.6 million people, with the goal of vaccinating 90% of the eligible group.<sup>4</sup>

According to the Technical Report of the Ministry of Health, which deals with the 22nd National Influenza Vaccination Campaign (2020), until the year 2019 the vaccine was available for adults 60 years and older, however, in 2020, this access has been extended to the most vulnerable groups, also including people aged 55 to 59 years old and people with disabilities.<sup>5</sup>

For the year 2020, however, the immunization campaign had to undergo a series of adaptations due to the context of the pandemic caused by the new Coronavirus SARS-CoV-2. According to information obtained in the National Contingency Plan for Human Infection

by the new Coronavirus COVID-19, written by the Ministry of Health in February 2020, on December 29th, 2019, a hospital in Wuhan admitted four people with pneumonia and acknowledged that the four had worked at the Huanan Wholesale Seafood Market, a place where live birds, aquatic products and various types of wild animals are sold to the public. The hospital reported this to the Center for Disease Control and Prevention (CDC-China) and Chinese field epidemiologists (FETP-China) found additional patients linked to the market, and on December 30, health officials in Hubei province notified this cluster to the CDC of China.<sup>3</sup>

With the objective of reducing the transmissibility of Covid-19, delaying the epidemic in the country, in March 2020, the Ministry of Health launched an Information Note with recommendations on public health measures to prevent the spread of the new Coronavirus, which brought strategies to avoid large crowds of people during the vaccination campaign against influenza and measles, too.<sup>4</sup>

Due to the pandemic, the objective was to vaccinate the largest number of people, among the target audience, but opting to reorganize the work process,

to avoid agglomerations. In this regard, it was advised that the Municipal Health Secretariats of each Brazilian municipality establish partnerships with public and private institutions, in order to decentralize vaccination beyond the Primary Health Care Units as much as possible, as a large number of suspect cases of Covid-19 would be concentrated in that location.<sup>3</sup> In order to achieve this goal, to vaccinate a large number of people by avoiding gatherings, it was necessary to carry out health education activities.

Health Education is presented as a set of actions that aim to promote autonomy over personal and collective care in the health-disease process, being understood by three main actors: the general population, health professionals, and the management.<sup>5</sup>

In the context of Covid-19 Pandemic, with a new virus that causes a totally recent disease, without scientific evidence on how to treat it, and without previous vaccination, such as influenza, health education activities have become quite evident, since it was extremely necessary to educate the population about basic hygiene habits, personal and collective care, avoiding crowds, in addition to the need to raise awareness about care and the need to keep health stable and the vaccination of other diseases up to date.

In this regard, the present study aims to report experiences lived by the Multiprofessional Residents Team in a Basic Health Unit in Fortaleza, Ceará, Brazil, on the health education actions carried out with the Influenza Vaccination Campaign during the Covid-19 pandemic.

## METHOD

The methodology of this report was based on the type of descriptive research, which is characterized as a study in which researchers are usually concerned with practical action, with the main objective of describing the characteristics of a given situation, population or phenomenon,<sup>6</sup> fitting into a field of social research

that allows obtaining new knowledge in the field of reality and social knowledge.<sup>7</sup>

The research sought to describe an experience report, which is characterized as the description of actions taken and impressions experienced by people in a given situation or moment, as well as aspects that may impact the report in some way.<sup>8</sup>

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With regard to nature, it is a qualitative analysis, as it aimed to interpret and critically analyze a certain situation and the impact it brings on the lives of the individuals involved.<sup>6</sup>

The present study brings an experience report of the intervention of a Multiprofessional Residents Team during the Influenza Vaccination Campaign, in the face of the Covid-19 pandemic in a Primary Health Care Unit-UAPS in For-

tealeza-CE. The integration of the multidisciplinary team in the campaign took place from March to June 2020, with the approach of all the audiences foreseen during the campaign.

The influenza vaccination public was part of the study, as well as people over 60 years of age, health workers, professionals from the security and rescue forces, patients with chronic diseases (hypertension, diabetes, asthma), truck drivers, children from 6 months to less than 6 years of age, teachers, people between 55 and 60 years of age, pregnant women and women who have recently given birth. This entire public was divided according to the National Vaccination Calendar, following a chronology of vaccination priorities. Users who were not registered in the UAPS in Fortaleza-CE, and those who, for some reason, did not present the necessary documents at the time of vaccination were excluded.

Thus, at first, the team responsible for immunization needed to organize itself for the campaign against influenza and set up a strategic space at the other entrance of UAPS, to assist non-symptomatic people. Right at the door, before users entered the Unit, there was a moment of health education through the speech of the Integrated Health Residency team informing about the priority groups, which documents are necessary to have access to the vaccine and the importance of the population to use the mask and hand hygiene, emphasizing the importance of social isolation at that time, in addition to the organization of lines with the correct distance between people for the individual entry of patients into the immunization room.

When the pandemic increased its number of infected people even more, it was necessary that the team responsible for the immunization articulated with some social equipment in the territory covered, so that the work of immunization against influenza could continue, and a partnership was agreed with the Catholic Church. from the neighborhood, located in front of the Health Unit. The

work with the community did not stop at any time and the activities continued, this time in an open environment, outdoors, in the church yard.

