DOI: https://doi.org/10.36489/saudecoletiva.2020v10i57p3649-3664

Knowledge of responsible on the importance of vaccine in a basic health unit in The West Zone Rio de Janeiro

Conocimiento de responsables sobre la importancia de la vacuna en una unidad básica de salud en la Zona Occidental, Rio de Janeiro

Conhecimento dos responsáveis sobre a importância da vacina em uma unidade básica de saúde da Zona Oeste, Rio de Janeiro

RESUMO

Objetivou-se compreender o conhecimento dos responsáveis de menores de 6 anos sobre a imunização em uma Unidade Básica de Saúde. Trata-se de uma pesquisa de campo, de caráter exploratório-descritivo, com uma abordagem qualitativa que foi conduzido em uma Clinica da Família na Zona Oeste do Rio de Janeiro. Foram feitas 16 entrevistas, 81% foram mães, somente 1 pai e a faixa etária de 18 a 60 anos. Quanto à escolaridade, 56% estudou nível médio completo, 81% recebe um salário mínimo, 56% ocupa-se de atividades do lar e somente 19% é de beneficiários do Bolsa Família. O estudo mostrou que os responsáveis, apesar das diversificadas opiniões, demonstravam preocupação quanto à vacinação dos menores e que o projeto do Bolsa Família não influenciou na busca pelo imunubiológico, garantindo uma eficaz cobertura vacinal. Notou-se a dificuldade na compreensão quanto à leitura do cartão de vacina e maior intensificação pós-vacinal, evidenciando a necessidade de orientações na sala de imunização pelos profissionais de enfermagem e, assim, disseminando saberes para os responsáveis, garantindo uma assistência qualificada e eficaz e maior divulgação na mídia das mudanças de faixa etaria vacinal.

DESCRITORES: Imunização; Enfermagem; Conhecimento.

ABSTRACT

The aim was to understand the knowledge of those responsible for children under 6 years of age about immunization in a Basic Health Unit. This is an exploratory-descriptive field research, with a qualitative approach that was conducted in a Family Clinic in the West Zone of Rio de Janeiro. 16 interviews were made, 81% were mothers, only 1 father and the age group was 18 to 60 years old. As for schooling, 56% had completed high school, 81% received a minimum wage, 56% engaged in household activities and only 19% were beneficiaries of Bolsa Família. The study showed that those responsible, despite the diverse opinions, expressed concern about the vaccination of minors and that the Bolsa Família project did not influence the search for the immunobiological agent, ensuring effective vaccination coverage. It was noted the difficulty in understanding how to read the vaccine card and greater post-vaccination intensification, evidencing the need for guidance in the immunization room by nursing professionals and, thus, disseminating knowledge to those responsible, ensuring qualified and effective assistance and greater dissemination in the media of changes in the vaccination age range.

DESCRIPTORS: Immunization; Nursing; Knowledge.

RESUMEN

El objetivo fue conocer el conocimiento de los responsables de niños menores de 6 años sobre inmunización en una Unidad Básica de Salud. Se trata de una investigación de campo exploratoria-descriptiva, con abordaje cualitativo que se realizó en una Clínica Familiar. en la Zona Oeste de Rio de Janeiro. Se realizaron 16 entrevistas, 81% fueron madres, solo 1 padre y el grupo de edad de 18 a 60 años. En cuanto a la escolaridad, el 56% había terminado la secundaria, el 81% recibía un salario mínimo, el 56% realizaba actividades del hogar y solo el 19% eran beneficiarios de Bolsa Família. El estudio mostró que los responsables, a pesar de las diversas opiniones, expresaron preocupación por la vacunación de menores y que el proyecto Bolsa Família no influyó en la búsqueda del agente inmunubiológico, asegurando coberturas vacunales efectivas. Se notó la dificultad para entender cómo leer la cartilla de vacuna y una mayor intensificación posvacunación, evidenciando la necesidad de orientación en la sala de inmunizaciones por parte de los profesionales

de enfermería y, así, difundir conocimientos a los responsables, asegurando una asistencia calificada y eficaz y mayor difusión en los medios de comunicación de los cambios en el rango de edad de vacunación.
DESCRIPTORES: Inmunización; Enfermería; Conocimiento.

