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Country: Portugal

Affiliation: USF Araceti, ULS Baixo Mondego

Function:

- Consultant in Family Medicine

- GRESP Coordinator

- IPCRG board member

- ERS group 01.03 Chair

- GINA advocacy group

Main expertise: respiratory diseases and vaccination in the primary care set







Adult Immunization Board – Country meeting:

Session 4: Implementation and delivery of adult vaccination services in Portugal –

From the Healthcare provider perspective







National Health Sistem in Portugal

- You can have the same GP that your grandmother has/had
- You can have the same GP that your neighbour has
- You may change for another GP
- GP organize their work based on the families organization





PAULINHA....

A history between a family and their GP



Family s doctor role and adult imunization:

Communication and trust relation

Essential for promoting vaccination uptake

- Patient 's that have and trust their
 FD -> higher probability of vaccination
- FD are a consistente and highly reliable source of information
- Person-centred communication
- Motivational Interview
- Person-centred communication between

Managing the Challenges of Vaccine Hesitancy

Managing the Challenges of Vaccine Hesitancy

- Difficulties in Refutation: The most difficult arguments -> based on religious concerns and reactance
- Easier Arguments
- Impact on Behaviour
- Psychological Focus: When concerns are motivated by psychological dispositions, it may be insufficient or even counterproductive.

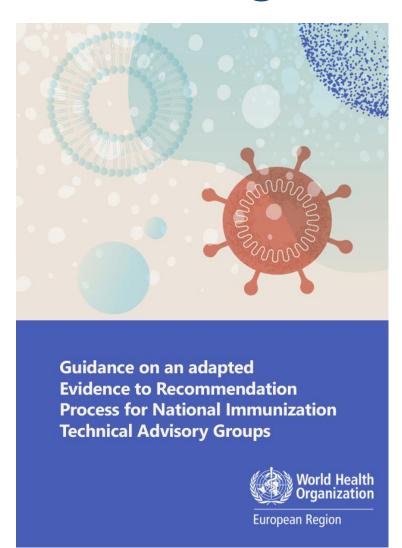
Operational and Logistical Role of the PC

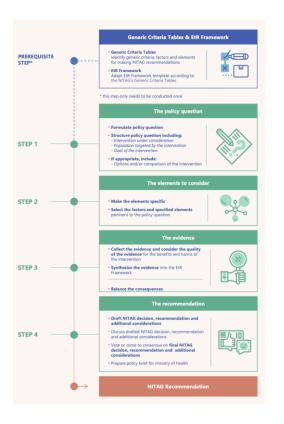
Operational and Logistical Role of the PC set

- The FD/PC play a key role in distribution, logistics, and facilitating access to vaccination.
 - Accessibility
 - Vaccine Administration
- COVID-19 camapins has an example



Portugal - Clinical guidance standards







Portuguese national vaccination plan



Legenda:

- Vacinas em blocos interligados por traços de cor vacinas com antigénios para todas as doenças evitáveis mencionadas no interior dos limites: a vacina hexavalente (2 meses e 6 meses) inclui VHB; Hib; DTPa e VIP, a vacina pentavalente (4 meses e 18 meses) inclui Hib, DTPa e VIP, e a vacina tetravalente (5 anos) inclui DTPa e VIP:
- Número número de dose no esquema geral recomendado para cada doença.

Portugal - Clinical guidance standards









Número: 009/2025

Data: 09/09/2025

Assunto: Campanha de Vacinação Sazonal contra a Gripe: Outono-Inverno 2025-2026

Palavras-Chave: Gripe; Vacinação; Reforço Sazonal

Para: Sistema de Saúde

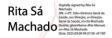
1. Pessoas consideradas com alto risco de desenvolver complicações pós-infeção gripal, nomeadamente:

Quadro 2 - Grupos-alvo para os quais se recomenda a vacinação, independentemente da gratuitidade

- Pessoas com idade igual ou superior a 60 anos, particularmente se residentes em ERPI ou outras instituições similares
- Crianças com idade igual ou superior a 6 meses de idade e inferior a 5 anos de idade, em particular durante os primeiros 23 meses de vida
- Residentes ou internados por períodos prolongados em instituições prestadoras de cuidados de saúde (ex.: deficientes, utentes de centros de reabilitação), desde que com idade igual ou superior a 6 meses
- Grávidas, independentemente do tempo de gestação1
- Pessoas, com idade igual ou superior a 6 meses (incluindo mulheres a amamentar), que apresentem patologias crónicas e determinadas condições médicas (Quadro 3)







