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Vaccination status of people living with HIV/AIDS in outpatient care in Fortaleza, Ceará, Brazil



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ABSTRACT

Antiretroviral therapy has increased the survival of patients with HIV/AIDS, thus necessitating health promotion practice with immunization. Vaccines are critical components for protecting people living with HIV/AIDS (PLWHA). The purpose of study was to analyze the vaccination status of PLWHA in outpatient care in Fortaleza, Ceará, Brazil. Cross-sectional study performed from June 2014 to June 2015. The screening was done with patients in antiretroviral therapy, 420 patients underwent screening, but only 99 met the inclusion criteria. Data were collected for interviews using forms to characterize sociodemographic, clinical and vaccination situations. Only 14 patients had complete vaccination schedules. The most used vaccines were hepatitis B, influenza vaccine and 23-valent pneumococcal. There was no difference between men and women regarding the proportion of PLWHA with full vaccination schedule or between sex, skin color, marital status, sexual orientation, religion or occupational status. There was no difference between having or not having a complete vaccination schedule and age, years of education, family income or number of hospitalizations. CD4+ T-cells count of patients with incomplete immunization was lower than patients with complete immunization. Health education strategies can be done individually or in groups to explain the importance of vaccination and to remind about doses to be administered. Most patients did not have proper adherence to vaccination schedules, especially due to lack of guidance. Results implied that education in health is important for vaccination adhesion, knowledge of adverse events and continuation of schemes.

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Introduction

More than three decades after the recognition of acquired immunodeficiency syndrome (AIDS), the pandemic of human immunodeficiency virus (HIV) infection has had changes in its characteristics.^{1,2} There was a reduction in the number of new infections and deaths by HIV/AIDS at the global level, due to the significant progress in preventing the spread of infection and an increase in the number of people who have access to antiretroviral therapy (ART).³

ART has increased the survival of people living with HIV/AIDS (PLWHA) leading to a chronic disease characteristic, and it is considered that health promotion practices have become of great importance for these patients who require specialized care to maintain their quality of life. A health promotion practice that may be considered is immunization. PLWHA should weigh the benefits and risks of vaccines, by analyzing the viral load and CD4+ T-cells count, because vaccines have an important role as they can protect against opportunistic diseases.⁴

Vaccines are critical components for protecting HIV-infected adults from an increasing number of preventable diseases. However, missed opportunities for vaccination among PLWHA persist, likely due to concerns regarding the safety and efficacy of vaccines, as well as the changing nature of vaccine guidelines.⁵

The National Immunization Program (NIP) of the Ministry of Health of Brazil provides free vaccines to children, adolescents, adults and seniors. PLWHA use the same standardized vaccination schedule for adults, with adjustment according to the type of vaccine. Regarding vaccines produced from non-living microorganisms, the Ministry of Health of Brazil recommends the following vaccines: diphtheria and tetanus (adult double), hepatitis A, hepatitis B, influenza, pneumococcal 23-valent and anti-rabies. For yellow fever vaccine, individualize the risk/benefit as the patient's immune status and the epidemiological situation in the region and, in the event of exposure, vaccinate when CD4+ T-cells count >200 cells/mm³. The rabies vaccine is only administered in possible cases of exposure to the virus, when there is injury by animals. In addition, before hepatitis B vaccination the result of the anti-HBs exam must be observed.⁶

Several considerations justify conducting a study involving immunization of people with HIV/AIDS. The first is that prevention of infectious diseases is important when there is impaired immunity because infection causes high morbidity and mortality in these individuals. Although ART has provided an increased survival rate of people with HIV, virus infection is still a serious public health problem. This is a challenge in many ways, but above all the absence of an effective treatment that leads to healing, beyond social and economic barriers that interfere with adherence to treatment regimen.

Thus, the purpose of this study was to analyze the vaccination status of PLWHA in outpatient care, monitoring the vaccination status, identifying the vaccination card of administered biopharmaceuticals to patients and the delay in doses, the reasons why patients do not adhere to the prescribed vaccination schedules and to indicate educational strategies that can be used in health promotion practices in the context of

PLWHA immunization. The results that may be obtained will guide health promotion practices related to immunization of people with HIV, and this may identify factors that prevent vaccination, as well as to create a routine check of vaccination cards, to observe the doses of immunobiologicals already administered and indicate the pending doses.

Methods

A cross-sectional descriptive study with quantitative approach, developed in Brazil with PLWHA assisted in outpatient care from June 2014 to June 2015 with screening of all PLWHA on ART who attended the service.

Inclusion criteria were patients of both sexes; age greater than or equal to 18; ART for at least three months; taking any vaccine after knowledge of positive HIV serology; having a vaccination card to verify immunobiological administration and signature of informed consent. Exclusion criteria consisted of the presence of mental disease or any other condition that would interfere with the individual's participation in the research. Other exclusion criteria were: expression of desire to no longer participate in the study and follow-up loss.

Patients were invited to participate in the study when they came to routine appointments at the clinic, which happens on average of every three months. Those who agreed to participate formalized acceptance by signing the consent form and underwent an interview lasting an average of half an hour in a private environment. Two instruments were used in the interview: Sociodemographic and Clinical Characterization Form for People with HIV/AIDS and the Vaccination Situation of People with HIV/AIDS Form. The researchers involved in the project advised patients during the study to bring their vaccination card to the clinic.

The Sociodemographic Characterization Form included the variables: identification, contact telephone number, address, date of birth, sex, skin color, schooling (in years), marital status, exposure category, sexual orientation, if they were living with their partner, current partner's HIV serology, number of children, religion, occupational status, number of people living in the same household, monthly income of the family, HIV infection diagnosis time, previous/opportunistic diseases, ART characteristics (usage time, antiretroviral drugs, dosage, number of pills), number of hospitalizations by complications of HIV infection, CD4+ T-cells count and viral load. This form has already been validated and used in other studies involving PLWHA.⁷⁻⁹

The Vaccination Situation of People with HIV/AIDS Form was developed and validated specifically for this study. Before being applied to the sample of the survey, a pilot test was conducted with 20 PLWHA who did not compose the sample. It is a purely descriptive tool, aiming only to collect data from patients' vaccination card, since the vaccination card is a document that must remain with the patient. It contains the names of all vaccines recommended for PLWHA with a checklist of the administered doses. From this, the vaccination schedule was classified as complete or incomplete. In addition, there is space to put the reasons why a patient has not taken the vaccine.

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