RECEIVED ON: 03/05/2020 **APPROVED ON:** 03/05/2020

Maria Regina Bernardo da Silva
Master's in Family Health. Professor at Castelo Branco University and UNICBE
ORCID: 0000-0002-3620-3091

Angela Dias de Araujo Ramado
Nurse. Castelo Branco University
ORCID: 0000-0002-8222-351X

Jane Gregorio de Andrade
Nurse. Castelo Branco University
ORCID: 0000-0002-5288-9580

Aline Silvano Frutuoso Conceição
Nurse. Castelo Branco University. Responsible for CAP 5.1 SMS RJ Vaccination Center
ORCID: 0000-0001-8464-8493

Rosangela Silva de Araujo Mendes
Nursing Student at Castelo Branco University
ORCID: 0000-0001-9504-0045

Louise Coelho Marques
Nurse. Castelo Branco University
ORCID: 0000-0002-9689-6643

Fernanda Baptista Silva
Nursing Student at Castelo Branco University
ORCID: 0000-0002-0823-646X

INTRODUCTION

Vaccines are one of the greatest achievements made by man. Smallpox was eradicated, a disease that has victimized millions of people throughout history, and we are close to the eradication of polio worldwide; and, in 2015, rubella was eliminated in the Americas[1].

Many myths are attributed to vaccines and, without the proper knowledge associated with inadequate information, results in a resistance to immunize minors or fear of adverse reactions. Vaccination is especially important to provide immunological protection and vital in the first years of life of the human being, so that a healthy child grows and, thus, minimizing and eliminating health problems, giving him the desired immunity. The National Immunization Program (PNI) is an international reference in Public Health policy[2].

Since 1973, the year in which it was created, the PNI has been seeking social inclusion and assisting people in the country and, with that, it leads to immunization in the Unified Health System (SUS), has improved access in Primary Care and has contributed to achieve the development goal of reducing child mortality[3].

Despite the return of some diseases, it is correct to affirm the efficacy of the vaccine in preventing diseases, and Brazil has become a reference in the eradication of diseases and other diseases that plague the population[4].

The country eradicated, through vaccination, diseases of global reach such as smallpox, polio and childhood paralysis[5].

Compliance with the child vaccination schedule in this scenario is essential in view of the numerous immunopreventable and contagious diseases, it constitutes one of the elements that cause the decrease in the infant mortality coefficient[6].

The vaccination actions implemented by the PNI are composed of: routine calendars, vaccination campaigns, vaccination in outbreaks or epidemics, vaccination of pregnant women and schoolchildren and the Reference Centers for Special Immunobiologicals - CRIES[2].

Being extremely important the presence of the nursing professional in the extension of the vaccine coverage and in the explanatory dialogue with the guardians of the children about the benefits that the vaccine offers. Since the nursing team has greater contact with the user, it is of fundamental importance to emphasize that this team has the power to intervene with regard to health education when guiding mothers and / or caregivers to the importance of childhood vaccination[7].

As a vaccinator, the nursing professional, in opportune circumstances, such as acting as a mentor at the time of vaccination, transmits fundamental information relevant to disease prevention, helping families to realize the value of immunization defined as a method capable of preventing illness[8].

Therefore, for those responsible for the children to have knowledge about the importance of immunization, it is necessary that the primary care nursing professional in the vaccination room is updated, as knowledge in the health area is improving every day[9].

Children, like the elderly, are more prone to illness; for this reason, the lack of care with compliance with the child's vaccination schedule can bring losses that can become major public health problems[5].

The motivation for the research project came through observation in an immunization waiting room of a Family Clinic in the West Zone of Rio de Janeiro, in which the parents had difficulties keeping the immunization up to date in their children. In this context, there was an interest in developing this research, having as a guiding thread the understanding of those responsible for children under 6 years of age in relation to vaccines and the possible vaccine delays conferred on their children.

So, the research problem is: What is the knowledge of those responsible for the importance of immunization in children under 6 years old?

General objective: To understand the knowledge of those responsible for children under 6 years of age about immunization in a primary health unit in the West Zone, RJ. And the specific objectives: Identify data relating to the vaccination status of the children of the persons interviewed and report the benefits caused by immunization.

METHODOLOGY

It is a descriptive and exploratory research of the type of field research with a qualitative approach. Field research is used to obtain information and / or knowledge about a particular problem, in order to find an answer or prove a hypothesis[10].

Exploratory research aims to develop, clarify, and modify concepts and ideas, with a view to formulating more precise problems and researchable hypotheses for further studies. Descriptive research, as the name implies, has as its main objective the description of the characteristics of a certain population, event or establishment of relationships of a certain group through the acquisition of data that point to the exposure of opinions by the researchers[11].