NORMA

Número: 010/2025

Data: 09/09/2025

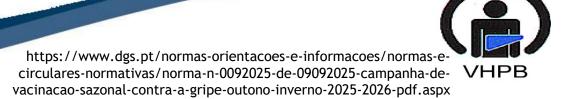
Assunto: Estratégia de Vacinação contra a COVID-19: Esquema Vacinal Primário e Campanha de

Vacinação Sazonal Outono-Inverno 2025-2026

Palavras-Chave: COVID-19; SARS-CoV-2; Vacinação; Vacinação Primária; Reforço Sazonal

Para: Sistema de Saúde

Contatos: vacinas@dgs.min-saude.pt

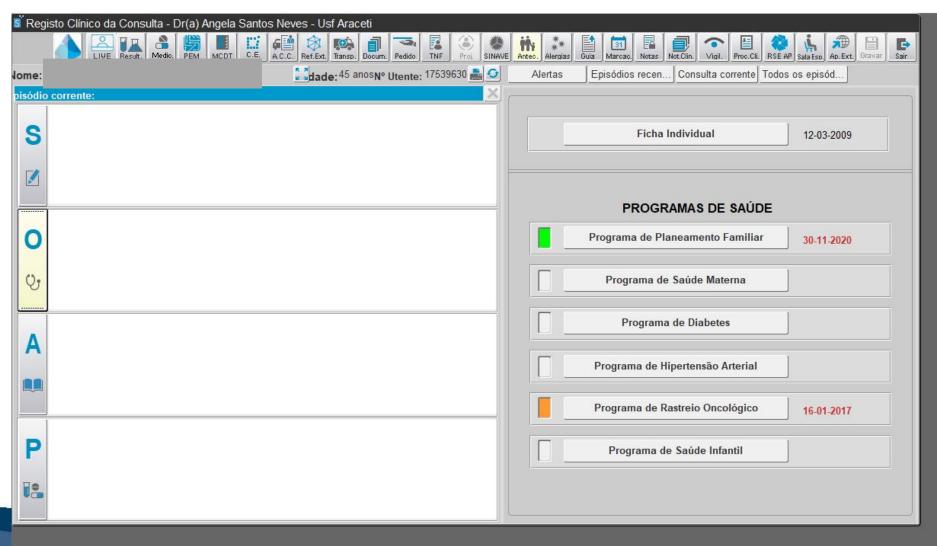


National Health Sistem in Portugal Doctor's View eVacinas

| Próxima inoculação: a part | | | 050 | _ | No. | _ | 2000 | _ | 2000 | _ | | _ | - | _ | N 2000 | _ | Mais açõe |
|-----------------------------------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|---|------|----------|-----------------------|----------|-----------------|
| Vacina contra | 13 | | 2ª | | 3ª | | 4ª | | 5ª | | 6ª | | 8ª | | 9ª | | 10 ² |
| Hepalite B | 05-09-1994 VHB | V | 06-10-1994 VHB | V | 03-03-1995 VHB | V | | | | | | | | | | | |
| Difteria | 21-04-1980 DTPw | V | 26-05-1980 DTPw | V | 30-06-1980 DTPw | V | 14-07-1981 DTPw | V | 12-06-1986 DTPw | V | 0 | | :010 | V | 10-05-2021 TdpaSNS | V | 10-05-2041 |
| Tétano | 21-04-1980 DTPw | V | 26-05-1980 DTPw | V | 30-06-1980 DTPw | V | 14-07-1981 DTPw | V | 12-06-1986 DTPw | V | 23-08-1990 T | V | 1010 | V | 10-05-2021 TdpaSNS | V | 10-05-2041 |
| Tosse convulsa (perlussis) | 21-04-1980 DTPw | V | 26-05-1980 DTPw | V | 30-06-1980 DTPw | V | 14-07-1981 DTPw | V | 12-06-1986 DTPw | V | 10-05-2021 TdpaSNS | V | | | | | |
| Haemophilus influenzae b | | | | | | | | | | | | | | | | | |
| Poliomielite | 21-04-1980 VAP | V | 30-06-1980 VAP | V | 14-01-1981 VAP | V | 12-06-1986 VAP | V | 23-08-1990 VAP | V | | | | | | | |
| D. pneumocócica (conjugada) | | | | | | | | | | | | | | | | | |
| D. meningocócica (serogrupo B) | | | | | | | | | | | | | | | | | |
| D. meningocócica (serogrupo C) | | | | | | | | | | | | | | | | | |
| Sarampo | 20-02-1981 VAS | V | 12-04-1981 VASPR | V | 12-04-1991 VASPR | V | | | | | | | | | | | |
| Rubéola | 12-04-1981 VASPR | V | 12-04-1991 VASPR | V | | | | | | | | | | | | | |
| Parotidite epidémica | 12-04-1981 VASPR | V | 12-04-1991 VASPR | V | | | | | | | | | | | | | |
| Papiloma vírus humano | 04-03-2009 HPVTetrava | V | 05-05-2009 HPVTetrava | V | 09-09-2009 HPVTetrava | V | 10-09-2009 HPVTetrava | V | | | | | | | | | |
| COVID-19 | 18-06-2021 Covid19Pfizer | V | 16-07-2021 Covid19Pfizer | V | 15-12-2021 Covid19Pfizer | V | 20-10-2022 Cavid19Pfizer | V | 30-11-2023 Covid19Pfizer | V | 15-10-2024 Covid19Pfizer | V | | | | | |
| Rotavírus | | | | | | | | | | | | | | | | | |
| Febre tifóide | 15-05-2018 Ftifoide | V | | | | | | | | | | | | | | | |
| Gripe sazonal | 16-10-2020 GripeSNS | V | 12-11-2021 GripeSNS | V | 20-10-2022 GripeSNS | V | 28-09-2023 GripeSNS | V | 15-10-2024 GripeSNS | V | | | | | | | |
| Hepatite A | 16-07-2003 VHA | V | 29-07-2004 VHA | V | | | | | | | | | | | | | |
| Tuberculose | 16-01-1980 BCG | V | 23-10-1985 BCG | V | 10-12-1988 BCG | V | | | | | | | | | | | |
| Febre amarela | 04-02-2015 Famarela | V | | | | | | | | | | | | | | | |



