

IMPACTS OF THE PANDEMIC ON THE IMPLEMENTATION OF CERVICAL CANCER PREVENTION STRATEGIES

IMPACTOS DA PANDEMIA NA IMPLEMENTAÇÃO DE ESTRATÉGIAS DE PREVENÇÃO DO CÂNCER DE COLO DO ÚTERO

IMPACTOS DE LA PANDEMIA EN LA IMPLEMENTACIÓN DE ESTRATEGIAS DE PREVENCIÓN DEL CÁNCER CERVICOUTERINO

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ABSTRACT

Objective: to reflect on the impacts of the pandemic caused by the new coronavirus on the implementation of cervical cancer prevention strategies in Primary Health Care. **Method:** theoretical-reflective study qualitative approach carried out in March 2021 based on the report of experiences during the supervised internship I of the undergraduate nursing course at a public university in Ceará. **Results:** the discontinuity of cervical cancer screening reflects on the possibility of late diagnosis, becoming a problematization in face of the current epidemiological scenario. The resoluteness of the situation permeates the re(organization) of the work process of the professionals working in the Family Health team, which directly reflects on the issues of materials for individual protection, adequacy to occupational risks, as well as the hygiene of the environments, which are limited in assistance, influencing the decision-making of managers regarding the implementation of elective procedures such as cytopathological examination. **Conclusion:** managers and health professionals must continually assess strategies for effective screening of the Pap smear according to the local epidemiological situation.

Descriptors: COVID-19. Pandemics. Uterine Cervical Neoplasms. Nursing. Disease Prevention

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ABSTRACT

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RESUMEN

Objetivo: reflexionar sobre los impactos de la pandemia provocada por el nuevo coronavirus en la implementación de estrategias de prevención del cáncer de cuello uterino en la Atención Primaria de Salud. **Método:** estudio teórico-reflexivo enfoque cualitativo realizado en marzo de 2021 a partir del relato de experiencias durante la pasantía supervisada I del curso de graduación en enfermería en una universidad pública de Ceará. **Resultados:** la discontinuidad del tamizaje del cáncer de cuello uterino refleja la posibilidad de un diagnóstico tardío, convirtiéndose en un problema ante el actual escenario epidemiológico. La resolución de la situación permea la re(organización) del proceso de trabajo de los profesionales que actúan en el equipo de Salud de la Familia, lo que se refleja directamente en las cuestiones de materiales para la protección individual, adecuación a los riesgos laborales, así como la higiene de los ambientes, los cuales son limitados en la asistencia, influyendo en la toma de decisiones de los gestores con respecto a la implementación de procedimientos electivos como el examen citopatológico. **Conclusión:** los gerentes y profesionales de la salud deben evaluar continuamente las estrategias para el tamizaje efectivo de la prueba de Papanicolaou de acuerdo con la situación epidemiológica local.

Descriptor: COVID-19. Pandemias. Neoplasias del Cuello Uterino. Enfermería. Prevención de Enfermedades.

INTRODUCTION

The pandemic caused by the Corona Virus Disease (COVID-19) imposed changes in the structuring, work routines and assistance of health services, considering the role adapted to this reality.¹ The pandemic had repercussions on social, economic, relational and different areas

health related to quarantine and home isolation protocols to reduce the transmission of the disease.²

In the face of COVID-19, elective procedures, including Cervical Cancer (CCU) screening, have been suspended around the world.³ Cancer screening aims at timely therapy through detection of

malignancy or its precursor lesion, before the onset of symptoms, when treatment is most effective. Therefore, the benefits of CC screening programs depend on high coverage of the eligible population and complete, timely and accurate diagnostic follow-up.^{4,5}

CC screening has been more affected in low- and middle-income countries compared to developed countries. If preneoplastic lesions are not detected early and treated appropriately, progression to invasive cancers is a major concern and serious public health problem. Quantifying this impact is vital for planning effective strategies to address health inequities related to screening and worsened by the current pandemic.⁶

Therefore, it is essential to plan actions to mitigate damages resulting from COVID-19, such as: development of applications or specific telephone lines for scheduling appointments and clarifying doubts; screening test results made available online; teleconsultation for infected individuals; free transportation for individuals with a positive screening test; and the engagement of young volunteers who identify and support individuals with difficulties accessing services.⁷

The implementation of actions carried out by nurses with the multidisciplinary health team becomes relevant, as in PHC it is this professional who performs the

cytological examination in an attempt to minimize damage and, consequently, promote improvements in women's health care.⁸

Considering the relevance of screening for the early detection of CC, it is essential to raise reflections on strategies developed by professionals working in PHC, with a view to contributing to the consolidation and implementation of comprehensive care in the context of women's health, necessary for the promotion health and encouraging self-care during the current pandemic.

Therefore, the objective was to reflect on the impacts of the pandemic caused by the new coronavirus on the implementation of CC prevention strategies in Primary Health Care.

METHOD

This is a descriptive study, with a qualitative theoretical-reflective approach, carried out in March 2021 based on experiences in the internship field.

