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Vaccine hesitancy in Brazil: impacts on child health and the role of nursing.

Childhood vaccine hesitancy in Brazil: impacts on child health and the role of nursing

Vaccination reticence in Brazil: impacts on children's health and the role of nurses

Ana Clara Fernandes de Oliveira

Nursing student – Maurício de Nassau University Center of Brasília (UNINASSAU)
Email: acfo2030@gmail.com
ORCID: https://orcid.org/0009-0009-0147-8624

Caio Moreira Mota

Nursing student – Maurício de Nassau University Center of Brasília (UNINASSAU)
Email: caiomotaenf@gmail.com
ORCID: https://orcid.org/0009-0006-7620-9689

Bruna Carolina Neves Ferreira

Professor/Advisor – Maurício de Nassau University Center of Brasília (UNINASSAU)
Email: brunaneves0702@gmail.com
ORCID: https://orcid.org/0009-0005-6795-919X

SUMMARY

Childhood vaccine hesitancy represents a public health challenge, potentially delaying vaccination and increasing susceptibility to vaccine-preventable diseases. This study analyzed factors associated with childhood vaccine hesitancy in Brazil, its possible repercussions on child health, and the role of nursing in Primary Health Care. This is an integrative, qualitative, and descriptive review, guided by the PICo strategy and the steps proposed by Mendes, Silveira, and Galvão (2008). Searches were conducted in the Virtual Health Library (VHL), SciELO, and PubMed/MEDLINE, with screening organized using Rayyan. Of the 18 records evaluated by titles and abstracts, eight studies comprised the final synthesis. The results identified factors related to caregiver knowledge, fear of adverse events, misinformation, trust in vaccines, and barriers to access and organization of services. Among the strategies highlighted were active outreach, flexible scheduling, digital communication, health education, and respectful reception. It is concluded that nursing can strengthen childhood vaccination through evidence-based guidance, qualified listening, vaccination follow-up, and territorial actions. Studies on hesitancy among healthcare professionals and vaccination against COVID-19 and influenza were considered contextual evidence, not necessarily representing parental hesitancy regarding all childhood immunizations.

Keywords: Immunization. Vaccine hesitancy. Child health. Primary health care. Nursing.

ABSTRACT

Childhood vaccine hesitancy poses a public health challenge, potentially delaying vaccination and increasing susceptibility to vaccine-preventable diseases. This study analyzed factors associated with childhood vaccine hesitancy in Brazil, its potential impact on child health, and the role of nursing within Primary Health Care. This is an integrative, qualitative, and descriptive review, guided by the PICo strategy and the methodological steps proposed by Mendes, Silveira, and Galvão (2008).
Searches were conducted via the Virtual Health Library (VHL), SciELO, and PubMed/MEDLINE, with screening organized using the Rayyan platform. Out of 18 records evaluated by title and abstract, eight studies were included in the final synthesis. The results identified factors related to caregivers' knowledge, fear of adverse events, misinformation, trust in vaccines, and barriers concerning access to and the organization of health services. Key strategies identified include active outreach, flexible

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scheduling, digital communication, health education, and respectful, welcoming care. It is concluded that the nursing profession can strengthen childhood vaccination through evidence-based guidance, attentive listening, vaccination monitoring, and community-based interventions. Studies concerning vaccine hesitancy among healthcare professionals, as well as those regarding COVID-19 and influenza vaccination, were considered contextual evidence; they do not necessarily reflect parental
hesitancy toward all childhood vaccines.
Keywords: Immunization. Vaccine hesitancy. Child health. Primary Health Care. Nursing.

1 INTRODUCTION

Vaccination is one of the main strategies for preventing and controlling diseases.
vaccine-preventable diseases, contributing significantly to the reduction of infant morbidity and mortality and
for individual and collective protection. In Brazil, the National Immunization Program (PNI)
plays a key role in organizing vaccination campaigns and providing
immunobiologicals for the population. However, the country faces challenges related to reducing the
Vaccination coverage, especially among children, is a scenario that could compromise collective protection.
and to favor the reintroduction or circulation of previously controlled diseases (SATO, 2018;
FRANCE, 2025).

The importance of immunization begins during pregnancy. During prenatal care, healthcare professionals...
Health professionals should assess the pregnant woman's vaccination status and provide guidance on recommended vaccines.
To clarify doubts related to the safety and benefits of immunization. Some vaccines
Administered during pregnancy, these vaccines also contribute to protecting the baby in the first few months.
of life, through the transfer of maternal antibodies. After birth, the continuation of this
Care depends on adherence to the National Vaccination Calendar and monitoring of...
Child health in Primary Health Care services (BRAZIL, 2026).

