

VOLUNTEER INTERNSHIP FOR HEALTH STUDENTS IN THE COVID-19 VACCINATION CAMPAIGN

Vinicyus Eduardo Melo Amorim

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/3530467921354204>

ORCID: 0000-0003-4541-690X

Alberto Guilherme de Azevedo Lira Neto

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/2686756465340370>

ORCID: 0000-0002-6709-4692

Ana Cecília Araújo Cabral

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/7538675169518832>

ORCID: 0000-0002-8868-2178

Arturo de Pádua Walfrido Jordán

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/9130173237479048>

ORCID: 0000-0002-2955-8302

Filipe de Souza Leão Câmara

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/3616701271596921>

ORCID: 0000-0002-9203-2725

Letícia Fagundes do Nascimento Silva

Faculdade Pernambucana de Saúde. Recife
Pernambuco

<http://lattes.cnpq.br/5456761107640833>

ORCID: 0000-0003-0879-9294

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Manuely Pereira de Morais Santos
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/6957775356692711>
ORCID: 0000-0003-3255-0552

Marcos Henrique de Menezes Clemente
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/3969047421673234>
ORCID: 0000-0002-0136-9120

Mikhael Morais de Souza
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/0004501211406606>
ORCID: 0000-0001-6195-4121

Pedro Vitor Prota de Oliveira
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/6843516938242393>
ORCID: 0000-0003-3341-5360

Simonton Assis Ferreira Souza de Oliveira
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/3782594018837324>
ORCID: 0000-0002-3447-4912

Thiago de Souza Leão Câmara
Faculdade Pernambucana de Saúde. Recife
Pernambuco
<http://lattes.cnpq.br/4608400662821762>
ORCID: 0000-0002-8701-6309

Abstract: Introduction: The development of The COVID-19 pandemic has stimulated research laboratories around the world to develop immunizations capable of containing the uncontrolled advance of the disease. From this, vaccination campaigns were initiated, which, in Brazil, were carried out in a decentralized manner and individually regulated by each municipality. **OBJECTIVE:** This study aims to report the experiences of medical students as volunteer interns of the vaccination service against COVID-19, describing the challenges observed by students during this period. **Methods:** This is a descriptive study, of the experience report type, carried out in the second semester of 2021. This report was consolidated from the observations made by the medicine students of the Faculdade Pernambucana de Saúde during the volunteer internship in the Vaccination Campaign against to COVID-19 in Jaboatão dos Guararapes, municipality of Pernambuco. **Results and discussion:** The vaccination team of the campaign was composed of several health professionals, among them, volunteer interns, whose function was to welcome the population, answer questions, schedule, collect documents and vaccinate. In view of this, several difficulties contributed to delaying the vaccination campaign, such as the lack of technological accessibility for a large part of the vulnerable population, bureaucratic processes and the lack of uniform coordination of the National Immunization Program, leaving each municipality responsible for its organization. **Conclusion:** The volunteer internship in the Vaccination Campaign contributed to the trainees' learning, encouraging critical thinking, vaccine application techniques, group work with a multidisciplinary team and greater interaction with the population. **Keywords:** Vaccination Campaign, COVID-19, Internship.

INTRODUCTION

The importance of the vaccine in Brazil gained evidence after the smallpox vaccination campaign, which managed to eradicate the disease in the country, with its last case reported in 1971 (HOCHMAN, G. *et al.*, 2011). In order to consolidate vaccination coverage, the Brazilian government instituted, in 1975, the National Immunization Program (PNI), which today is part of the Immunization Program of the World Health Organization (WHO), offering vaccines to combat approximately 30 diseases of free form for the entire population (FIOCRUZ, 2021).

In March 2020, the WHO decreed the spread of the Sars-COV-2 virus as a COVID-19 Pandemic, strongly encouraging social distancing and prevention measures, since, until that moment, there was still no knowledge about a really effective vaccine. effective in combating the disease (BRASIL, 2021a).

