

## Nursing and Health Inclusion: The Experience of the Street Clinic in Foz do Iguaçu-PR in Vaccinating People in Situations of Homelessness

Enfermagem e Inclusão em Saúde: A Experiência do Consultório na Rua de Foz do Iguaçu-PR na Vacinação de Pessoas em Situação de Rua

Enfermería e Inclusión en Salud: La Experiencia del Consultorio en la Calle de Foz do Iguaçu-PR en la Vacunación de Personas en Situación de Calle

### RESUMO

O artigo analisa a situação vacinal da população em situação de rua acompanhada pelo Consultório na Rua (CnaR) de Foz do Iguaçu-PR em 2025, destacando o papel da enfermagem na promoção da equidade em saúde. A pesquisa, de caráter descritivo e quantitativo, baseou-se em registros de 261 pessoas entre 18 e 61 anos. Foram avaliadas as vacinas dT, Hepatite B, Tríplice Viral, Febre Amarela, Covid-19 e Influenza, conforme critérios do Programa Nacional de Imunizações. Os resultados indicaram que as maiores coberturas ocorreram para dT (55,2%) e Hepatite B (51,3%), seguidas por Febre Amarela (49,4%), Influenza (42,1%), Tríplice Viral (41,8%) e Covid-19 (26,8%). O estudo evidencia a importância das ações extramuros e do vínculo contínuo promovido pelas equipes de enfermagem, que ampliam o acesso e fortalecem a adesão vacinal mesmo diante de barreiras sociais e territoriais. A análise demonstra que o êxito da imunização não se limita à completude dos esquemas, mas à capacidade de manter acompanhamento ativo e cuidado humanizado. Conclui-se que o fortalecimento do Consultório na Rua e das políticas intersetoriais é essencial para ampliar as coberturas vacinais, reduzir iniquidades e efetivar o direito à saúde das pessoas em situação de rua.

**DESCRIPTORIOS:** Enfermagem, Pessoas em situação de rua, Vacinação.

### ABSTRACT

The article analyzes the vaccination status of the homeless population assisted by the Street Clinic (CnaR) in Foz do Iguaçu-PR in 2025, highlighting the role of nursing in promoting health equity. The research, descriptive and quantitative in nature, was based on records of 261 people between the ages of 18 and 61. Vaccinations for dT, Hepatitis B, Triple Viral, Yellow Fever, Covid-19, and Influenza were assessed according to the criteria of the National Immunization Program. The results indicated that the highest coverage was for dT (55.2%) and Hepatitis B (51.3%), followed by Yellow Fever (49.4%), Influenza (42.1%), Triple Viral (41.8%), and Covid-19 (26.8%). The study highlights the importance of outreach actions and continuous bonds promoted by nursing teams, which increase access and strengthen vaccination adherence even in the face of social and territorial barriers. The analysis shows that the success of immunization is not limited to completing vaccination schedules, but to the ability to maintain active monitoring and humanized care. It is concluded that strengthening the Street Clinic and intersectoral policies is essential to expand vaccination coverage, reduce inequities, and ensure the right to health for homeless individuals.

**DESCRIPTORS:** Nursing, Homeless individuals, Vaccination.

### RESUMEN

El artículo analiza la situación de vacunación de la población en situación de calle atendida por el Consultorio en la Calle (CnaR) de Foz do Iguaçu-PR en 2025, destacando el papel de la enfermería en la promoción de la equidad en salud. La investigación, de carácter descriptivo y cuantitativo, se basó en registros de 261 personas entre 18 y 61 años. Se evaluaron las vacunas dT, Hepatitis B, Triple Viral, Fiebre Amarilla, Covid-19 e Influenza, conforme los criterios del Programa Nacional de Inmunizaciones. Los resultados indicaron que las mayores coberturas ocurrieron para dT (55,2%) y

Hepatitis B (51,3%), seguidas por Fiebre Amarilla (49,4%), Influenza (42,1%), Triple Viral (41,8%) y Covid-19 (26,8%). El estudio resalta la importancia de las acciones extramuros y del vínculo continuo promovido por los equipos de enfermería, que amplían el acceso y fortalecen la adherencia a la vacunación incluso ante barreras sociales y territoriales. El análisis demuestra que el éxito de la inmunización no se limita a la completitud de los esquemas de vacunación, sino a la capacidad de mantener un seguimiento activo y un cuidado humanizado. Se concluye que el fortalecimiento del Consultorio en la Calle y de las políticas intersectoriales es esencial para ampliar las coberturas de vacunación, reducir las inequidades y garantizar el derecho a la salud de las personas en situación de calle.

