

Prevalence of vaccination in adults with HIV infection followed at Hospital of Clinics - Unicamp.

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Abstract

The access to medical assistance and prevention measures increased HIV/AIDS patients survival in Brazil. Vaccination may avoid infections that can lead to severe outcomes in immunodepressed patients. The objective of this study is to investigate the prevalence of immunizations indicated by the Ministry of Health, in the patients followed at the HIV/AIDS Outpatient Clinic of Hospital of Clinics - Unicamp. We analyzed 340 medical and immunization records of patients who attended the consultation in 2016. The variables studied were socio-demographic epidemiological, and clinical. Vaccination records showed an average of 50.5% coverage of Pneumo 23v, Diphtheria-Tetanus (51.6%), Hepatitis B (54.2%), Hepatitis A (7.5%), Influenza (42.9%), Meningoid C (44.9%) vaccines. Lack of information about vaccination was higher among young (<39 years) male patients, last CD4 <350 cells/ul. Higher prevalences of incomplete schemes were also identified primarily with the vaccine Meningoid C and Influenza. Although patients may have received vaccine in other health services, lack of information in the medical records can compromise the integral care to the patients.

Key words: HIV - Aids - vaccination - prevalence.

Introduction

It is the duty of health professionals to guarantee patients the integral access to health care, both in the treatment and in the prevention of complications of HIV infection. The access to medical assistance and prevention measures increased HIV/AIDS patients survival in Brazil¹. As a primary prevention measure for concomitant infections, adults and adolescents living with HIV may receive vaccines from the national calendar (Pn23, DT, hepatitis B, Influenza, hepatitis A, meningoid C) as long as they do not show significant immunological deficiency^{2,3}.

The objective of the study is to analyze the prevalence of complete vaccination schedules according to each vaccine proposed in the Ministry of Health official calendar, evaluating the sociodemographic, clinical and epidemiological profile of patients with HIV/AIDS at the Outpatient Clinic of HC-Unicamp. The research project was forwarded and approved by the Research Ethics Committee under the CAAE 58321516100005404, Issue: 2215736.

Results and Discussion

A cross-sectional study was carried out on the vaccine status of a sample of patients (n = 340) seen in 2016 in this service through analysis of medical and vaccination records (Reference Center for Special Immunobiological - CRIE).

In the present study, were found 213 (61.7%) men, mainly from the age range of 40 to 49 years (32.2%), schooling more than 5 years (29.5%), 80.9% of the Metropolitan Region of Campinas. Among patients, 49% had 0 to 10 years of infection, 71,6% had sexual transmission and 12.8% CD4 count <350 cells/ul in 2016.

Table 1 shows the vaccination coverage recorded in CRIE-Unicamp. Although vaccination records indicate low coverage in the majority of patients, it is necessary to consider the non-registration of the information in the medical records, as well as in the CRIE records, specially vaccinations carried out in the primary health attention services. The contraindication of vaccination in patients with immunosuppression may have influenced the postponement of vaccination.

Table 1 - Vaccine coverage in patients attending the HIV/AIDS - HC-Unicamp Outpatient Clinic, 2016

Vaccines	Complete Freq (%)	Incomplete Freq (%)	No registry Freq (%)
Pneumo 23v	174 (50.5)	30 (8.7)	141 (40.8)
Diphtheria-Teta	178 (51.6)	15 (4.3)	152 (44.1)
Hepatitis B	187 (54.2)	19 (5.5)	137 (39.7)
Hepatitis A	26 (7.5)	7 (2)	312 (90.5)
Influenza	148 (42.9)	71 (20.6)	126 (36.5)
Meningoid C	155 (44.9)	42 (12.2)	148 (42.9)

Conclusions

The integral attention to patients with HIV/AIDS presupposes adherence to antiretroviral treatment, clinical follow-up, and primary (as vaccination) and secondary prevention measures to avoid complications of the disease and increase patient survival. The results highlight low coverage, but mainly the need for counter-reference and information about doses in others health services outside HC-Unicamp.

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