

THE ANALYSIS OF IMMUNIZATION DURING THE PANDEMIC PERIOD

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ABSTRAK ANALISIS IMUNISASI SELAMA PERIODE PANDEMI

Latar Belakang : Imunisasi merupakan upaya yang paling efektif untuk memberikan kekebalan/imunitas spesifik terhadap Penyakit yang dapat dicegah dengan imunisasi (PD3I), bahkan beberapa penyakit sudah berhasil diberantas di muka bumi. Pemerintah telah menetapkan Corona virus Disease 2019 (COVID-19) sebagai bencana non-alam berupa wabah/pandemik, penetapan ini diikuti dengan upaya-upaya pencegahan penyebaran virus corona melalui pembatasan sosial antara lain pembatasan kerumunan orang, pembatasan perjalanan, pemberlakuan isolasi, penundaan dan pembatalan acara, serta penutupan fasilitas dan pengaturan pelayanan publik. Kondisi ini turut berpengaruh terhadap jadwal dan tata cara pelayanan imunisasi baik di posyandu, puskesmas maupun di fasilitas kesehatan lainnya termasuk swasta. Sejumlah orang tua khawatir untuk memberikan imunisasi bagi anaknya, dan tidak sedikit pula petugas kesehatan ragu-ragu dalam menyelenggarakan pelayanan imunisasi di tengah pandemi COVID-19, bisa jadi disebabkan ketidaktahuan atau karena belum adanya petunjuk teknis yang tersedia.

Tujuan: diketahuinya analisis faktor-faktor yang mempengaruhi pemberian imunisasi pada masa pandemi covid-19.

Metode: Penelitian ini menggunakan metode kualitatif atau naturalistik. Subjek dalam penelitian ini adalah seluruh orang tua yang memiliki bayi usia 0-12 bulan. Pengumpulan data dalam penelitian ini menggunakan wawancara secara mendalam (indepth interview) Hasil: Sebagian besar informan mengatakan takut, cemas dan khawatir jika datang ke Posyandu untuk melakukan imunisasi dan logistik vaksin pun kurang tersedia selama masa pandemi Covid-19.

Simpulan: Terdapat penurunan pemberian imunisasi pada masa pandemi dikarenakan ketakutan, kecemasan orang tua dan keluarga serta ketersediaan vaksin yang kurang.

Saran diharapkan kepada masyarakat untuk tidak takut tetapi tetap waspada dalam menangani virus Covid-19 dan anak tetap datang ke posyandu dan mendapatkan imunisasi dasar sehingga terhindar dari PD3I dan pengadaan vaksin imunisasi tetap berjalan agar anak-anak tetap mendapatkan imunisasi sesuai dengan usianya.

Kata kunci: Covid-19, Imunisasi

ABSTRACT

Background: Immunization is the most effective effort to provide immunity/specific immunity against Immunization Preventable Diseases (PD3I), even some diseases have been successfully eradicated on earth. The government has determined Corona virus Disease 2019 (COVID-19) as a non-natural disaster in the form of an epidemic/pandemic, this determination is followed by efforts to prevent the spread of the corona virus through social restrictions including restrictions on crowds, travel restrictions, implementation of isolation, delays and cancellation of events, as well as closing of facilities and public service arrangements. This condition also affects the schedule and procedures for immunization services both at Integrated Services, Puskesmas and other health facilities, including the private sector. A number of parents are worried about giving immunizations for their children, and not a few health workers are hesitant in providing immunization services in the midst of the COVID-19 pandemic, this could be due to ignorance or because there are no available technical instructions.

Purpose: To know the analysis of the factors that influence the provision of immunization during the covid-19 pandemic.

Method: This study uses a qualitative or naturalistic method. The subjects in this study were all parents who had babies aged 0-12 months. Data collection in this study used in-depth interviews (indepth interview).

Results: Most of the informants said they were afraid, anxious and worried when they came to the Integrated Services to carry out immunizations and vaccine logistics were not available during the Covid-19 pandemic.

Conclusion: There is a decrease in immunization during the pandemic due to fear, anxiety of parents and families and the lack of vaccine availability.

Suggestion that the public will not be afraid but remain vigilant in dealing with the Covid-19 virus and that children will still come to the Integrated Services and receive basic immunizations so as to avoid PD3I and that the procurement of immunization vaccines will continue so that children continue to receive immunizations according to their age.

Keyword: Covid-19, Immunization

INTRODUCTION

Immunization is the most effective way to provide immunity from specific Diseases that Can be Prevented by Immunization (DCPI). The history has been recorded that since the discovery of the vaccine millions of children around the world can be saved from the deaths caused by DCPI, even some disease, has been successfully eradicated from the earth (Health Ministry of Indonesia Republic, 2020).