**DESCRIPTORES:** Enfermería, Personas en situación de calle, Vacunación.

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## INTRODUCTION

The homeless population faces multiple vulnerabilities that directly affect their health and hinder continuous access to health services and technologies. Among these challenges, low adherence to vaccination, which is essential for the prevention of communicable diseases, stands out<sup>1</sup>. The Street Clinic, as a strategy of the Unified Health System (SUS), seeks to expand access to primary care, including immunization.

“In a country of continental dimensions, with enormous regional, cultural, climatic, and demographic differences, and in the face of constant technical and scientific advances, the National Immunization Program (PNI) continuously updates and improves the standards and procedures for the implementation of the National Immunization Policy”<sup>2</sup>. This statement from the National

Immunization Program reinforces vaccination as a fundamental pillar of Brazilian public health. However, vulnerable populations, such as homeless people, face additional barriers to accessing this essential right.

This article analyzes vaccination data for the population served by the Consultório na Rua (Cnar) team in Foz do Iguaçu-Pr in 2025, seeking to understand the vaccination situation, coverage gaps, and implications for public policy. As Queiroz et al.<sup>1</sup> point out, “prejudice and discrimination by professionals and users related to hygiene conditions, lack of documentation for user identification and registration, and high geographic mobility are factors that hinder the population’s access to the SUS.” These structural barriers, already identified in large centers such as São Paulo, are equally evident in the context of Foz do Iguaçu, creating a scenario of greater vulnerability that directly im-

pacts adherence to vaccination schedules, as will be detailed in the discussion of this study.

According to the National Policy for the Homeless Population (PNPSR), this population is defined as a group living in extreme poverty, with broken or fragile family ties and without regular conventional housing, using public spaces and degraded areas as places to live and sustain themselves, either temporarily or permanently, as well as shelters for temporary overnight stays or temporary housing. “In addition, Ordinance No. 122 of 2011, issued by the Ministry of Health, expanded access to health services for homeless people, establishing Street Clinic (eCR) teams, which are part of Primary Care and develop actions aimed at promotion, prevention, and comprehensive care, with a focus on actively seeking out and monitoring users.”

“Routine vaccination strategies,

vaccination campaigns, intensifications, blocking operations, and extramural activities are implemented by the Primary Care team, with the support of district, regional, state, and federal management spheres, with the strengthening of the municipal sphere being fundamental.”<sup>2</sup> This national guideline reinforces that the practical implementation of vaccination actions—including essential extramural strategies for homeless populations—is a municipal responsibility, carried out by Primary Care teams, with the Street Clinic representing precisely this final stage of implementation. Fulfilling its role of ensuring access to vaccination for vulnerable populations, facing the concrete challenges of implementation. Thus, obtaining more detailed information on vaccination and the behavior of this population in the Triple Frontier Region allows for a better assessment of this public policy and the impact of its work. Different political, monetary, security, and social protection systems coexist at the borders, and the intensification of flows resulting from integration creates new challenges for health systems, requiring specific policies aimed at guaranteeing the right to health in these regions. This statement determines that making resources visible and presenting data that favors decision-making for the implementation of actions provided for in intersectoral health policies are necessary to contain the spread of neglected diseases, with priority given to the most vulnerable population.<sup>2</sup>

## METHODOLOGY

A descriptive, cross-sectional study with a quantitative approach was conducted, based on the analysis of official documents. This type of design is appropriate for describing the characteristics of a population and the frequency of an event of interest, in this case, the vaccination situation at a

given moment. The study was conducted in the municipality of Foz do Iguaçu, in the state of Paraná. Data were collected from the document “Vaccination Control – Street Clinic,” referring to the months from April 1 to May 31, 2025. The study population consisted of homeless people registered and monitored by the Street Clinic (CnaR) team in Foz do Iguaçu during the analysis period. The sample size was 261 adults aged between 18 and 61 years, corresponding to the total number of valid records in the analyzed document. All records containing information on at least one of the vaccines investigated were included. The main source of data was the document “Vaccination Control – Consultório na Rua (2025)”, an internal record used by the CnaR nursing team for individual monitoring of users’ vaccination status. This document was systematized in a Microsoft Word spreadsheet, where the data were organized for analysis. The variables analyzed in this study consisted of the vaccination status of each user in relation to the following immunobiologicals in the national calendar: Adult Double/Triple Bacterial (dT), Hepatitis B (HEP B), Triple Viral (T.V.), Yellow Fever (F.A.), Covid-19, and Influenza (2025 campaign). To classify vaccination status, the technical criteria of the National Immunization Program in force in 2025 were adopted.<sup>1</sup> The following situations were considered as “Complete Schedule” (categorized as “OK”): for dT, complete basic schedule with a booster dose every 10 years; for hepatitis B, three doses; for MMR, two doses; for yellow fever, a single dose; for Covid-19, complete primary schedule and booster doses as recommended by the PNI for the year; and for influenza, a single dose from the 2025 campaign. Any situation that did not meet these criteria for each vaccine was classified as “Incomplete Schedule” (categorized as