Currently, COVID-19 is the infectious disease that kills the most in the world, second only to tuberculosis. By January 2022, COVID had led to more than 5.5 million deaths worldwide and, in Brazil, more than 669 thousand deaths since 2019 (BRASIL, 2022). This was due to the fact that, initially, there was no effective vaccine to contain the disease, nor a drug capable of slowing down the process of mass dissemination in the population (BRASIL, 2021b).

In this context, in Brazil, Fiocruz and the Butantan Institute, in partnership with international laboratories, stood out in the research of vaccines against COVID-19. Thus, the immunizing agent for Sars-Cov-2 emerged as a possibility to stop the advance of the disease, in order to reduce the number of hospitalizations and cases of aggravation, avoiding a collapse in the public health system and the increase in the number of cases. deaths (SOUZA, *et al.*, 2021).

In January 2021, approximately one year after the beginning of the pandemic, the Brazilian population began to be vaccinated through the National Plan for the Operationalization of the Vaccine against COVID-19 (SOUZA, *et al.*, 2021). In this context, as the vaccines were distributed to the states, each municipality had to organize itself as to the supplies needed for storage and application of vaccines. In addition, health professionals, especially nurses and public health professionals, were assigned to the process of applying vaccines and recording data. This scenario allowed students from different areas of health to carry out extracurricular internships, due to the high demand at vaccination points (BRASIL, 2021b).

The objective of this study is to report the experience of medical students as volunteer interns of the vaccination service against COVID-19, as well as to describe the challenges observed by students during the period of this internship.

METHODOLOGY

This is a descriptive study of the experience report type, carried out in the second half of 2021. The activities were carried out in the city of Jaboatão de Guararapes, municipality of Pernambuco, by medical students from the Faculdade Pernambucana de Saúde (FPS).

During this period, vaccines provided to the population were *Pfizer* from *BioNTech*, *AstraZeneca* from *Oxford*, *Janssen* from *Johnson & Johnson*, and *CoronaVac* from Butantan in partnership with *Sinovac*.

Regarding the target age group of the population in the campaign, the municipality's first focus was on the elderly, the population most susceptible to developing severe forms of COVID-19, progressively decreasing the age, until, in September 2021, the city hall of Jaboatão dos Guararapes opened the

registration for the vaccination of adolescents from 12 years old.

In addition, the information in this report was obtained through analyzes carried out by the students during the internship, in addition to the theoretical references obtained from the Ministry of Health, the Municipality of Jaboatão de Guararapes, FIOCRUZ and the WHO.

DISCUSSION AND RESULTS

With the start of the National Vaccination Campaign against COVID-19, states and municipalities started their campaigns independently, with the aim of accelerating the local immunization process as much as possible, seeking to maintain quality and effectiveness. From there, the Jaboatão dos Guararapes Vaccination Campaign was started.

In this municipality, the dynamics took place as follows: the vaccination team was composed of health professionals from various areas, being these nurses, nursing technicians, sanitarians, administrative technicians and collaborators. Along with the team, health students were also hired as volunteer interns. These students worked on three main axes: in the field of vaccination, welcoming the population and carrying out administrative activities, being offered, at the end of the internship, a certificate of complementary workload based on the period of internship.

Regarding vaccination, the interns initially underwent training on the correct technique for applying the vaccines, adequate doses for the four vaccines authorized by ANVISA, return period for taking the second dose, side effects and medications indicated for the treatment of symptoms. In addition, they were informed about the techniques for storing vaccines in freezers, whose temperature was constantly monitored so that they did not exceed 8 °C. Thus, given

the instructions, vaccination was started as follows: the vaccines were aspirated and diluted by the nurses, being applied to the population by the trainees.

Welcoming the population and administrative practices were also part of the trainees' functions for the operation of the service. From this, the necessary documents were collected (document with photo, proof of residence, company declaration or attestation of risk group), with the purpose of controlling those registered for vaccination on the day specified in the minutes sent by the Secretary of Health of Jaboatão daily. In addition to those registered in the daily minutes, the reception of latecomer patients was also carried out manually.