The research was carried out in a primary unit of attention to Family Health located in West Zone of RJ in Cap. 5.1 about Realengo. This unit has 04 teams, each team with 01 general practitioner, 01 nurse, 01 nursing technician, 01 dentist for every 2 teams, 2 dental assistants, 01 oral health technician and 05 community health agents.

The choice of the Family Clinic unit was due to the fact that it is a vulnerable area that provides services to a population of 17,456 thousand users and, among them, has an expressive number of thousand registered children, within the researched age range.

Study participants were responsible for 16 children under 6 years old, whose inclusion criteria were: being over 18, having registration at the Family Clinic, attending the research period, and accepting to participate by signing the Free and Informed Consent Form. Clarified (TCLE), which prove their acceptance in the research. And the exclusion criteria: those responsible for presenting some cognitive difficulty in obtaining the answers or feeling embarrassed to participate in the study. Data collection took place from September to October 2019 after approval by the SMS RJ Ethics Committee, under number 3,593 312.

The interviews were conducted with the guardians who were in the waiting room of the Family Clinic for medical or nursing appointments according to the previous schedule of care for the children. Those responsible were invited, in a reserved place, to participate in the interview and the vaccination card was also evaluated and all were analyzed. Bardin's technique was used[12]. It is also emphasized the need to organize content analysis in three stages: pre-analysis, material exploration and treatment of results, and the content analysis was carried out through the survey of the answers acquired by the question guide and the transcription integrated interviews.

Then, the most relevant ideas were selected from this material, which provided subsidies for the proposed research. The data acquired through the interviews were broken down into categories.

RESULTS AND DISCUSSION

Of the 16 interviews, 81, % were mothers, the age group between 18 and 60 years old, with young people between 18 and 30 years old being 44%, 50% who consider themselves to be brown. As for education, 56% have completed high school, 81% receive a current minimum wage, 56% are engaged in household activities, although there are also families who have another occupation and only 19% are beneficiaries of Bolsa Família.

Quadro 1. Nível socioeconômico dos adultos responsáveis por crianças menores de 6 anos, na Estratégia de Saúde da Família da Zona Oeste. Rio de Janeiro, RJ, Brasil, 2019

N	CODINOME	IDADE	E.C	PARENTESCO	RAÇA	ESCOLARIDADE	PROFISSÃO	RENDA (S.M)	BOLSA FAMÍLIA
1	Laranja	42	C	Pai	Parda	Sup.Completo	Ag.Vigilância	2 SM	Não
2	Morango	35	C	Mãe	Branca	Médio completo	Do Lar	1 SM	Não
3	Abacate	38	C	Mãe	Negra	Médio completo	Agente Saúde	1 SM	Não
4	Graviola	38	C	Mãe	Branca	Sup.Incompleto	Artesã	1 SM	Não
5	Banana	23	C	Mãe	Branca	Fund.Incompleto	Atendente	1 SM	Sim
6	Manga	29	C	Mãe	Parda	Médio completo	Do Lar	1 SM	Não
7	Jaca	24	C	Mãe	Negra	Fund.Incompleto	Balconista	1 SM	Não
8	Goiaba	28	C	Mãe	Negra	Médio completo	Téc. Enfermagem	1 SM	Sim
9	Acerola	18	C	Mãe	Negra	Fund.Incompleto	Do Lar	1 SM	Não
10	Maracujá	67	D	Avó	Parda	Médio completo	Do Lar	1 SM	Sim
11	Pêra	33	S	Mãe	Parda	Médio completo	Do Lar	1 SM	Não
12	Melão	30	C	Mãe	Parda	Médio completo	Do Lar	1 SM	Não
13	Abacaxi	31	C	Mãe	Parda	Médio completo	Do Lar	1 SM	Não
14	Mamão	30	C	Mãe	Parda	Médio completo	Do Lar	1 SM	Não
15	Kiwi	37	C	Pai	Parda	Sup.completo	Professor	2 SM	Não
16	Tangerina	42	C	Mãe	Branca	Médio completo	Do Lar	1 SM	Não

Tabela 1. Distribuição da faixa etária, vacinação, consulta e benefício social, dos responsáveis de crianças menores de 6 anos, que utilizam o serviço de saúde da Família da Zona Oeste. Rio de Janeiro, RJ, Brasil, 2019