The experience took place linked to the supervised internship I carried out by students enrolled in the 9th semester of the undergraduate Nursing course in a Basic Health Unit (UBS) located in the urban area of a city in the interior of Ceará, Brazil. The results of the experiences were provided through participant observation in the practice scenario, as well as the strategies developed regarding the prevention of CC,

recorded in a field diary and summarized in an activity report.

The activities took place from January to February 2021, under the supervision of the unit's nurse and the higher education institution's preceptor, totaling 40 hours of practical activities per week.

The actions were planned so that childcare consultations took place on Mondays; on Tuesdays, prenatal consultations; on Wednesdays, consultations for people with diabetes and hypertension; and on Thursdays and Fridays, free consultations. Vaccination against the Human Papilloma Virus (HPV) was carried out on Thursdays. The afternoon shift was prioritized for caring for suspected and confirmed COVID-19 patients. Health education actions were only carried out individually during nursing consultations or via teleconsultation.

Considering the context of the COVID-19 pandemic and the change in the work routine of the Family Health team (eSF) and health professionals, the adaptation of new protocols and care flows, this reflection emphasizes the impacts on the implementation of health care strategies. CC prevention in PHC.

The reflections emerged from the first author's experiences, through interpretations of national and international scientific literature, as well as the authors' reflective impressions, presented descriptively.

RESULTS AND DISCUSSION

The COVID-19 pandemic resulted in transformations in PHC. In an attempt to provide safe and quality care, planning based on epidemiological data, (re)organization of services, allocation of financial resources and specific strategies to combat the pandemic were necessary, such as training of health professionals, broad diagnostic testing, adaptations of physical space, medication stock, well-defined flows and protocols, professionals and sufficient personal protective equipment (PPE).⁹

In relation to the demand for care at the UBS, it was observed, in the student's perception, that when compared to the stages in the pre-pandemic period, there was a reduction in women's adherence to undergoing cytopathology. This reduction was also verified in a national survey¹⁰ and may be related to the implementation of measures related to the prevention and control of infection by the new coronavirus, such as social isolation, respiratory etiquette rules, use of masks, avoiding crowds and fear of contagion in places care for respiratory symptoms.

Following biosafety standards and the recommendation of the technical note August 9, 2020⁴, during the pandemic, consultations at the UBS were limited to prior scheduling with a reduced number of patients and occurring primarily in the morning. The afternoon shift was intended

to care for four to six patients with respiratory symptoms.

Free on-demand consultations at the service, which served patients in different age groups and health-illness situations, occurred during the supervised internship. Due to the growing number of people with respiratory symptoms, these services presented a potential risk for the spread and contamination of COVID-19. From this perspective, trying to avoid crowds, the flow of care was reorganized with prior appointments made by Community Health Agents (ACS).^{6,11}

Therefore, users' access to the service was limited in order to take measures to prevent contamination. At the beginning of the pandemic, CC screening was postponed, as recommended by the National Cancer Institute (INCA)⁴, and the reduction in adherence to the exam evidenced in 2020¹⁰ also lasted in the early months of 2021, in the authors' internship location, whereas, during the internship period, no cytopathological exams were performed. However, eSF professionals were afraid of neglecting early diagnosis and timely treatment of possible cases of CC.

The measures implemented had a direct impact on women's health care, since the interruption of the CC prevention program in the unit had a negative impact on health promotion, adherence to exams, the search for health education, early detection

of CC and in the treatment of other symptoms of the genital tract, since gynecological evaluation favors the syndromic and diagnostic approach to Sexually Transmitted Infections (STIs and other genital conditions).

Collecting the cytopathological examination may constitute a risky activity for contagion (professional/patient) in relation to COVID-19 due to direct contact in cases of omission of respiratory symptoms, in addition to the risk of contamination in the environment and waiting for care.¹¹

INCA also recommended during the internship period (January to February 2021) that health professionals advise people not to seek health services for cancer screening at this time, that they reschedule cytopathological examination collections, thus postponing, consultations and exams for when restrictions ease. In addition to postponing screening, it is also important to discourage screening practices outside the target population and recommended frequency.³

Health education in this atypical period is suggested as a strategy for continuing health care for women.^{6,11} Thus, CCU prevention actions occurred through dialogic communication between eSF professionals and users, through technological means and CHAs. These constituted a fundamental link in the success

of the strategies by enabling the dissemination of guidance on genital symptoms, prevention, care and attention to signs and symptoms of diseases and therapy as clinically indicated.

It should be noted that the attributes of PHC, such as attention at first contact, longitudinality, comprehensiveness and coordination to assist its users, with attention focused on the family, understood and perceived socially and physically, allowing better contact and identification of their living and health conditions, vulnerabilities and needs for interventions that go beyond curative practices, must be implemented for timely assistance.^{1,9}

Although there are preventive measures for CC, such as the use of condoms and vaccination against HPV, cytopathological examination is the main screening strategy⁶ and health education is one of the main interventions for preventing CC.^{6,11} Furthermore, cytopathological examination must be carried out periodically, even if preventive measures are adhered to, as the vaccine does not offer protection against all types of HPV.⁶

It is worth noting that the dissemination of information and health education through the WhatsApp® application and telephone were enhanced during the pandemic period. The population maintained contact with eSF professionals to obtain health education guidance and

schedule appointments, avoiding travel to the unit. These actions were strengthened by the ACS because they knew the population's needs and through training developed by the eSF nurse.^{1,8,9}

Health education and disease prevention actions need to be intensified to prevent health problems.⁶ During the internship, concerns emerged regarding individual, social and pragmatic vulnerabilities exacerbated during the pandemic, given that some patients did not have access to means of communication to seek information and assistance. Given this reality, the support of the ACS was essential to mediate health care.