National Health Sistem in Portugal Doctor's View - SClinico





National Health Sistem in Portugal Patient's View

Ver build





VHPB

National Health Sistem in Portugal

RELATÓRIO SEMANAL | VACINAÇÃO SAZONAL | 18-11-2025 VACINAÇÃO SAZONAL CONTRA A COVID-19 E CONTRA A GRIPE COVID-19 Número de pessoas vacinadas contra a COVID-19 Acumulado Variação últimos 7 dias 1.152.030 + 61.626 TOTAL + 24.516 Farmácias 555.205 595.676 + 36.976 SNS **GRIPE** Número de pessoas vacinadas contra a gripe Acumulado Variação últimos 7 dias **TOTAL** 2.041.387 + 131.399 970.498 + 52.489 Farmácias

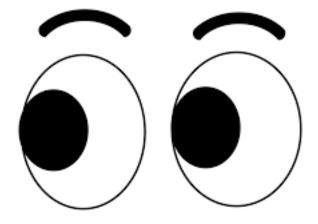
| SNS | 1.068.849 | + 78.686 |
|----------------------|--------------------------|-----------------------|
| NÚMERO DE PESSOAS VA | ACINADAS E COBERTURA VAC | INAL POR GRUPO ETÁRIO |

| | COV | ID-19 | GRIPE | | | | |
|-----------------|-------------------------|----------------------|-------------------------|----------------------|--|--|--|
| Grupo etário | Nº pessoas vacinadas | Cobertura vacinal | Nº pessoas vacinadas | Cobertura vacinal | | | |
| 85+ anos | 185.491 | 54,29% | 266.012 | 77,86% | | | |
| 80-84 anos | 149.902 | 43,06% | 235.612 | 67,69% | | | |
| 70-79 anos | 384.683 | 37,80% | 636.679 | 62,56% | | | |
| 60-69 anos | 290.033 | 22,35% | 502.756 | 38,74% | | | |
| Total 65+ | 889.330 | 38,10% | 1.426.652 | 61,11% | | | |
| Total 60+ | 1.010.109 | 33,61% | 1.641.059 | 54.60% | | | |