In this context, nursing plays a relevant role in promoting immunization throughout the
Maternal and child health monitoring. Their role may include prenatal consultations, in
postpartum period, in the follow-up of the newborn and in well-child visits, intended for
Assessment of child growth and development. On these occasions, professionals
They can check the Child's Health Record, identify overdue doses, and provide guidance to parents and guardians.
To clarify doubts and reinforce the importance of continuing the vaccination schedule. In this way, the
Vaccination should be understood not only as a procedure performed in the vaccination room,
but as an integral part of longitudinal care for pregnant women, children and families (BRAZIL, 2026).

Despite the widely recognized benefits of immunization, vaccine hesitancy remains a significant problem.
a challenge for health systems. The World Health Organization (WHO) highlighted the hesitancy.
Vaccination was among the threats to global health in 2019, considering that reluctance or refusal to

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Receiving vaccines, even when available, may compromise the progress made in controlling the disease.
of vaccine-preventable diseases (WORLD HEALTH ORGANIZATION, 2019).

Vaccine hesitancy is understood as the delay in accepting or the refusal of recommended vaccines.
even when vaccination services are available. It is a complex phenomenon and
multifactorial, influenced by individual, social, cultural, economic, and political factors.
organizational factors, in addition to people's experiences with health services (SATO, 2018). In
In the context of childhood, the decision regarding vaccination depends predominantly on the parents or guardians.
whose knowledge, perceptions, experiences, and levels of confidence in immunizers and in
Healthcare professionals can interfere with adherence to the vaccination schedule. Among the related factors...
In addition to hesitation, the following stand out: misinformation, fear of adverse events, and doubts about efficacy.
vaccine safety and concerns regarding the simultaneous administration of different immunizing agents (MELO
JÚNIOR, 2023).

Childhood vaccine hesitancy therefore represents a public health concern, as it can
to contribute to the delay or failure to administer recommended doses. National studies indicate that
The relationship between parental hesitancy and lower adherence to childhood vaccination schedules.
reinforcing the need to understand the factors that influence their decisions. In an inquiry
A national study with 37,801 children born between 2017 and 2018 identified associations between
The hesitation of caregivers and the vaccination status of children highlight the importance of investigating...
this phenomenon in the Brazilian context (BARATA *et* al., 2024). Subsequent research also points to
the persistence of fears related to adverse events and doubts about vaccines, even
among officials who recognize the importance of vaccination (FRANCE, 2025).

The repercussions of vaccine hesitancy extend beyond the individual dimension, since the reduction of
Vaccination coverage may increase children's vulnerability to vaccine-preventable diseases and
To favor the circulation of infectious agents in the community. The decrease in collective protection.
It can also increase the risks for people who cannot receive certain vaccines because
clinical contraindications. In this sense, non-immunization should be understood as a
a phenomenon that involves both individual decisions and social and collective factors that influence
Adherence to immunization strategies (SATO, 2018; FRANÇA, 2024).

In Brazil, the reduction in vaccination coverage observed in different periods has generated
concern regarding the prevention of diseases such as polio and measles. Although the country has
Significant progress has been made in controlling these diseases, and vaccination coverage has been maintained.
Adequate measures are fundamental to reducing the risk of reintroduction and transmission. The data presented
National analyses reinforce the need to strengthen immunization policies and expand the
Access to services and developing strategies that promote public adherence to vaccines.

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recommended (UFSM, 2023).

The COVID-19 pandemic also highlighted challenges related to trust in vaccines, to
The circulation of false information and communication between health services and the public. In this case
Regarding childhood vaccination against COVID-19, discussions about its safety, effectiveness, and necessity...
The vaccines made the influence of social, political and other factors even more evident.
Communication plays a role in family decision-making. This scenario reinforces the importance of information.
Information disseminated by healthcare professionals and services should be clear, accessible, and well-founded.
scientific evidence, especially in light of doubts and concerns raised by those in charge.
In this context, the National Humanization Policy (PNH) also stands out, which guides the
Humanizing healthcare practices through welcoming, active listening, and valuing patients.
of the users and the building of trusting relationships between professionals and the population. In
During prenatal care, the postpartum period, and well-child visits, nursing can apply...
These principles are used to address the doubts and concerns of parents or guardians regarding vaccination.
This is for children, offering clear, accessible information based on scientific evidence.
This approach helps to strengthen the bond with families and identify factors related to...
To reduce vaccine hesitancy and promote informed decisions about childhood immunization.
Given this problem, Primary Health Care (PHC) constitutes a strategic space for...
addressing vaccine hesitancy, due to their proximity to families and their work.
in promoting health, preventing disease, and providing ongoing monitoring of childhood. In this
At the level of attention, the nursing team participates in immunization actions, assessment, and...
record of vaccination status, monitoring of overdue doses, and active search for children with
incomplete plans and the implementation of health education activities.
The nurse's role, however, is not limited to the administration of immunobiologicals. It involves
also the welcoming of families, qualified listening, clarification of doubts and the
Identifying difficulties that could compromise vaccination. Respectful communication and
Individualized care allows us to understand the concerns of those responsible without judgment, offering
information based on scientific evidence and promoting the building of connections
trust. These actions can be developed at different times during care, from pre-
From Christmas to well-child visits and vaccination appointments, contributing to the
Early identification of doubts and delays in the vaccination schedule.
In addition to factors related to trust and knowledge about vaccines, it is important
Consider the barriers to accessing health services, such as opening hours.
incompatible with family routine, difficulties with commuting and communication problems with
the teams. Therefore, addressing vaccine hesitancy requires strategies that coordinate...