A new virus that was recently discovered in 2019, namely Corona Virus Disease 2019. This virus causes more diseases seriously like Pneumonia, Middle East Respiratory Syndrome (MERSCoV), and Severe Acute Respiratory Syndrome (SARS-CoV). Starting from Wuhan, Hubei, China at the end of December in the year 2019. In March 2020, WHO has declared Covid-19 as pandemic. Recorded 7,8 cases of the first Covid-19 in Indonesia which was confirmed on 2 March 2020 to July 2020 approx. 68 thousand cases of Covid-19 and 3359 death cases .

The Covid-19 pandemic has disrupted all health services, mainly immunization services. (WHO Indonesia, 2020)

The Indonesian government has taken a number of steps in preventing and controlling COVID-19 and increasing the capacity of the health system in the current pandemic situation. Efforts that have been carried out by the government include the application of physical distancing (maintaining a distance of 1-2 meters) and other interventions to limit the spread of COVID-19 such as isolation of suspected cases of Covid-19; travel restrictions on domestic and international routes; prohibiting gathering or group activities; closure of public places such as schools, places of worship, workplaces, restaurants, and so on. Currently, the Indonesian government has implemented Large-Scale Social Restrictions (LSCR) in several areas as an effort to limit the spread of the disease more effectively. (UNICEF, 2020)

During a pandemic like today, people hope that a vaccine will be available soon and experts around the world seem to be competing to find a vaccine. But of course we understand that the vaccine development process takes a long time. On the other hand, when the burden of diseases that can be prevented by immunization has begun to

decrease, people often forget or even avoid the immunization program.

This condition also affects the schedule and procedures for immunization services, both in integrated services, public health centers, and in other health facilities, including the private sector. A number of parents are worried about immunizing their children, and not a few health workers are hesitant in providing immunization services in the midst of the COVID-19 pandemic, this could be due to ignorance or because there are no available technical instructions. (Health Ministry of Indonesia Republic, 2020)

In April 2020, the Ministry of Health in collaboration with UNICEF conducted a rapid assessment with an online survey of 5329 health centers in 388 districts/cities in Indonesia. The survey results show that approximately 84% of health facilities for immunization services have experienced significant disruptions due to the Covid-19 outbreak and government policies in implementing physical distancing. Cumulatively, immunization services were disrupted in more than 90% of Integrated Services and 65% of Public Health Centers. Disruption to immunization services is caused by various reasons, such as a lack of understanding of the Ministry of Health guidelines, the large risk of Covid-19 transmission in the puskesmas area, lack of funds due to the transfer of support to the pandemic response plan, the limited number of experienced vaccinators assigned to handle the Covid-19 pandemic, disruptions to immunization services. transportation due to travel restrictions, and school closures. The Covid-19 pandemic has greatly affected the decline in immunization coverage rates and DCPI surveillance performance in Indonesia.

Data on immunization coverage from January to April 2020 compared to 2019 in the same period showed a decrease from 0.5% to 87%. In OPV4 coverage, the largest decrease (46.5%) occurred in April 2020 compared to April 2019. Acute Flacyd Surveillance

Paralysis (AFP) showed a 56.8% decrease in AFP case finding during the Covid-19 pandemic (January-May 2020) compared to 2019. (UNICEF, 2020)

If this condition continues, the national immunization coverage will decrease, so that community immunity is no longer formed and in the end this low immunization coverage can cause DCPI outbreaks such as Measles, Rubella, Diphtheria, Polio and others. Of course, this will be a double burden for the community and the country in the midst of the ongoing COVID-19 pandemic. (Ministry of Health RI, 2020)

The description above shows that currently the world, especially in Indonesia, is experiencing a health crisis that has an impact on the decline in health services, one of which is immunization. As research conducted by Andini et.al (2020) showed that in June and July complete basic immunization was given to 60 babies (65.2%) and incomplete basic immunization was given to 32 (34.8%).

Based on the results of the pre-survey from January to August at the Karang Anyar Public Health Center in 2021, there was a decrease in immunization coverage. One of the factors causing the decline in immunization coverage is the unavailability of vaccines.

The purpose of this study is to know the analysis of immunization administration during the covid-19 pandemic.