Dados até: 16-11-2025 23:59 Fonte: VACINAS | DGS

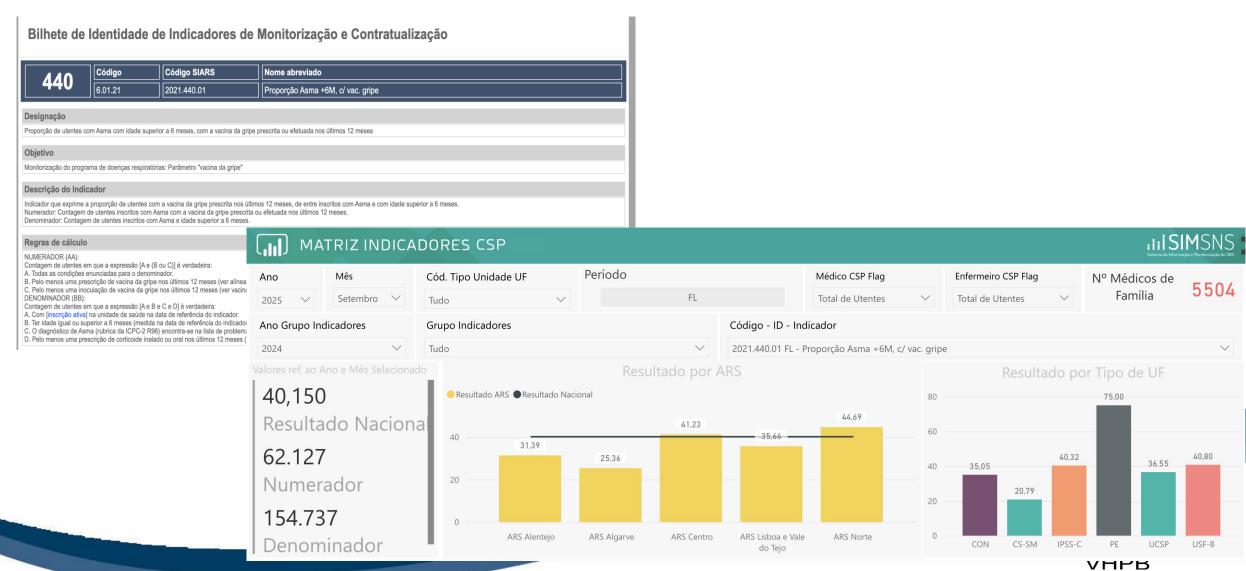






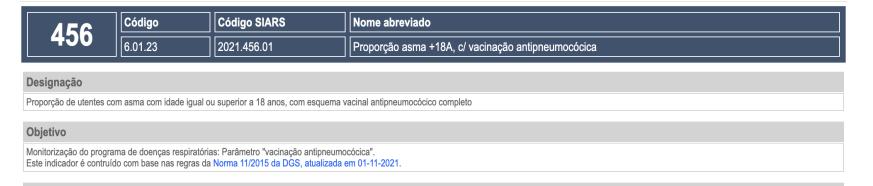


National Health Sistem in Portugal Health Indicators



National Health Sistem in Portugal **Health Indicators**

Bilhete de Identidade de Indicadores de Monitorização e Contratualização



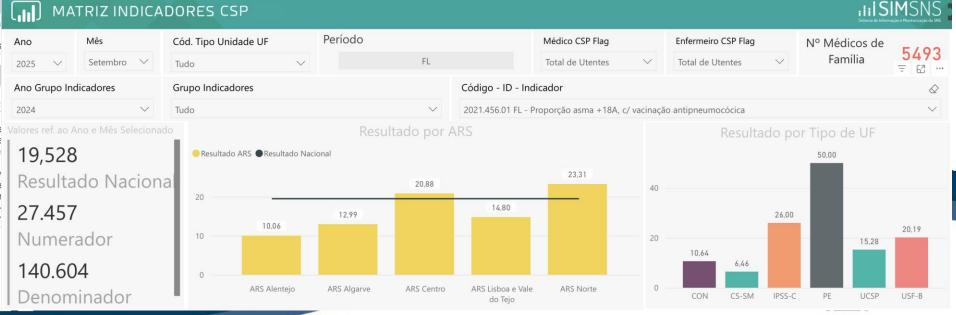
Descrição do Indicador Indicador que exprime a proporção de utentes com esquema Numerador: Contagem de utentes inscritos com asma, idade Denominador: Contagem de utentes inscritos com asma e ida

Regras de cálculo

NUMERADOR (AA):

Contagem de utentes em que a expressão [A e (B ou C ou D

- A. Todas as condições enunciadas para o denominador.
- B. Ter pelo menos uma inoculação de vacina Pn13 e pelo me C. Ter pelo menos uma inoculação de vacina Pn15 e pelo me
- D. Ter pelo menos uma inoculação de vacina Pn20 (ver alíne DENOMINADOR (BB):
- Contagem de utentes em que a expressão [A e B e C e D] é v
- A. Com [inscrição ativa] na unidade de saúde na data de refe
- B. Ter idade igual ou superior a 18 anos (medida na data de i
- C. O diagnóstico de Asma (rubrica da ICPC-2 R96) encontra-
- D. Pelo menos uma prescrição de corticoide inalado ou oral r



National Health Sistem in Portugal Health Indicators



What could help HCP to raise vaccination?