Idade da criança	Nº	%
1 a 3 anos	07	44
4 a 6anos	09	66
A criança estuda		
Sim	09	66
Não	07	44
Consulta está em dia		
Sim	16	100
Vacina em dia		
Sim	16	100

It was clearly noted that women are primarily responsible for vaccinating their children, as they spend most of the time in activities at home in direct contact with their children, have schooling for around 12 years of study, despite the low purchasing power , vaccination actions were valued and the Bolsa Família program did not impact the search for vaccination, because few respondents from UBS (Basic Health Unit) were enrolled in the social program. And, two children who had the triple bacterial vaccine to be made on this day of the interview, the necessary vaccines were offered, and the children were immunized.

In total [7], 44% of children are aged 1 to 3 years, with 66% older than 4 years and students, according to reports of those responsible, with up-to-date vaccinations and consultations. It was always important to mention that the numbers of infectious diseases can be avoided with the vaccines contained in the PNI calendar in Brazil.

The Statute of the Child and Adolescent establishes that it is the family's duty to ensure the realization of the rights to health, of the child and adolescent, and provides for other measures, including routine vaccination - Law No. 8,069, of July 13, 1990, take other measures[13]. In addition, parents who oppose vaccinating their children can seriously harm the health of these children, especially at school age.

Responsible knowledge of vaccine benefits

In general, the research participants demonstrated that they understand that immunization is configured as a protection for the child because it prevents diseases. There were reports that the vaccine aims to bring health, demonstrating an expanded view of the factors related to the health-disease process.

The statements below illustrate the interviewees' opinion on the beneficial effects of vaccination on their children's health and development. They show a broader understanding of the benefits of immunization. Such knowledge is represented by the statements:

> *ORANGE: "[...] Avoid the proliferation of diseases as they live with other children and to protect them."*

> *STRAWBERRY: "[...] When the child is vaccinated, the risk of the disease becoming more aggressive decreases."*

> *BANANA: "[...] It is important in the prevention of diseases; it causes immunity in children and prevents diseases that the vaccine prevents."*

Participants said they had some knowledge about childhood vaccination, making it clear that the goal of immunization is disease prevention. In addition, they recognized that the absence of vaccination confers vulnerability to disease.

Studies have also found similar results regarding the importance of the vaccine in disease prevention, when 95.8% of those surveyed made this observation, demonstrating that they have a good knowledge of the purpose of the vaccine, how to prevent diseases and disease proliferation[14]. According to reports, a broader understanding of the effects of immunization on immunized children is shown.

> *MANGO: "[...] It produces antibodies to protect you and brings health."*

In the literature, there are researches and reports from renowned researchers who demonstrate that vaccination is one of the most effective ways to prevent immunodepressive diseases, providing a great advance in infant morbidity and mortality, since through vaccination a marked reduction in the number of children is achieved. infectious diseases[15].

Participants said they had some knowledge about childhood vaccination, making it clear that the goal of immunization is disease prevention. In addition, they recognized that the absence of vaccination confers vulnerability to disease.

However, it is observed that 25% of the interviewees reported difficulties and lack of knowledge regarding the vaccination schedule, showing the need for more information from nursing professionals in the immunization room in relation to the schedule.

Therefore, for those responsible for the children to have knowledge about the importance of immunization, it is necessary that the nursing professional in the vaccination room is up-to-date, as knowledge in the health area is improved every day[9].

Hence the importance of professionals in the immunization room to have qualification, knowledge, and pass on post-vaccination information in a clear, objective, and concise manner, so that those responsible can understand the vaccination calendar.

Risks about non-adherence to the vaccine

Interview participants reported knowledge about the risks of non-adherence to the vaccine, in general, reported that children can become sick, exposed to immunodepressive diseases, and can lead to death.

> *ORANGE / ACEROLA: "[...] Acquire diseases and have serious sequelae that hinder the child's development".*

> *STRAWBERRY / GRAVIOLA / MANGO: "[...] Risk of serious illness and can die."*

> *GUAVA: "[...] It is exposed to several diseases that hinder the child's development."*

> *PASSION FRUIT: "[...] I get diseases like Measles, H1N1."*

According to the World Health Organization (WHO), vaccines prevent between 2 million and 3 million deaths per year. It is known that when vaccination coverage falls, epidemics may arise, hence the importance of keeping the vaccination schedule up to date[16].