For this immunization work with health education, a nurse, two nursing technicians and the resident team of the School of Public Health of Ceará were present, whose composition was formed by Social Worker, Dental Surgeon, Nurses, Physiotherapist and Psychologist. Even with different professional categories, all professionals participated actively, having knowledge and understanding of all processes, including handling in the system.

At the end of the day, everyone went to the UAPS vaccine room and counted what material had been used. In addition to evaluating that day's work and if there was anything that needed to be changed, presenting any suggestion of changes to the manager of the Health Unit, the best flow was agreed, always following the guidelines of the Regional Health Coordination of the Regional Secretariat V of the City Hall Fortaleza, Ceará, which, in turn, followed the guidelines of the health authorities considered to be of greatest importance.

After a few days of external work, the vaccination team returned to UAPS again, continuing the immunization against influenza, along with the other vaccines in the immunization schedule already planned and considered routine. The external work also involved immunization at home of super elderly people (over 80 years old) and people with limited mobility in the community - this demand was passed on by Community Health Agents-ACS to the Unit's coordination, who managed home care when required.

After the development of health education actions together with the multidisciplinary work necessary for the vaccination of all priority groups of the Influenza Vaccine Campaign, the data of this study were analyzed and treated based on the report of the users themselves, of the health care manager. UAPS and

Primary Care professionals belonging to the unit, as well as observing the improvement of organization and reduction of contagion by the New Coronavirus during the Campaign.

**After a few days of external work, the vaccination team returned to UAPS again, continuing the immunization against influenza, along with the other vaccines in the immunization schedule already planned and considered routine.**

## RESULTS AND DISCUSSION

In view of the emergency health situation, installed with the advent of the new coronavirus, the Municipal Contingency Plan of the Municipal Health Secretariat of Fortaleza-SMS was launched, prepared in March 2020, in order to guide the strategies of action with the population, based on their reality, at the three levels of care (primary, secondary and tertiary). This document has undergone successive

updates, the last of which was dated October 5th, 2020 (version 14.0).<sup>9</sup>

In this Plan, with regard to immunization, the SMS from Fortaleza advised that in Primary Health Care - PHC should not, under any circumstances, suspend the vaccination service.<sup>10</sup> At the UAPS object of the present study, the professionals agreed, together with the coordination, on a specific strategy for this service, through differentiated flows according to the needs of the users: through a UAPS entrance, people with flu-like illnesses were welcomed, and on the other hand, there was assistance from non-symptomatic users, including the population in search of vaccination.

The campaign was brought forward by decision of the Ministry of Health, considering the historic moment of combating coronavirus on a global scale, and in particular by the confirmation of two cases in the country still in the first quarter of the year. The influenza vaccine does not prevent the new virus, but with immunization, the population is protected against diseases caused by the influenza virus, which minimizes the impact on health services. Another important issue in favor of immunization is that the symptoms of the two pathologies have similarities, and, with anticipation, we sought to reduce the burden of influenza circulation in the population.<sup>3</sup>

For this action, mobilization was carried out by the CHA within the community. Mini educational leaflets were also prepared and printed with guidance on care for the new coronavirus, where the population could seek help and telephones from places linked to public health for testing on the diagnosis of COVID-19.<sup>9</sup>

The Multiprofessional Residence provides a biopsychosocial view of the resident professional on the demands and illnesses that surround them. This linked to the interdisciplinary nature of care, strengthens knowledge and bonds that are transformed into extra-outpa-

tient actions, reducing weaknesses in the service, and creating initiatives that benefit patients, professionals, and the health units themselves, such as this interaction with the Vaccine Campaign against Influenza.<sup>10</sup>

The vaccination scheme followed a flow which was divided between two areas of activity: the professionals in the vaccination room, within the UAPS, received users who needed to update their vaccination booklet with what was provided for in accordance with the National Health Calendar. Immunization, while there was another team inside the neighborhood church that immunized daily against influenza..

In this period of latent state of contamination by the new coronavirus, the team thought of methodologies appropriate to reality, experiencing this moment collectively, immunizing beyond

the users belonging to the coverage area, because every day, several people moved from their areas, more distant, for the UAPS reported here, looking for assistance, and in turn, all of them are assisted.

In this aspect, health education activities go beyond the technical-scientific domain of each profession and extend the practice of relationships in all components of relevance and social interest, contributing to the improvement of the population's health quality, coping with epidemiological aspects of the health-disease process and in the organization of the structure of health care and sector management.<sup>11</sup>

## CONCLUSION

Multiprofessional work with biopsychosocial involvement enables the

development of activities, regardless of the specific professional activity of each area involved, as there is an interrelation of knowledge for differentiated monitoring, enabling humanized care.

Health education activities carried out by a multidisciplinary team expands the horizons for the development of activities in an integral manner, presenting itself as a promising strategy in addressing the various health problems that affect the population.

The adoption of the educational forms listed in this work showed that despite a new pandemic context, the activities carried out brought together technical and practical knowledge in a given health reality, sharing important information between users, family members and professionals, which reflected in the health care of people and the community. ■

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