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health education, reception, organization of services and monitoring of vaccination status of children. Nursing plays a relevant role in this process, both in individual guidance. as well as in the planning of collective actions aimed at expanding vaccination coverage (MELO JÚNIOR, 2023).

Given the scenario of reduced vaccination coverage and the possibility of diseases re-emerging. Given that vaccines are preventable, it becomes necessary to investigate the factors associated with childhood vaccine hesitancy and coping strategies described in the literature, with special attention to the role of nursing. in Primary Health Care. Understanding these factors can contribute to development. educational initiatives, strengthening the bond between professionals and families, and identifying Opportunities for intervention throughout maternal and child care.

The need to conduct this study stems from the importance of understanding the factors associated with Childhood vaccine hesitancy in Brazil, its possible repercussions for children's health and the strategies used to address this phenomenon. The aim is also to highlight the contribution of Nursing in health education, in clarifying doubts, in monitoring the situation. vaccination and strengthening families' confidence in immunizations. Thus, the integrative review Literature can contribute to reflection on care practices and strategies for promoting... Childhood vaccination in health services.

Therefore, this study aims to analyze the factors associated with childhood vaccine hesitancy. In Brazil, its repercussions on children's health and the role of nursing in addressing this... phenomenon. To guide the investigation, the following research question was formulated, based on PICo strategy (Population, Interest, and Context): What are the main factors associated with Childhood vaccine hesitancy in Brazil and the role of nursing in Primary Health Care in How can we address this phenomenon and strengthen vaccination coverage?

2 OBJECTIVES

2.1 GENERAL OBJECTIVE

To analyze the scientific evidence on the factors associated with childhood vaccine hesitancy in Brazil. its impacts on children's health and the role of nursing in Primary Health Care in confronting this phenomenon.

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2.2 SPECIFIC OBJECTIVES

• To identify the main factors associated with childhood vaccine hesitancy among parents and guardians.

• Describe the potential impacts of delayed or refused vaccination on the child's health and...
community.

• To investigate the health education and communication strategies used by nursing professionals for
To address vaccine hesitancy.

• To identify the challenges faced by nursing professionals in their approach to families.
who have doubts or resistance to childhood vaccination.

3 METHODOLOGICAL PROCEDURES

This is an integrative literature review, with a qualitative approach and descriptive character.
aimed at gathering, critically evaluating, and synthesizing evidence on childhood vaccine hesitancy in
Brazil, its impacts on child health and the role of nursing in primary health care. An integrative review.
It allows for the orderly synthesis of research with different designs and contributes to recognizing the
state of knowledge, implications for practice and gaps that require further investigation (MENDES; SILVEIRA;
GALVÃO, 2008).

The methodological approach is based on the six stages described by Mendes, Silveira and Galvão.
(2008): (1) identification of the theme and formulation of the guiding question; (2) establishment of criteria
inclusion and exclusion and literature search; (3) definition of the information to be extracted and
categorization of studies; (4) critical appraisal of included studies; (5) interpretation of
results; and (6) presentation of the review and synthesis of knowledge.

3.1 Guiding Question and PICO Strategy

The research question is: “What are the main factors associated with childhood vaccine hesitancy in
Brazil and what is the role of nursing in Primary Health Care in addressing this?
phenomenon?".

The PICo strategy was used to organize the elements of the guiding question.

Component	Definition for this review
P — Population	Children and their parents or guardians.

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Component	Definition for this review
I — Interest	Childhood vaccine hesitancy, associated factors and strategies nursing care to address this.
Co — Context	Brazil, with an emphasis on Primary Health Care.