The PNI, in the last decades, has been developing specific strategies to achieve better coverage in a homogeneous way in all Brazilian municipalities, developing immunization activities in a highly

competent way, facilitating vaccination coverage[17].

Contraindications to vaccinate the child

According to reports from the participants, they claimed to know about contraindication to immunization when they have fever, egg allergy, if they have an infectious disease and a disease that causes low immunity.

> *ORANGE / AVOCADO / GRAVIOLA / PEAR: "[...] If the child has allergies, fever."*
>
> *MANGO / JACKFRUIT / MELON: "[...] When the child is allergic to the components of the vaccine."*
>
> *GUAVA: "[...] If the child already has an infectious disease installed in the body."*
>
> *KIWI:" [...] When the child already has low immunity as this makes him vulnerable to contracting viruses and bacteria."*

The contraindication is understood as a condition of the user to be vaccinated that greatly increases the risk of a serious adverse event or makes the risk of complications from the vaccine greater than the risk of the disease against which one wishes to protect[3].

It is important to be aware of myths, for example, it is a myth to say that vaccine-preventable diseases are almost eradicated in Brazil, so there is no reason for vaccination, we must be aware that in a highly interconnected world, infectious agents can cross geographical boundaries and infect any unprotected person[3].

Therefore, the guardians need to be aware of the real contraindications so as not to miss the opportunity to immunize the child.

Guidelines in the post-vaccination immunization room

The contraindication is understood as a condition of the user to be vaccinated that greatly increases the risk of a serious adverse event or makes the risk of complications from the vaccine greater than the risk of the disease against which one wishes to protect[3].

According to the survey, 56% of those responsible informed that they received post-vaccination guidance by nursing professionals.

> *ORANGE / BANANA / JACKFRUIT / GUAVA / PINEAPPLE / TANGERINE: "[...] Yes! Put a cold compress on the vaccine site."*
>
> *STRAWBERRY / AVOCADO: "[...] In case of fever, offer antipyretic prescribed by the pediatrician."*
>
> *PEAR says: "[...] The techniques inform me about post-vaccine effects."*

Therefore, the Manual of Immunization Standards says that the professional who receives the client must also have information about the vaccination booklet, which vaccine to be administered, the next vaccines to be performed, make the relevant notes, administer the vaccine, information about expected effects and to solve all doubts that the client presents, being he responsible for the client at the moment when he schedules and administers this immunobiological[4].

But according to 44% of the reports of some guardians, there was a lack of information and inadequate information after applying the immunization.

> *KIWI: "[...] This is very relative" some inform, and others do not, seek external information. "*
>
> *MANGA: "[...] She doesn't receive guidance, so she frequently asks the professional."*
>
> *PASSION FRUIT: "[...] Put ice in the place and in case of drops, stop feeding the child for 30 minutes and give novalgine antipyretic."*

Therefore, health professionals must be attentive and trained to identify children who do not have an updated vaccination schedule, seeking the parents /

guardians and checking the child's card or other document that has the record of the application of vaccines. In addition, it is important to have extramural activities aimed at reaching children who do not attend the health unit[18].

The lack of knowledge of those responsible for minors linked to erroneous information transmitted in the immunization room is one of the reasons observed during the interview, the cause of which may be the lack of information or inadequate guidance given by the health team of the immunization room.

It is important that the nursing staff of the immunization room be attentive to the correct information, such as if a fever occurs, administer antipyretic according to the medical prescription, do not indicate the use of paracetamol or novalgine before or immediately after vaccination so as not to interfere with the immunogenicity of vaccine. It is also important to standardize the information in the immunization room for a better understanding of those responsible.

Access to the vaccine room according to the interviewees

According to 94% of those responsible, there is no difficulty in accessing the immunization room, working fully at the scheduled times of the health unit, despite belonging to the risk area.

> *STRAWBERRY / BANANA / GRAVIOLA: "[...] There is no difficulty in making a vaccine."*

> *JACKFRUIT / GUAVA / ACEROLA / PASSION FRUIT: "[...] Easy access to the immunization room."*

Despite improved access to health services in Brazil, it has favored the reduction of infectious and contagious diseases that can be prevented through immunization[19].