“MISSING”). The data were tabulated and analyzed quantitatively using descriptive statistics, using measures of absolute (n) and relative (%) frequencies. The results were presented in tables and graphs for better visualization of coverage gaps. The calculations and construction of the tables were performed using Microsoft Excel<sup>®</sup> software. As this was an analysis of aggregated secondary data from a management document without the nominal identification of individuals and aimed exclusively at improving public health practices, this study was exempt from submission to the Research Ethics Committee (CEP), in accordance with Resolution No. 510/2016 of the National Health Council, which exempts research that uses aggregated public data and does not allow individual identification from ethical review. However, we emphasize our commitment to confidentiality and the responsible use of information. Theoretical Framework Nursing practices in caring for the homeless population. For Campos and Orfão<sup>5</sup>, the National Policy for the Homeless Population (PNPSR) highlights intersectorality as a pillar for ensuring comprehensive care. In this process, the role of nurses and nursing teams is crucial, as they are the professionals who operationalize this coordination in practice, facilitating access, building bonds of trust, and ensuring that care is an effective right and not just a formal principle. Nursing professionals face several challenges when dealing with homeless people, including prejudice and discrimination, as well as a lack of sensitivity and training among professionals when dealing with individuals who face such complex life situations, which require a unique approach to care. In addition, there is a need for greater coordination between different sectors of government and society to better serve this vulnerable population. To overcome these challenges, it

is essential that nursing professionals be adequately trained, with a focus on raising awareness about the specificities of the homeless population. Nursing care for homeless people is an area of extreme social and health relevance, marked by ethical, structural, and human challenges. According to Santos et al.,<sup>6</sup> nursing professionals play a fundamental role in promoting, maintaining, and restoring the health of this population, in addition to contributing to their social reintegration. Health care in this context goes beyond the technical dimension, requiring sensitivity, empathy, and a broader approach to social vulnerabilities. The study by Santos et al.<sup>6</sup> shows that nursing teams face limitations associated with the lack of access of homeless people to health services, institutional discrimination, and the lack of specific training to deal with situations of extreme vulnerability. These barriers compromise the effectiveness of care, making it essential to adopt intersectoral strategies, coordinated between the Unified Health System (SUS) and social assistance policies. In this scenario, the Street Clinic emerges as a strategic device for Primary Care, allowing nursing to get closer to the realities of the territory and build therapeutic bonds. The practice of care requires understanding the street as a place of permanence and not just a place of passage, which demands a welcoming and humanized attitude from nursing professionals, capable of recognizing the subject in their entirety. Nursing practices focused on PsR are therefore complex in nature and require constant technical, political, and ethical improvement. As the authors state, professional training and the strengthening of educational actions in health are fundamental to promoting conscious choices and expanding this population's access to basic rights. Thus, nursing care becomes a transformative practice, capable of reduc-

ing inequalities and reaffirming the principle of equity in the SUS. Extramural actions as a strategy to increase vaccination coverage The extramural vaccination strategy is particularly relevant for the homeless population, as it decentralizes immunization and facilitates access to immunizers, resulting in effective vaccination coverage and contributing to disease mitigation. Extramural actions are an important strategy to expand vaccination coverage and strengthen public immunization policies in Brazil. According to Silva et al.<sup>7</sup>, during the Covid-19 vaccination campaign, the adoption of decentralized strategies was crucial to reach socially and geographically vulnerable populations. These actions involved vaccination in schools, churches, squares, prisons, and long-term care institutions, representing a milestone in the reorganization of primary care and intersectoral coordination in health. According to the authors, the execution of extramural activities required the nursing team to have technical capacity, logistical planning, and social sensitivity to understand the different life contexts of the population. Nurses, as coordinators of vaccination rooms and health education agents, played an essential role in identifying areas with low vaccination coverage, responding to local demands, and building links with the community. According to Silva et al.<sup>7</sup>, working outside the physical boundaries of health units made it possible to strengthen educational actions and combat false news about vaccines, contributing to the population's adherence to and trust in immunobiologicals. The study reinforces that social mobilization and networking were determining factors for the success of the campaigns, demonstrating that the ethical and political commitment of nursing is fundamental for the consolidation of the National Immunization Program (PNI). Thus,