3.2 SOURCES OF INFORMATION AND SEARCH STRATEGY

The information sources used were the Virtual Health Library (VHL) and Scientific

The Electronic Library Online (SciELO) and PubMed/MEDLINE databases were consulted. In the BVS (Virtual Health Library), the following databases were consulted:

LILACS and BDENF data. Searches were conducted in these databases and libraries, using combinations of terms related to vaccine hesitancy, immunization, childhood vaccination, Responsible parties, child health, primary health care, and nursing. The records Recovered individuals were imported to Rayyan in order to organize and conduct the triage process.

3.3 Inclusion and Exclusion Criteria

Articles published between 2011 and 2026, in Portuguese, English, or Spanish, were included. with full text available and relevance to the guiding research question. The following were considered studies that address family experiences and factors associated with childhood vaccination in Brazil, childhood vaccine hesitancy, barriers to vaccination and updating the vaccination schedule, strategies of health teams to expand childhood vaccination coverage and factors related to trust, to Communication and vaccine hesitancy among healthcare professionals. The time frame starting from 2011. It was defined to include the study by Figueiredo et al. (2011), which was retained by the authors due to its contribution to the understanding of family experiences related to childhood immunization children under two years old.

Duplicate records and articles that, after analysis of titles and abstracts, did not meet the criteria were excluded. They presented sufficient relevance to the guiding question or the objectives of the study. The selection This was done with the help of the Rayyan platform, which enabled the organization of references and the A record of inclusion and exclusion decisions, along with their respective justifications. The articles Those deemed unsuitable were excluded.

The final sample consisted of eight studies selected by the authors, including works retained for their contribution to understanding the topic, even when they did not address it. directly relates to the vaccine hesitancy of parents or guardians regarding the childhood vaccination schedule. In this sense,

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Studies on vaccine hesitancy among healthcare professionals and COVID-19 vaccination were preserved as contextual evidence, as they contribute to the discussion about trust, communication, access to information, and reception in health services. Their results were... interpreted according to the audience and context investigated, without being considered evidence. Direct questions about the behavior of parents or guardians regarding childhood vaccination. For the organization of the results, each article or study report was considered a unit of... analysis, being counted only once, even when identified in more than one database. The exclusion decisions and their justifications were recorded during the selection process. allowing for greater transparency and methodological traceability.

3.4 ORGANIZATION AND SELECTION OF STUDIES

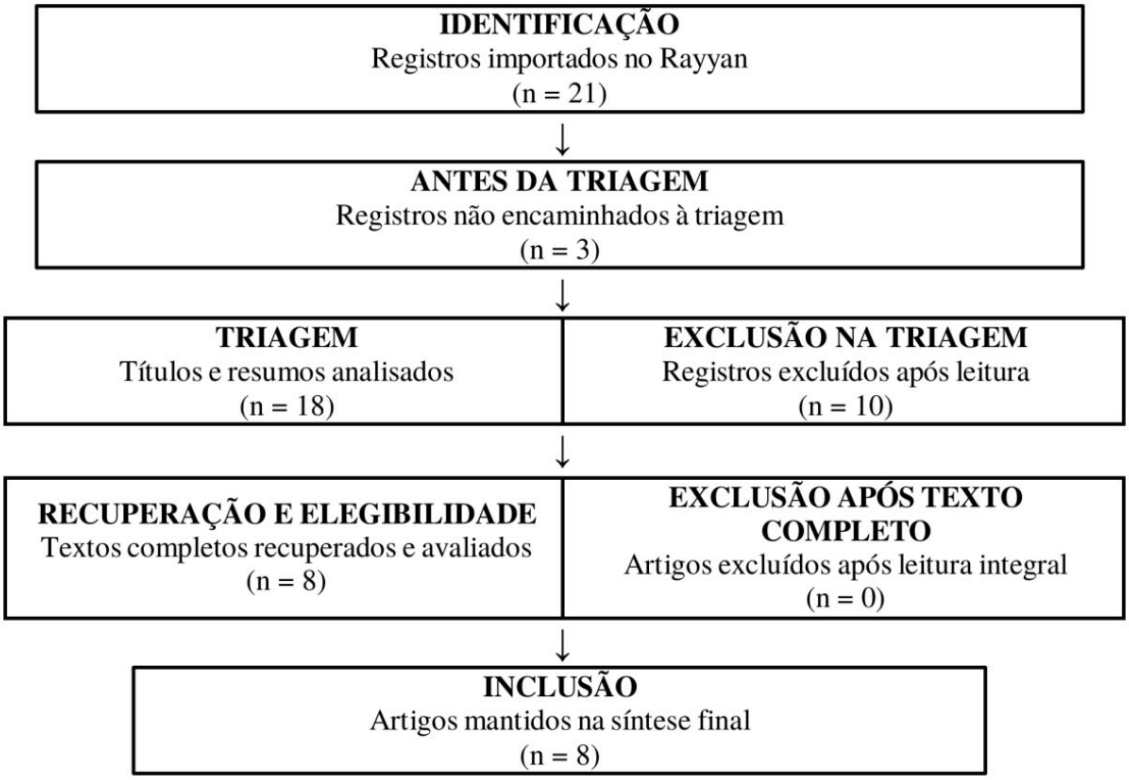
The records were organized on the Rayyan platform, used to assist in the identification of duplicates and screening of studies through reading titles and abstracts. Initially, they were 21 records were imported. During duplicate verification, eight records were identified as Possible duplicates: four were resolved as duplicates and three were removed from the list of Possible duplicates were identified, while one was marked as not duplicated. After this step, 18 articles... They were analyzed by reading titles and abstracts. Of these, 10 were excluded because they did not... They met the established eligibility criteria, and eight were included in the review for extraction. and data synthesis. At the end of the screening, no pending records or records classified as "Maybe." The selection process was organized in a flowchart to present the steps and the... respective quantities of records with transparency.