Only one responsible person reported that he had some difficulty in relation to access, but it is related to forgetting the date of return to the immunization room as shown below:

> *ORANGE: "[...] Some difficulty, because I forget."*

It is evident that each loss of opportunity to attend the UBS to carry out the vaccination causes damage to the vaccination coverage. The reported difficulty was due to the lack of adequate information regarding immunization and also the responsibility centered on the mother to take the child to the basic unit, due to the deficient family structure, contributing to the child's immunization schedule not being complete. Failure to vaccinate children makes them unnecessarily vulnerable[20].

As for knowledge about the vaccination calendar, 65% reported that they understand the card, represented by the statements:

> *ORANGE / STRAWBERRY / MANGO: "[...] Yes, I understand the vaccination schedule."*

> *JACKFRUIT / ACEROLA: "[...] Yes, when I have a pencil mark, I know I have to take it to vaccinate, my community agent reminds me."*

> *PASSION FRUIT: "[...] Yes, I was guided by my nurse at the clinic."*

The importance of vaccines in protecting health and preventing disease is unquestionable. It is particularly important that those responsible are advised by the nursing staff of the vaccine room on returns. Thus, those responsible for understanding the calendar, the tendency is to return on the scheduled dates. However, it is observed that 35% of the interviewees reported difficulty and lack of knowledge regarding the vaccination schedule, showing the need for information from nursing professionals in the immunization room in relation to the schedule, not least because the vaccination schedule is extensive and with changes according to with the age group, both children and adolescents had changes and increased doses of vaccines, not least because the measles disease presenting some cases in some states in Brazil, the age group was anticipated, at six months the first dose and maintenance of the doses following those 12 months and 15 months.

> *GRAVIOLA: "[...] Difficult and I think the card should be more specific."*

> *PAPAYA: "[...] More or less, because the vaccine has changed the age to be made."*

> *TANGERINE: "[...] No! I look at the dates only."*

> *BANANA: "[...] I don't understand! I never paid attention."*

The routine vaccination schedule and the chronological sequence with which vaccines are administered is called the vaccination schedule. Although the records must be made by all professionals and all scenarios of health care must be responsible for the verification and filling of the child's health handbook, it is in maternity wards and primary care services that the proper handling of this instrument is constituted. in constant challenge, as they are the places where most of the information is generated[21].

It is also observed in everyday life that the bond between families and health professionals needs to be strengthened to increase measures to promote and protect child health.

FINAL CONSIDERATIONS

In the present study, it was observed that the guardians of the minors were aware of the importance of childhood immunization, in general, expressed a satisfactory perception of their children's vaccination. In their reports, they referred to vaccination as disease prevention and quality of life guarantee, however, they did not know how to inform the correct indications for each vaccine.

The study showed that those responsible, despite the diverse opinions, expressed concern about the vaccination of minors and that the Bolsa Família project did not influence the search for immunobiological agents, ensuring effective vaccination coverage.

During the research, it was noted some difficulty for those responsible for understanding the reading of the vaccine card and greater post-vaccination intensification, evidencing the need for guidance in the immunization room by nursing professionals and, thus, disseminating knowledge to responsible, ensuring qualified and effective assistance.

As an important suggestion, the importance of continuing education of professionals in the immunization room is emphasized, not only the nurses, but their entire team in a homogeneous and egalitarian manner, ensuring adequate knowledge to those responsible. And intensify information about changes in the vaccination calendar in the media, for greater understanding of those responsible.

THANS

Our special thanks to the Manager of the Family Clinic where the research was carried out, Nurse Roseli Correa Albuquerque. ■

REFERENCES

1. Ballalai I, Bravo F. Imunização: tudo o que você sempre quis saber – Rio de Janeiro: RMCOM; 2016

2. Ministério da Saúde (BR). Imunização – cobertura – Brasil [Internet]. Brasília (DF): MS; 2017 [acesso em 15 mai 2019]. Disponível em: http//tabnete.datasus.gov.br/cgc/tabcgi.exe?pni/cnv/cpnuf.def.

3. Rocha G. Progama Nacional de Imunização (PNI). Blog da Saúde [Internet]. 2015 jul [acesso em 18 nov 2019]. Disponível em: http://www.blog.saude.gov.br/index.php/entenda-o-sus/50027-programanacional-de-imunizacoes-pni.

4. Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Vigilância das Doenças Transmissíveis (BR). Manual de eventos adversos pós vacinação. 3. ed. Brasília (DF): MS; 2014.