RESEARCH METHODOLOGY

This research uses qualitative or naturalistic methods because it is carried out in natural conditions. Sugiyono (2016) suggests that qualitative research methods are research methods used to examine the condition of natural objects, where the researcher is the key instrument, data collection techniques are carried out by triangulation (combined), data analysis is inductive, and qualitative research results emphasize more meaning rather than generalization. In this study the sampling technique used is purposive sampling. Informants are grouped into key informants and other informants. Key informants can be interpreted as initial informants, namely choosing people who can recognize the overall field broadly and are classified as intelligent, mastering or understanding informants and having in-depth knowledge. (Sugiyono, 2013) The key informants in this study were the immunization program implementers.

In qualitative research, the instrument or the research is the researcher himself. Researchers become human instruments that function to determine the focus of research, select informants as resources, collect data, assess data quality, analyze data, interpret data and draw conclusions. Data collection techniques by conducting in-depth

observation interviews, audio and visual material documents.

Analysis of the data in this study by processing and preparing the data, reading the entire data, coding the data, applying the coding process to describe settings, people, categories, and themes to be analyzed, Showing how the descriptions and themes of these themes will be presented return in qualitative narratives/reports, and interpret data (Creswell, 2013)

RESEARCH RESULTS

Characteristics of Respondents

Based on table 1 the characteristics of the main informants obtained are the age of the women, education, and the age of the baby. The oldest age of the informant is 30 years, while the youngest age of the informant is 18 years. The educational background of the informants comes from different levels of education; the highest education completed is SMA, while the lowest education is SMP.

Table 1
Main Informant Characteristics

Informant Name	Woman Age (Years)	Education	Baby Age (Months)
P1	25	Senior High School	1
P2	27	Senior High School	6
P3	28	Senior High School	10
P4	21	Junior High School	1
P5	27	Senior High School	5
P6	22	Junior High School	5
P7	25	Senior High School	3
P8	21	Junior High School	4
P9	29	Senior High School	5
P10	23	Junior High School	8
P11	18	Junior High School	6
P12	30	Junior High School	6
P13	24	Junior High School	3
P14	25	Junior High School	5

Supporting informants in this study consisted of the main informant's family, health workers/midwives, and cadres of Karang Anyar Public Health Center of Jatiagung, South Lampung. The selection of families to become supporting informants was taken based on answers from the main informants regarding the implementation of immunization during the Covid-19 pandemic. The characteristics obtained are age, education, and status with the main informant. Supporting informants from the closest family have the youngest age of 28 years and the oldest 64 years old.

Health workers who became supporting informants in this study were midwives with characteristics consisting of age, education and occupation.

Table 2
Characteristics of Supporting Informants

Informant Name	Age (Years)	Education	Status
R1	64	High School	Mother-in-law
R2	34	Bachelor Degree	Husband
R4	30	Elementary School	Husband
R7	50	Senior High School	Mother
R8	60	Junior High School	Mother-in-law
R9	32	Junior High School	Husband
R11	47	Junior High School	Mother-in-law
R12	33	Senior High School	Husband
R13	49	Junior High School	Mother
R14	48	Elementary School	Mother
B1	39	Associate Degree	Midwife
B2	59	Applied Bachelor	Midwife
B3	28	Associate Degree	Midwife
K1	48	Senior High School	Cadre
K2	44	Senior High School	Cadre

Table 3
Characteristics of Key Informants

Informants	Age (Years)	Education	Occupation
PG	45	Bachelor	Immunization Program Practitioner

From the Table 3 it can be inferred that the key informant was the practitioner of the Immunization Program at the Karang Anyar Health Center of Jatiagung of Lampung Selatan.

RESULT ANALYSIS

Implementation of Immunization during a Pandemic

Based on the results of the interview, it can be seen that most of the informants did not carry out immunizations during the Covid-19 pandemic. The various reasons given by the informants varied, including saying that there was anxiety, fear, worry when bringing children for immunization.

Most of the informants revealed that the immunization vaccine was not available during the Covid-19 pandemic.

The informant's statement is described as follows:

"I'm afraid if you come because it's a time like this, I'm afraid that the virus will catch on later, I'm afraid that many people are dying right now. Because I know that at the integrated services, it's really crowded, I'm afraid I can't keep my distance."

"I'm worried, ma'am, because it's times like this, so going to the integrated services is scary, because sometimes there are fish that open masks because they're talking, we're not used to wearing

masks and we don't know what the virus is, where are watching the news a lot, right? After all, we bring small children, they are easy to catch."

"Yesterday, I just came to the integrated services, but still, Ms. was wearing a mask, and then she came in the afternoon so it wouldn't be crowded, right, when it was afternoon, it was a bit quiet, many had gone home, but apparently the vaccine wasn't empty, the midwife said, so I didn't get it. the immunizations."