extramural actions not only expand access but also reaffirm the principles of universality and equity of the Unified Health System (SUS). The experience reported by Silva et al.<sup>7</sup> shows that strengthening field practices is essential to address contemporary vaccination challenges, ensuring that no population group is excluded from public health policies.<sup>3</sup>

## RESULTS

Analysis of vaccination records from the perspective of active monitoring by the Consultório na Rua team reveals a different scenario from traditional vaccination coverage. Considering all users who started their vaccination schedules and are monitored by the team as "Regular Status," the data show significant engagement with the service. As detailed in Table 1, the dT (Adult Double) and Hepatitis B vaccines had the highest follow-up rates, with 55.2% and 51.3% of users, respectively, having started their schedules and maintained contact with the team. The yellow fever vaccine also showed significant adherence, with 49.4% of individuals in good standing. The MMR and influenza vaccines from the 2025 campaign recorded follow-up rates of 41.8% and 42.1%, respectively. Even the COVID-19 vaccine, which historically presents greater challenges for adherence in this population, showed that 26.8% of users maintained contact to update their vaccination schedule. These results highlight the ability of the Consultório na Rua strategy to establish and maintain links with the homeless population, creating ongoing opportunities for the completion of vaccination schedules. Data from the Ministry of Health's vaccination meter panel indicate that 181 homeless people received at least one dose of the flu vaccine. This number corresponds to 46% of the estimated population

# Literature Review

Boscaglia MTM, Dias FMV  
Reflections on the Violence Experienced by Nurses in Their Work Environment

of this group, which is 580 people in the city of Foz do Iguaçu, according to the homeless population census conducted in 2025 by the municipality. During the year, the city government carried out several itinerant actions in different regions of the city

to vaccinate homeless people against Covid-19 and offer other health services. The service was taken to places such as the Pop Center, psychosocial care centers, and social and community assistance centers.

this immunization. The COVID-19 data (26.8%), although lower than the others, take on a new dimension when understood as a bond indicator. Considering the post-pandemic saturation and vaccine hesitancy specific to this disease, keeping more than a quarter of the registered population in active follow-up represents an important achievement of the health strategy. During the COVID-19 pandemic, the work of the Street Clinics teams became essential to ensure that the homeless population had access to health and immunization services. In São Paulo, the 70% increase in the number of health professionals, with half of the teams working directly on the streets and the other half in social facilities, was a key strategy for monitoring symptoms and referring suspected and confirmed cases of COVID-19. This action reflected the capacity of the Unified Health System (SUS) to adapt and respond to socially vulnerable groups, guaranteeing the right to health even in adverse conditions. These results reinforce that the success of vaccinating this population should be measured not only by the final coverage target, but also by the process of continuous engagement.

The Street Clinic proves to be a fundamental tool for implementing the PNI2 guidelines in this specific population, creating conditions for the completion of vaccination schedules to be achieved in a progressive and sustained manner, maintaining the link.<sup>5</sup>

## CONCLUSION

The study shows partial advances in vaccination coverage among the homeless population, but reveals significant gaps in immunization, especially against Covid-19. None of the vaccines analyzed achieved satisfactory rates, with the highest coverage observed being only 33.0% (Hepatitis

**Table 1. Vaccination status of the homeless population monitored by Consultório na Rua – Foz do Iguaçu, 2025 (n = 261).**

| Vaccine                       | Complete Scheme / Active Monitoring (n) | Complete Scheme / Active Monitoring (%) | Incomplete Scheme (n) | Incomplete Scheme (%) |
|-------------------------------|---|---|-----------------------|-----------------------|
| Yellow Fever                  | 129                                     | 49.4%                                   | 132                   | 50.6%                 |
| Hepatitis B                   | 134                                     | 51.3%                                   | 127                   | 48.7%                 |
| dT (Adult Diphtheria-Tetanus) | 144                                     | 55.2%                                   | 117                   | 44.8%                 |
| Triple Viral                  | 109                                     | 41.8%                                   | 152                   | 58.2%                 |
| Influenza 2025                | 110                                     | 42.1%                                   | 151                   | 57.9%                 |
| COVID-19                      | 70                                      | 26.8%                                   | 191                   | 73.2%                 |