5. Ministério da Saúde (BR). Manual da redes de frios do programa de nacional de imunização [Internet]. 4. ed. Brasília (DF): MS; 2013 [acesso em 18 nov 2019]. Disponível em: bvsmS. Saúde.gv>.br>bvs.pubicações.manual_rede_frio.

6. Ministério da Saúde (BR). Manual de Normas e procedimentos para vacinação [Internet]. Brasília (DF): MS; 2014 [acesso em 31 mai 2019]. Disponível em: htt:/bvsms.saude.gov.br/bvs/publicações/manual_procedimentos_vacinação.pdf.

7. Oliveira VG, Pedrosa KKA, Monteiro AI, Santos ADB. Vacinação: o fazer da enfermagem e o saber das mães e/ou cuidadores. Rev. Rene. [Internet] 2010 [acesso em 18 nov 2019]; 11(spe). Disponível em: http://www. revistarene.ufc.br/revista/index.php/revista/article/ view/478 /pdf_1.

8. Santos LB, Barreto CCM, Silva FLS, Silva KCO. Percepção das mães quanto à importância da imunização infantil. Rev.Rene [Internet]. 2013 [acesso em 20de mai 2019]; 12(13). Disponível em: www.revistarene.ufc.br/oll2.

9. Feitosa LR, Feitosa JA, Coroliano MWL. Conhecimento e práticas do auxiliar de enfermagem em sala de imunização. Cogitare enferm [Internet]. 2014 [acesso em 28 mai 2019]; 15(4). Disponível em: htt//ojs.c3sl.ufpr.br/ojsndex.php/cogitare/article/view/2037013539&gt.

10. Marconi MA, Lakatos EM. Metodologia científica: ciência e conhecimento científico, métodos científicos, teoria hipóteses e variáveis. 5. ed. São Paulo: Atlas; 2010.

11. Gil AC. Pesquisa Social.Métodos e técnicas de pesquisa social.São Paulo: Atlas; 2009. p.42-48.

12. Bardin L. AnáliseConteúdo. Lisboa: Edições 70; 2011.

13.Brasil. Artigo 14 do Estatuto da Criança e do Adolescente, Lei n.º 8069/90, de 13 de julho de 1990 [Internet]. Brasília (DF): Brasil; 1990 [acesso em 24 nov 2019]. Disponível em: https://www.jusbrasil.com.br/topicos/10618559/artigo-14-da-lei-n8069-de-13-de-julho-de-1990&gt.

14. Waldman EA. Mesa redonda:desigualdades sociais e cobertura vacinal;uso de inquéritos domiciliares. Revista Brasileira de Epidemiologia [Internet]. 2008 [acesso em 15 jun 2019]; 11(suppl 1). Disponível em:

http//www.scielo.br/scielo.php/.script=sci_arttext&pid=s1415 790x2008000500013.

15. Silveira ASA, Silva BMF, Peres EC, Meneguhin P. Controle de Vacinação de Crianças matriculadas em escola Municipais da Cadade de São Paulo. Rev. esc. enferm. [Internet]. 2007 [acesso em 25 nov 2019]; 41(2). Disponível em: htt://www.scielo.br/.php?pid=S008062342007000200001&scrpt=sci_arttext&gt.

16. Organização Pan-Americana de Saúde, Organização Mundial da Saúde. Semana de Vacinação nas Américas [Internet]. 2015 [acesso em 18 nov 2019]. Disponível em: https:www.paho.org.

17. Homma A, Martins RM, Jessouroum E, Oliva O. Desenvolvimento tecnológico: elo deficiente na inovação tecnológica de vacinas no Brasil. Hist Ciênc Saúde-Manguinhos. 2003; 10(2):671-96.

18. Tertuliano GC, Stein AT. Atraso vacinal e seus determinantes: um estudo em localidade atendida pela Estratégia Saúde da Família.Ciênc.saúde colet. 2011;16(2).

19. Kleinert S, Horton R. Brasil: no caminho da sustentabilidade e da igualdade na saúde (Comentário). Lancet. 2011.

20. Aquino MZS. Mitos e verdades sobre a imunização pós graduação do Hospital Sirío e Libanês [Internet]. 2016 [acesso em 29 mai 2019]. Disponível em: https//wwwhospitalsiriolibanes.org.br/suasaude/paginas/mitos-verdades-sobrevacinação.

21. Alves CRL, et al. Qualidade do Preenchimento da Caderneta de Saúde da Criança e fatores associados. Cad. Saúde Pública. 2019 mai; 25(3):583-595.