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Table 2 – Flowchart of study selection



3.5 DATA EXTRACTION AND ANALYSIS

For each included study, the following information was extracted: study identification, authorship. and year of publication, title, journal, country and context, objective, methodological design, population or sample, main results, limitations reported by the authors, and contribution to Nursing practice. The extracted information was organized into a standardized table. allowing for comparison of studies. The data analysis was descriptive and thematic, guided by... specific objectives.

The analytical categories used were: factors associated with childhood vaccine hesitancy; impacts on the health of children and the community; misinformation, trust and communication; strategies of Health education and reception; and challenges and possibilities for nursing practice in healthcare. Primary Health Care (PHC). These categories guided the organization and interpretation of the results. of the studies included.

3.6 PROCESS TRANSPARENCY AND PRISMA FLOWCHART

The selection process was presented in a flowchart adapted from PRISMA 2020, which favors... transparency in the presentation of identified, examined, excluded and included records (PAGE

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et al., 2021). The flowchart uses the numbers documented in Rayyan: 21 imported records, 18
Of the submissions based on titles and abstracts, 10 were excluded and eight were retained in the summary.

3.7 Ethical Considerations

Since this is a literature review based on scientific articles and publicly available documents...
public, without direct involvement of human beings or collection of primary data, there was no
Recruitment of participants. The research development observed the principles of integrity.
academic, with proper attribution of ideas and results to the original authors, respecting the
Copyright and faithful presentation of findings from the literature were observed. Furthermore, efforts were made to ensure...
to avoid distortions in the interpretation of results and to guarantee transparency in the selection, analysis, and synthesis.
of the studies included.

4. RESULTS AND DISCUSSION

The screening recorded in Rayyan resulted in eight studies for the synthesis, published between 2011 and 2026.
The designs were varied: cross-sectional studies, qualitative research, theoretical essays.
reflective and experience-based reporting. This diversity allowed for the gathering of information about knowledge.
of those responsible, family experiences, strategies for expanding childhood vaccination coverage and
Factors related to trust and communication in healthcare. However, not all studies
They directly investigated parental or guardian hesitancy regarding the childhood vaccination schedule;
Studies on healthcare professionals and COVID-19 vaccination were considered evidence.
contextual.

4.1 CHARACTERIZATION OF THE INCLUDED STUDIES

Table 1 – Characterization of the eight studies included in the review, considering their objectives, outlines, main findings and contributions to nursing. The results are presented according to the scope of each publication, without extrapolating into hesitation. Childhood vaccination: conclusions obtained in adult populations or in vaccination contexts.

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distinct.