Novo guia da DGS visa adaptar vacinação à evolução científica e situação global

Guia pretende servir de instrumento de apoio para profissionais e de promoção para a população. Programa Nacional de Vacinação faz hoje 60 anos.

Lusa

3 de Outubro de 2025, 15:22





This tool will serve to support healthcare professionals with the latest scientific evidence and will also promote clear, accurate and accessible communication about the benefits of vaccination to the population.

Dr Rita Sá Machado, Health General Director



What could help HCP to raise vaccination? **Scientific Societies position papers**



GUIDELINES CONSENSUS

Recomendações para a Vacinação contra o Herpes Zoster: Documento de Consenso da Sociedade Portuguesa de Medicina Interna e da Associação Portuguesa de Medicina Geral e Familiar Recommendations for Herpes Zoster Vaccination: Consensus Report from the Portuguese Society of Internal Medicine and the Portuguese Association of General and Family Medicine

Sofia Duque^{1,2,3,4} , António Marinho^{5,6,7} , Paulo Almeida^{8,9,16} , Raul Marques Pereira^{10,11,12,13} , Rui Buzaco^{14,15}



PUL MONOL OGY 2025, VOL. 31, NO. 1, 2451456 https://doi.org/10.1080/25310429.2025.2451456



OPEN ACCESS Check for updates



Respiratory syncytial virus vaccination in older adults and patients with chronic disorders: A position paper from the Portuguese Society of Pulmonology, the Portuguese Association of General and Family Medicine, the Portuguese Society of Cardiology, the Portuguese Society of Infectious Diseases and Clinical Microbiology, the Portuguese Society of Endocrinology, Diabetes and Metabolism, and the Portuguese Society of **Internal Medicine**

Tiago Alfaro (Dab, Filipe Froesac, Cláudia Vicented, Rui Costade, Cristina Gavinafgh, Rui Baptistafii, kl, António Maio^{m,n,o}, Saraiva da Cunha^m, João Sérgio Neves^{p,q,r}, Pedro Leuschner^{s,t,u}, Sofia Duque^{s,v,w} and Paula Pintoa,x,y



What could help HCP to raise vaccination? **Public Campains**









What could help HCP to raise vaccination?



The JITSUVAX Project was set up in response to the global spread of misinformation about vaccination. This international research consortium was funded by the EU Horizon 2020 and led by the University of Bristol.

The JITSUVAX team of psychologists, scientists, clinicians and experts developed tools to understand and tackle vaccine misinformation.





What could help HCP to raise vaccination? Training

Portuguese Journal of Public Health

Research Article

Port J Public Health 2024;42:195–205 DOI: 10.1159/000539600 Received: October 2, 2023 Accepted: May 5, 2024 Published online: August 27, 2024

Motivational Interviewing to Address Vaccine Hesitancy: Insights from an Intervention in Portugal

Joana Mendonça Ana Patrícia Hilário Luís Gouveia

Instituto de Ciências Sociais, Universidade de Lisboa, Lisbon, Portugal

- Promising strategy
- Communication style (not a strategy)
- Competence in MI increases HCP confidence to vaccinate and reduces vaccine hesitancy
- Change paternalistic model -> MI



What could help HCP to raise vaccination? Training

- Their one believes about their own vaccination has an individual benefict and has a public helath measure
- Training all HCP in the same line, using the same language -> better and stronger information to patients
- Start education from schools, with strong, solid and evidence based knowledge







What could help HCP to raise vaccination? The perfect match

Article

More than meets the eye:
Understanding the importance
of the materialities of care at
the vaccination encounter in
Portugal

health:

Health 1–19

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- The entire environment shapes the vaccination experience
- HCPs should receive training in this area to understand the impact that the surrounding environment has on the vaccination process
- Comfort devices, gifts, reinvented medical instruments, friendly environment -> these are like co-participants in vaccination



Implementation and delivery of adult vaccination services in Portugal

Vaccination is a public health duty for all healthcare professionals.

Family doctors have a privileged relationship with patients.

Family doctors are closer to the community.

All healthcare professionals need some training in this area and to combat vaccine hesitancy and misinformation.

Proactive action is needed from all healthcare professionals.

And remember, it is not only the vaccines in the plan that are valuable





THANK YOU!

Claudia.avicente@gmail.com