Health education is essential for prevention and care related to COVID-19, while there has been a high spread of fake news about the disease, forms of contagion and treatment. The eSF's contact with users via messaging and telephone applications can help disseminate appropriate guidelines in accordance with health authorities and based on validated scientific protocols.^{5,7,11}

The use of telehealth enhances health education, especially in the current health scenario, helping to avoid the physical movement of people and allowing the reorganization of health services through continuous qualification for proper handling by professionals.⁷

Professionals from eSF need to be vigilant in the face of the new reality

resulting from the pandemic and implement CC prevention actions. CHWs, as well as nurses, who are directly integrated into the daily lives of people in their territory, can effectively contribute to combating COVID-19.^{8,9}

It was also noted the lack of inputs in the various health services. It is necessary for the eSF to have the availability of PPE, training for its use and disposal, thus avoiding contagion among users and professionals themselves.⁸

In the internship service, the vaccination of boys and girls against HPV continued to be carried out with previously scheduled dates and times, aiming to avoid crowding in the vaccination room, so that before the application of the immunobiological, screening was carried out through investigation of COVID-19 symptoms. Regarding the distribution of condoms, some patients sought them at the unit, while others waited for delivery by the ACS.

User demand was made conditional on clinical symptoms to the detriment of preventive care. When presenting symptoms and upon diagnosis regarding STIs, treatment was carried out with the prescription of medications and guidance. It is noteworthy that patients with previous diagnoses of STI continued to be monitored in a specialized care service.

Numerous uncertainties were presented to health services, which involved decision-making by managers and health professionals, thus creating a need to evaluate the current scenario, and some restrictions emerged, such as not carrying out cytopathological examination. To carry out this activity, it was necessary to carefully reflect on the risks and benefits, considering local indicators regarding the incidence of COVID-19 in the enrolled population.

With the evolution of the pandemic situation, hesitations persisted, since, depending on the situation in each Brazilian region¹⁰, it is possible to evaluate the return on the offer of the cytopathological exam, with this analysis being the role of managers and health professionals. In view of this, it was recommended for the resumption of activity to carefully investigate the risks and benefits involved, considering local indicators regarding the incidence of COVID-19.⁴

Therefore, it is important to expand vaccination coverage against COVID-19 for the continuity of health programs in the ESF, offering comprehensive assistance to the population, such as CC screening, preventing and promoting women's health.

From this perspective, it is important to reflect on the common risk factors between COVID-19 and CC, especially age, since older women are at greater risk for

both diseases, while they generally have comorbidities, such as hypertension and diabetes, being these risk factors for worsening COVID-19. It is also worth reflecting on these women who, by not being screened for CC due to the pandemic and the interruption of the program, will present greater vulnerability and risk for late diagnosis of cancer.

The discontinuity of CC screening reflects the possibility of an increase in CC cases diagnosed in advanced stages, becoming a problem given the epidemiological scenario experienced. The resolution of this situation involves the (re)organization of the eSF work process, which directly reflects the obtaining of inputs for individual protection, adaptation to risks, hygiene of UBS environments, which are limited in assistance, influencing the decision-making of their managers regarding the implementation of elective procedures such as cytopathological examination.

To resume the cytopathological examination, it was necessary to consider the safety of professionals and patients, in addition to following recommendations such as (1) scheduling an appointment; (2) rescheduling in cases of suspected patients; (3) screening patients for signs and symptoms; (4) avoid crowds in the unit; (5) limit the entry of companions; (6) disinfection of the environment and

materials; (7) use of a mask and hand hygiene; (8) use of PPE; (9) avoid unnecessary visits by the user to the service; and (10) use of telehealth.⁴

Nursing in PHC has the challenge of facing this issue, in the care and management spheres, of fears and insecurities, and also incorporating new knowledge and skills into care. Thus, the necessary responsibilities and responsibilities for combating, monitoring and implementing guidelines and health promotion activities regarding CC are evident.⁸

FINAL CONSIDERATIONS

Health education is the main ally to face the current scenario and develop care practices for women to identify symptoms early and, consequently, carry out screening.

Therefore, it is up to managers and health professionals to continually evaluate the return of the cytopathological examination based on the local epidemiological situation, with this return following scientifically based recommendations from government bodies to prevent the spread and contagion of COVID-19 among health workers and patients.

The study contributes to reflection on strategies to combat COVID-19, without neglecting women in health care, promotion and prevention, trying to highlight the

importance of continuing to prevent CC to improve health indicators in the coming years.

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