Study	Design and context	Key findings	Contribution and reach for nursing
Nabas *et al.* (2026)	Cross-sectional study with 129 responsible for children up to one year old, in eight primary health care units in Maringá (PR).	34.88% presented sufficient knowledge Regarding childhood vaccination. Higher education and having three or more children they associate themselves with sufficient knowledge.	Health education individualized and identifying gaps knowledge. The insufficient knowledge does not, in itself, equate to hesitation.
Figueiredo (2011)	Qualitative study descriptive with 22 relatives of children children under two years old, in two units basic health care.	Concerns were expressed that reactions, inexperience, refusal to apply simultaneous, lack of dialogue, and organizational barriers; access, flexible hours and recognition of benefits favored vaccination.	Welcoming, listening to family experiences, communication without coercion and pay attention to the barriers Practices. Study more. old, useful as a reference historic.
Oliveira *et al.* (2026)	Reflective theoretical essay based on activities extension workers and experiences in primary health care, in a Family Clinic in Rio de Janeiro; vaccination against COVID-19.	Fear of adverse events, digital disinformation and communication failures were discussed as obstacles to joining, especially to doses of reinforcement.	Transparent dialogue, active listening and education popular in health. Contextual evidence, not specific to parents of children.

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Study	Design and context	Key findings	Contribution and reach for nursing
Gomes *et al.* (2025)	Experience report in vulnerable territory from Rio de Janeiro, from June to November coverage 2023, with two teams Family Health.	Use of GeoVacina Rio, active search, days of vaccination on Saturdays, educational activities, digital communication and visits to daycare centers; reported as 100% between registered children from 0 to 2 years.	Monitoring of notebook, planning territorial, active search and Team integration. The The result refers to children registered in unit.
Conrado *et al.* (2025)	Cross-sectional study with 349 workers from Primary Health Care in Campo Grande (MS), between November of 2022 and August of 2023.	Hesitation in 32.7% of workers; among the hesitant, 64.9% reported which emerged after the beginning of pandemic. They were difficulties pointed out training and information.	It highlights the need for continuing education of Professionals. Evidence. contextual information about hesitation of workers, not of those responsible for children.
Fernandez (2025)	Qualitative study with interviews 86 semi-structured primary health care professionals in four municipalities and in Federal District, about vaccination against COVID-19.	The perceived factors were organized in five dimensions: complacency, convenience, trust, communication and context; included fear, misinformation and Access difficulties.	Strengthens communication based on evidence, confidence, empowerment and removal of barriers Access. Evidence. contextual based on professional perception.

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Study	Design and context	Key findings	Contribution and reach for nursing
Souto *et al.* (2024)	Qualitative study with 86 APS workers from four municipalities of different states and of Federal District, about childhood vaccine hesitancy related to COVID-19.	The analysis identified three categories: fear, misinformation about vaccines and the role of healthcare professionals.	It's directly related to hesitation childhood vaccination in context of COVID-19, but the evidence comes from perception of professionals, not interviews with country.
Souza *et al.* (2022)	Cross-sectional study with 453 workers from health of a municipality Medium-sized companies in Bahia were associated with hesitation; about the vaccine against influenza.	25.4% did not receive the influenza vaccine 2019. Lower confidence and greater compliance fear of needles related to the minor trust.	Emphasizes welcoming atmosphere, trust and communication During the vaccination process. Evidence. contextual about adult workers and influenza, no vaccination children.

4.2 Factors Associated with Hesitation and Vaccine Adherence

Studies show that vaccine hesitancy should be understood as a multifactorial phenomenon.
Among those responsible for children, Nabas et al. (2026) identified knowledge gaps about
Childhood vaccination, despite the high percentage of correct answers regarding efficacy and safety. This
The finding indicates that recognizing the importance of vaccines does not necessarily mean understanding them.
all aspects of immunization. For nursing, the guidance should identify what information
They still raise doubts, without presuming that a lack of knowledge represents deliberate refusal.
Figueiredo et al. (2011) demonstrated that family experiences are influenced by factors
Individuals and healthcare services. Fear of post-vaccination reactions, inexperience of those responsible,
Fear of simultaneous vaccine administration and lack of dialogue may hinder adherence. In that sense
Conversely, the availability of vaccines, the flexibility of schedules, the perception of benefits, and the
A relationship of trust with the team favors vaccination. Although carried out in a previous context, the
The study highlights the continued importance of the relationship between family and healthcare services.

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In the study by Souto et al. (2024), which dealt with childhood vaccine hesitancy related to COVID-19,
Based on the perceptions of primary health care workers, the fear, misinformation, and the role of professionals are discussed.
emerged as central categories. Oliveira et al. (2026), when discussing vaccination against COVID-19
In primary health care, concerns were also raised about adverse events and the circulation of misleading information.
Communication failures. These studies help to understand how the informational environment can...
to interfere in decisions, but their results should not be automatically generalized to all.
the vaccines on the childhood immunization schedule.

The works of Conrado et al. (2025), Fernandez et al. (2025) and Souza et al. (2022) add a
Complementary perspective: trust, compliance, access to information, training of
Professionals and the welcoming experience can interfere with the workers' own relationship.
with vaccination. How did they investigate healthcare workers or specific vaccines in adults, not
They directly demonstrate the reasons for parental hesitation. Even so, they suggest that the teams
They need scientific updates and the resources to guide the public safely and clearly.