The control minutes consisted of the patient's name, mother's name, individual certificate (CPF: social security number), vaccine applied and manufacturing batch, as well as the code generated by the municipal system for each patient. At the end of the day, all daily minutes and latecomers were entered into the city hall system, GestorSUS, through administrative technicians for epidemiological control and campaign progress. This way, it was possible to have a report of the doses applied in the city.

The minimum requirements for vaccine application in the municipality were as follows:

1. To be a resident of Jaboatão dos Guararapes, having to prove residency;
2. Register on the website "De Olho na Consulta", an application of the Jaboatão city hall for the registration of people in the campaign, in which the user must fill in their personal information (full name, CPF: social security number), date of birth, e-mail, gender, SUS card, telephone, street address, mother's name, patient's comorbidities, in addition to the population group in which he/she fits among the options established in the register) and wait for the registration to

be validated, having the date and place of vaccination automatically scheduled;

3. Attend the location on the day determined by the website or on the following days between the hours of 8 am to 5 pm, or from 8 am to 7 pm when there are extended hours;

4. Carry adequate documentation for proof of identity: official document with photo and proof of residence in the name of the user or in the name of relatives or spouse.

From the listed requirements, several obstacles were demonstrated regarding the bureaucracy of the process that, consequently, provided the discouragement of the population that already showed fears and apprehensions regarding the immunizing agent.

The fact that elderly people are covered by the vaccination campaign and necessarily need to register online brought them many difficulties due to their lack of affinity with technology, often having to ask for help from acquaintances or from health professionals themselves to carry out the registration.. As a result, the occurrence of missing the day and place of vaccination or loss of the access code was frequent in this population. At this stage, we can also consider the population in a socioeconomically disadvantaged situation, which did not have access to smartphones or the internet, resulting in extreme difficulty in registering. On the other hand, this system brought the possibility for several people to acquire simultaneous, fast and organized access to the health service.

In addition to completing the registration, the issue of automatically marking the dates and places in which the user must attend a vaccination point caused three main problems: the non-attendance of a large number of people on the correct day for various reasons of unavailability; the location of several users to regions they did not even know or very far from their homes, leading to

the withdrawal of the vaccine dose and delay in the Vaccination Campaign; the scheduling of the second dose did not respect the time informed by the local team, a problem that occurred due to the amount of vaccines offered by the municipality, generating an even larger contingent.

For the first time, the National Immunization Program (PNI) did not uniformly coordinate vaccination campaigns in the country, leaving each municipality responsible for its organization. The constant change in the interval between the first and second doses of the *Pfizer* and *AstraZeneca* vaccines was a constant question on the part of the population. The result was that many people did not return or took a long time to return, which caused delays in the Campaign. In addition, the interval change directly interferes with the vaccine's effectiveness time, since there is a time to generate an immune response and maintenance of protection by antibodies.

Another very frequent impasse was the requirement of proof of residence at the vaccination site. Due to the municipal organization of each vaccination campaign, it was necessary to prove to be a resident of Jabotão dos Guararapes. However, many people were unable to obtain receipts in their name or in the name of relatives and spouses because they were rented residents. In addition to this issue, we can also highlight occurrences of homeless people, who did not have proof of residence, making the vaccination process more bureaucratic.

Based on this requirement, people who arrived on the correct day and place and did not present the proof of residence required by the city could not be vaccinated. To resolve this impasse, people were recommended to go to the local Residents' Association to make a written document proving housing in the municipality. In some vaccination points, a

marriage certificate was still required when proof of residence was in the spouse's name or a rental contract when it was in the lessor's name.

In addition to proof of residency, for specific risk groups, such as company workers, a company statement was required, specifying the function and working hours. Thus, it was verified whether the National Classification of Economic Activities (CNAE) was included among the professions allowed for vaccination in that group at the time of the campaign. Consequently, with the increase in bureaucracy, it was seen the removal of several people who, probably, would get vaccinated, but would not return again.