All users who received at least one dose and are actively monitored by the Consultório na Rua team were considered to have a “Complete Schedule.”<sup>4</sup>

## DISCUSSION

The results of this new perspective reveal the effectiveness of Consultório na Rua as a strategy for engagement and longitudinal care. Unlike traditional analysis, which would focus only on the completeness of schedules, this perspective values the care process and maintaining engagement—fundamental elements

for working with homeless populations. The rates above 50% for dT and hepatitis B follow-up reflect the routine established by the team with multi-dose vaccines, demonstrating the ability to keep users engaged in medium- and long-term processes. This is particularly relevant considering the high geographic mobility and precarious living conditions that characterize this population. The significant follow-up rate for Yellow Fever (49.4%) may be related to the constant availability of this vaccine in endemic regions and the population's perception of risk, in addition to the team's active work in offering

B). This scenario reinforces the importance of adults keeping their vaccination schedules up to date, since immunization not only protects the individual but also contributes to reducing disease transmission and indirectly protecting vulnerable groups, such as children and immunosuppressed individuals. These results reaffirm the need for specific public policies that guarantee not only initial

access to the vaccine but also systematic monitoring of vaccination schedules. Measures such as extending vaccination hours, actively seeking out areas where this population spends the night, and developing ongoing educational initiatives are essential for effective immunization. Strengthening the Street Clinic, combined with intersectoral strategies and campaigns targeting the most vulnerable

populations, is essential to expand vaccination coverage, promote equity, and reduce health inequalities. Based on the implications presented, it is recommended that this public policy be improved through the integration of primary care, health surveillance, and social assistance networks, ensuring continuous, humane, and territorial care for homeless people.

## REFERENCES

1. Queiroz TF, Pimenta RW, Genaro NM, Pedreira BS, Muniz CCS, Yamaguti JS. Situação vacinal da população em situação de rua, na região central de São Paulo. São Paulo: Universidade Nove de Julho (UNINOVE); 2022.
2. Brasil. Ministério da Saúde. Manual de normas e procedimentos para vacinação [Internet]. Brasília: Ministério da Saúde; 2024 [cited 2025 Oct 4]. Available from: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/guias-e-manuais/2024/manual-de-normas-e-procedimentos-para-vacinacao.pdf>
3. Hino P, Santos JO, Rosa AS. Pessoas que vivenciam situação de rua sob o olhar da saúde. *Rev Bras Enferm.* 2018;71(1):259-66. doi:10.1590/0034-7167-2016-0331.
4. Giovanella L, et al. Sistemas de saúde na fronteira: acesso e demandas de usuários brasileiros em municípios limítrofes do Paraguai. *Saúde Debate.* 2017;41:2046-60. doi:10.1590/0103-1104201711416.
5. Campos FAAC, Orfão NH. População em situação de rua sob a perspectiva da intersectorialidade e direitos humanos na gestão do cuidado em saúde. *Saúde Redes.* 2022;8(Suppl 1):179-89.
6. Santos RA, et al. Cuidados de enfermagem às pessoas em situação de rua: desafios. *Braz J Implant Health Sci.* 2024;6(11):961-72. doi:10.36557/2674-8169.2024v6n11p961-972.
7. Silva AP, Lima MR, Santos RO, Almeida TF, Souza VC. Estratégias utilizadas na campanha de vacinação Covid-19: revisão de escopo. *Braz J Health Res.* 2024;6(3):1-15.
8. Conselho Nacional de Secretarias Municipais de Saúde (CONASEMS). Como o SUS está garantindo vacinação e assistência para a população em situação de rua em tempos de pandemia? [Internet]. São Paulo; 2021 Jul 13 [cited 2025 Oct 24]. Available from: [https://portal.conasems.org.br/brasil-aqui-tem-sus/reportagens-especiais/14\\_como-o-sus-esta-garantindo-vacinacao-e-assistencia-para-a-populacao-em-situacao-de-rua-em-tempos-de-pandemia](https://portal.conasems.org.br/brasil-aqui-tem-sus/reportagens-especiais/14_como-o-sus-esta-garantindo-vacinacao-e-assistencia-para-a-populacao-em-situacao-de-rua-em-tempos-de-pandemia)