4.3 Barriers to Access and Impacts on Child Health

Incomplete vaccination should not be automatically interpreted as refusal. The delay may
stemming from doubts or fears, but also from schedules that are incompatible with the family routine,
distance, difficulty contacting the unit, problems with the supply or organization of the service. This
Distinguishing the distinction is important to avoid blaming those responsible and to guide responses.
appropriate: doubts require listening and information; organizational barriers require planning.
Accessibility and continuity of care.

Among the eight studies, Gomes et al. (2025) offers a practical example of dealing with delays.
childhood vaccinations. The experiment combined georeferencing tools, monitoring of
booklets, active case finding, vaccination on Saturdays, educational initiatives, digital contact with guardians and
Closer integration with daycare centers. The authors reported 100% coverage among children aged zero to two.
years registered at the unit. This result demonstrates the viability of coordinated strategies.
in that territory, but, being an account of experience, it does not allow us to attribute the same effect to each
The action alone does not guarantee identical reproduction in other locations.
Regarding health impacts, the set of studies did not directly measure clinical outcomes.
resulting from hesitancy, such as the incidence of illnesses or hospitalizations. Even so, the delay or...
The absence of recommended doses prolongs the period of a child's susceptibility to diseases.
Vaccine-preventable diseases. At a collective level, insufficient coverage can reduce community protection.
and to promote the circulation of infectious agents.

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4.4 The Role of Nursing in Primary Health Care

Nursing occupies a strategic position in childhood immunization due to its participation in vaccination rooms.
Vaccination, consultations, educational activities, and longitudinal follow-up of families. The findings of
Figueiredo et al. (2011) and Gomes et al. (2025) highlight the relevance of combining orientation
Individualized service with organized actions in the territory. Verification of the booklet, the
Accurate dose recording, identification of delays, and active case finding should be accompanied by...
Investigation into the reasons that hinder vaccination.
Communication needs to be clear, respectful, and evidence-based. Active listening allows...
to understand if the family fears adverse reactions, receives false information, has doubts about the
The need for a specific dose or facing difficulties attending the unit. The response
It should acknowledge the concern without ridiculing or blaming those responsible, and explain the benefits.
and the known risks, and indicate reliable sources. Health education should not only occur
at the time of application: well-child visits, prenatal care, home visits, contacts with
Community agents and group activities are opportunities to guide families.
Welcoming, as a guideline of the National Humanization Policy, presupposes listening to...
needs and accountability for appropriate responses. In vaccination, this means recognizing the
user experience without validating incorrect information, maintaining transparent dialogue and
Commitment to child protection. Furthermore, it is the team's responsibility to identify institutional barriers.
and propose possible measures, such as active outreach, reminders, and coordination with community agents,
Extended hours and outreach activities. The experience reported by Gomes et al. (2025) illustrates how
Territorial planning and team integration can bring services closer to families.
Studies on hesitancy among professionals also point to the need for education.
Permanent. Nursing needs to maintain up-to-date knowledge about immunizations, against
indications, expected adverse events and handling of doubts, in addition to developing skills of
Communication. Team training helps to avoid contradictory guidelines and strengthen communication.
Public confidence in health services.

4.5 Welcoming as a Guideline of the National Humanization Policy

Welcoming is a guideline of the National Humanization Policy and is not limited to receiving the
unit or a specific professional. The Ministry of Health characterizes reception as a
An ethical stance that involves listening to needs, recognizing the user's leading role, and...

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accountability for providing an adequate response to the demands presented (BRAZIL, n.d.).

In the context of vaccine hesitancy, this guideline requires that the team address concerns without judgment.

Acknowledge family experiences and remain committed to providing reliable information.

Acceptance does not mean accepting all information presented by the user as true, but

Creating the conditions to understand the concern means responding respectfully and technically.

Correct.

The nurse can recognize the feeling of fear, explain the known benefits and risks,

To clarify doubts about adverse events and indicate official sources of information, the language should be used.

be clear and suitable for the understanding of those in charge, avoiding overly technical terms,

threats or public exposure of families.

A humanized approach also requires recognizing inequalities in access. A family may

facing difficult transportation, work schedules incompatible with the unit's hours, difficulties

communication difficulties or limitations in understanding the guidance received. The primary health care response should

Consider these conditions and, when possible, adapt communication strategies and organize actions.

in the territory and facilitate access to vaccination.