Finally, despite all the difficulties encountered, it is important to highlight the benefits and lessons learned that the internship brought to all interns. Much has been learned about application and vaccination techniques, correct dosages, vial storage, side effects and the national vaccination schedule. In addition, the multidisciplinary team was essential for sharing knowledge and running the campaign, showing everyone the importance of a united team that makes the service work effectively.

The entire internship experience was able to provide interns with teamwork, leadership, public speaking and discipline skills. Furthermore, the interaction with patients could strengthen the feeling of empathy for the experience of witnessing people from groups with very high vulnerability, as well as populations of different age groups, socioeconomic conditions and education.

The pandemic and vaccination campaigns served to show that, regardless of social determinants, everyone needs to unite to guarantee herd immunity and provide a better quality of life for the entire population,

making everyone reflect on the need for unity and empathy.

CONCLUSION

In view of the lived experience, one can fully elucidate all the processes resulting from an extensive vaccination campaign. It was observed how the vaccination process during a pandemic can become bureaucratic and complex, since the distribution took place in a municipal way, organized by the health departments of each city hall.

The experience provided to the interns was not restricted to vaccination, reception and administration, but also the observation of the positive and negative points of such bureaucracy, sometimes necessary, sometimes exacerbated. The numerous difficulties presented by the population clarified how it is still possible to improve the system and create a simpler and more inclusive form of presentation, since popular adherence is of paramount importance for a Vaccination Campaign.

In addition, several learnings were experienced by the interns, such as understanding the functional dynamics of the multidisciplinary team in their work relationship, as well as the opportunity to develop skills aimed at solving general problems. This way, through the period of volunteering, it was possible to learn and master skills, often superficially explored in an academic environment.

REFERENCES

1. BRASIL, 2021a. Ministério da Saúde. Guia de vigilância epidemiológica da Covid19. Secretaria de Vigilância Em Saúde. Disponível em: https://www.conasems.org.br/wp-content/uploads/2021/03/Guia-de-vigilancia-epidemiologica-da-covid_19_15.03_2021.pdf.
2. BRASIL, 2021b. Ministério da Saúde. Plano Nacional de Operacionalização da Vacinação Contra a Covid-19. Secretaria de Vigilância em Saúde. Disponível em: [PlanoVacinaoCovid_ed4_15fev21_cgpn_18h05.pdf \(www.gov.br\)](https://www.gov.br/plano-vacao-covid-ed4_15fev21_cgpn_18h05.pdf).
3. BRASIL, 2022. Ministério da Saúde. Painel Coronavírus Brasil. Disponível em: <https://covid.saude.gov.br/>. Acesso em: 16 jun. 2022.
4. BRASIL, Pernambuco, Jaboatão dos Guararapes, 2021. Disponível em: <https://jaboatao.pe.gov.br/>.
5. DE SOUZA, J. B., Potrich, T., de Oliveira Vargas Bitencourt, J. V., Madureira, V. S. F., Heidemann, I. T. S. B., & Menegolla, G. C. S. (2021). Campanha de vacinação contra COVID-19: Diálogos com enfermeiros atuantes na Atenção Primária à Saúde. *Revista Da Escola de Enfermagem*, 55. <https://doi.org/10.1590/1980-220X-REEUSP-2021-0193>
6. HOCHMAN, G. (2011). Vacinação, varíola e uma cultura da imunização no Brasil. *Ciência e Saúde Coletiva*, 16(2). <https://doi.org/10.1590/S1413-81232011000200002>
7. PONTE, G. Programa nacional de imunizações comemora 48 anos. FIOCRUZ, 2021. Disponível em: <https://portal.fiocruz.br/noticia/programa-nacional-de-imunizacoes-comemora-48-anos>>. Acesso em: 24 jan. 2022.