

Vaccination against COVID-19 as a social right and protection for the older population in Brazil

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The promoting of health and quality of life of the older population is intrinsically linked with the social protection system a country can provide its citizens. The notion of the welfare state which emerged in 19th century Europe holds that the State is responsible for guaranteeing the rights and services deemed essential for survival and quality of life. In Brazil, the 1988 Federal Constitution legally guarantees a social protection system comprising the 3 components health, social welfare and social security. The Brazilian social protection system thus consists of the National Health System (SUS), the Social Welfare System (SUAS) and Social Security Institute (INSS). Although representing a major legal landmark with a direct impact on health promotion and increased life expectancy, there are many challenges to achieving full implementation of social protection for the older population in Brazil¹.

Part of the right and unfettered access to health, as enshrined under the SUS and social protection paradigm, immunization constitutes one of the key national programs since its introduction in the 1970s. The Brazilian National Immunization Program (PNI) has been pivotal in reducing the rate of child mortality, increasing expected lifespan and preventing a range of illnesses, allowing the Brazilian demographic pyramid to evolve to one more closely resembling that of developed countries ².

Older adults, who number an estimated 30 million in Brazil, belong to a group more vulnerable to illness and death from COVID-19 and are therefore a priority in the vaccination schedule. This vulnerability is associated with the fact that severe and fatal cases predominantly affected individuals aged 60 or over both at the initial outbreak of the virus within the community in March 2020 and throughout most of the ensuing pandemic. After commencement of vaccination in the first few months of 2021 and slow rollout due to shortages of immunizing agents, together with disparities in age groups and different stages of immunization across Brazil's regions, states and cities, the age profile of severe cases and deaths shifted, showing that the prioritizing of the vaccine schedule yielded positive results. Thus, in June 2021, there was a decline in the age of infected individuals who died or were hospitalized (severe cases) which coincided with broader vaccine coverage of the older population³.

Currently, debate centers on the application of the third jab, also referred to as the booster. With the onset of winter in the Northern Hemisphere (December to February), many European countries have invested in boosters jabs and child vaccination to strengthen their defences against fresh waves and variants of the SARS-CoV-2 virus. While concerns in Europe center on the seasonality of respiratory infections, fears in Brazil involve large gatherings during end of year parties and carnival.

Brazil's Ministry of Health announced in September 2021 that individuals aged 18 or older who had received their second jab at least 5 months earlier would be eligible for a booster jab. At the time, 93% of older adults had been fully vaccinated and were the first contingent of the population to be offered a third jab⁴. The number of deaths and severe cases of the disease in the older population again decreased, providing a strong indication of the benefits of the vaccination protocol in place³.

However, it has proven difficult to determine which individuals failed to return for their second jab and also whether the third jab will enjoy the same uptake as the first. Therefore, an investigation into vaccination hesitancy among the older population should be conducted. Whereas safety of the vaccine was initially one of the main drivers of hesitancy, this has now given way to low level of fear associated with the virus. Similarly, studies assessing the scope and coverage of vaccination, and also measuring the impacts of the vaccine schedules are needed.

Health managers and clinicians should press for dissemination of the importance of immunization as a strategy for mitigating the pandemic. This is especially true for the application of the third jab which, allied with the personal protection and social distancing measures, can help curb the spread of the virus and impact of COVID-19 in the older population. Thus, it is crucial to press ahead with the vaccine jabs planned and make way for a likely second round of a full vaccination protocol that goes beyond the booster jab. Major pharmaceutical companies, both public and private, are already in the process of developing more specific vaccines to combat mutations of the virus which undermine the efficacy of available vaccines. The current scenario points to the need for clarity and ongoing incentive via specific vaccination campaigns targeting different populations, particularly older groups, which address doubts and concerns using appropriate language and communication channels.

At this time (December 2021), we are witnessing a longer-term decline and stabilizing of cases, amid a more favorable pandemic scenario than seen throughout the course of the pandemic in Brazil. However, a new wave and emergence of the omicron variant is giving rise to further uncertainties for science, governments, populations and the markets, possibly having a direct impact on the 2022 elections in Brazil. Unfortunately, the debate over vaccination has been used as a tool for ideological disputes, detracting from the debate on rights to social protection, health, vaccines and their excellent cost benefit as a public health strategy. In this respect, we believe that immunization of the population should be incorporated into State policy and aligned with the goals of the SUS and Brazilian social protection system.

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