In this way, acceptance brings individual guidance closer to institutional responsibility for

Careful. The integration between the National Humanization Policy (PNH) and the National Immunization Program (PNI) contributes to care that combines organization.

immunization efforts, active listening, and monitoring of families' needs.

4.6 HEALTH EDUCATION AND COMMUNICATION STRATEGIES

Among the strategies discussed in the literature are individual guidance during consultations and group sessions.

conversation, educational activities in the community, the creation of materials in language

Simply put, disseminating information through institutional channels and reviewing vaccination records are all beneficial.

and monitoring children with overdue doses. The suitability of these strategies must be

evaluated in light of the methods employed and the results presented in the studies actually conducted.

included in the review. It is not enough to identify the implementation of an intervention; it is necessary to examine

how it was developed, what audience was reached, and what results were reported.

The team should use reliable scientific and institutional sources, avoid alarmist messages, and

present information about benefits, risks, and adverse events in a proportionate and...

understandable. Communication should not assume that all those responsible share the same views.

They have the same questions or respond similarly to the same strategy.

The National Immunization Program offers technical guidance for organizing vaccination schedules.

Vaccination guidelines and immunization monitoring. Nursing staff can use these guidelines in

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their educational activities, explaining which vaccines are recommended for each age group and the importance of keeping the vaccination record up to date (BRAZIL, 2026).

Continuous evaluation of actions allows for adjusting the approach and identifying if obstacles persist. Access or trust. Therefore, health education should be understood as a process. permanent, linked to the care and organization of services.

4.7 Critical Synthesis and Limitations

The synthesis of the eight articles points to convergence around four aspects: (1) decisions about Vaccination decisions are influenced by knowledge, confidence, fear, and available information; (2) as Barriers to access and organization of services should be differentiated from hesitancy itself. said; (3) respectful communication and acceptance are important components of the relationship between families and professionals; and (4) active search strategies and territorial planning can contribute to to update children's vaccination status. The findings support an approach that combines education in health, service organization and longitudinal follow-up.

The interpretation must take into account important limitations. The studies presented designs and heterogeneous populations, and not all directly investigated parents or guardians of children. Three studies addressed vaccine hesitancy among healthcare workers regarding influenza or other vaccines. COVID-19; therefore, they were used as contextual support. The study by Figueiredo et al. (2011) It broadens the time frame and should be read considering its historical context. The experience report de Gomes et al. (2025) describes results from a specific territory, while cross-sectional studies They identify associations, but do not establish causality. Furthermore, the retrieved documentation The searches did not allow for the reconstruction of the complete distribution by base, nor the individual situation of the Three imported records did not reach the screening stage. These limitations recommend caution. generalize the results.

5. FINAL CONSIDERATIONS

Childhood vaccine hesitancy is a multifactorial phenomenon, related to factors such as gaps knowledge, fear of adverse events, misinformation, trust in vaccines and Difficulties in accessing and organizing health services. The studies analyzed also They demonstrated that incomplete vaccination should not be automatically interpreted as refusal. since organizational and social barriers can hinder the timely fulfillment of vaccination schedule.

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Nursing plays a relevant role in addressing this phenomenon in Primary Care.
to Health, through verification of the Child's Health Record, identification of overdue doses, and
Active case finding, health education, and communication based on scientific evidence. These actions
These should be accompanied by attentive listening and consideration of the parents' concerns and
responsible parties, taking into account their experiences, doubts, and conditions of access to services.
The National Humanization Policy reinforces the importance of care based on...
welcoming, through dialogue and the accountability of professionals for the needs of users.
Its integration with the actions of the National Immunization Program may favor an approach
more humanized and effective, strengthening the bond between healthcare teams and families.
Among the strategies identified, the following stand out: actively searching for children with delayed vaccinations;
flexible opening hours, digital communication and educational activities in
territory. However, the results should be interpreted with caution, as the studies present
different designs and populations. Some of the evidence refers to vaccine hesitancy among
healthcare professionals or those receiving COVID-19 and influenza vaccination, contributing to understanding
contextual to trust and communication, but without directly demonstrating the factors of hesitation.
those responsible for all childhood vaccinations.
It is concluded that addressing childhood vaccine hesitancy requires integrated educational actions in
Health, welcoming, effective communication, and organization of services. Nursing possesses
a fundamental contribution to this process, especially in the longitudinal monitoring of
children and their families. However, the need for more Brazilian studies should be emphasized.
directly focused on the perceptions of parents and guardians and on the evaluation of the results of
Strategies used to expand childhood vaccination.

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The writing of this article represents another important step in our journey in Nursing.

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