This is also done by the informant on the basis of advice from the closest family, either from the mother-in-law, biological mother, or husband. Because when immunizing there is a fear and worry about contracting a virus that is endemic, here are some statements from the informant's family:

"Yes ma'am, I can't come to the integrated services because I'm afraid that rich people are like this, where is it too crowded? It's scary, Ms. the virus, I'm not afraid, especially if it's a small child, right."

"At that time, Ms. came to the integrated services when her sister was 4 months old, she came a long way from the others but the immunizations were empty, yo Wes Bali Meneh."

"You don't dare to bring a baby, this is a busy place, then we don't know what the health protocol is, right, we've taken care of it, but the others aren't necessarily guarded."

That person (mother-in-law or biological mother) is the closest person in the family, especially in Indonesia, the presence of parents as decision makers is also often used by children or in-laws as people who help in taking care of their children. As parents, in-laws can also influence mothers in the implementation of immunization. The recommendation from the mother-in-law also strengthened the informants in carrying out immunizations. The Covid-19 pandemic is a factor of anxiety, worry and fear in immunizing babies. (Ministry of Health of the Republic of Indonesia & UNICEF Indonesia., 2020)

Various reasons were conveyed by health workers/midwives, cadres about the obstacles to supporting the immunization program during the Covid-19 pandemic. Here are some statements from health workers/midwives:

"Yes, ma'am, during this pandemic, the person who came to the integrated services was quiet because they might be afraid to come, even if

someone who came also finished the examination, they went straight home, so they didn't gather here."

"The problem is, Ms. the public is afraid because of this pandemic, and at the beginning of the pandemic, the integrated services was closed because of the PSBB, you can't gather like that, it's just that it's not long, it's only for 1 period, it's not open, then lately it's the vaccine is not available, there was yesterday the penta vaccine, there was no BCG."

"Yes, of course, the problem is that many don't want to come to the integrated services because they are afraid, so the name is like this, sis, so it's also natural if you are afraid to come."

Role of Health Workers

During the COVID-19 pandemic, as it is now, immunization should continue and be carried out according to the immunization schedule to protect children from DCPI. Here the role of health workers is needed in the immunization program so that it can continue to run. From the results of interviews with informants to get immunizations there are those who are just waiting for integrated services activities or the presence of a vaccine and those who have costs will come to health care places such as midwives/clinics. Here are some statements from informants:

"Yes, I want to always immunize, the name is also for children's health, sis, but if this is the situation, we are also confused, so yesterday when the vaccine wasn't available, we waited even though it wasn't the right age, so the immunizations weren't complete because of her age. ."

"Yes, even though I'm afraid, I still think about immunizing my baby, so I came to the midwife for immunization because the midwife wasn't very busy, so it was more comfortable."

"Yes, I'm already waiting, madam, if the virus has subsided, I'll take my child for immunization, but if it's still this is how it is, I don't dare."

"It's not complete, right, I'm afraid to take it, yesterday also said the immunization was empty, okay, but hopefully this virus will disappear quickly, so who knows my child will get the last immunization."

This is supported by statements submitted by health workers/midwives:

"Because yesterday the vaccine was empty, so many vaccines were delayed too, it's not

according to the age of the baby and the vaccine is there"

Also, the curlyhead who has money usually comes to the clinic/midwife so that she can complete her immunizations."

"In my practice, I look for vaccines from other practice places where the target has been achieved so there are leftovers, so patients who come to my practice can still get immunizations, and they are also more comfortable when they come to the midwife/clinic because they say they can keep their distance."

Health Service Center

Health care facilities are the places that play the most role in the implementation of immunization so that there is a need for strict health protocols in implementation. In terms of maintaining health protocols in health service places, especially integrated services, namely by maintaining distance, washing hands, using masks for cadres, health workers, and the community. This is in accordance with the statement submitted by the informant:

"In the integrated services, the health protocol is maintained, Ms. So, there is a place to wash hands, everyone wears masks, keep your distance when waiting for your turn but sometimes when you're finished, you go straight home, so it's not like it's usually very crowded to gather like that."

"Yes, ma'am, if you go to the integrated services, bring your own cloth to weigh it, so you don't use the ones from the integrated services, you all use masks, so the protocol is still maintained."

"Yes, if the protocol is still at the integrated services, please take care, Ms."

This is also in line with what the immunization program holder said:

"The policy carried out during the pandemic at the integrated services is definitely a strict health protocol, sis, so the people who come are comfortable, then bring their own cloth to replace the cloth for weighing. We also have to take care, especially if we are health workers who are directly involved in the community."

DISCUSSION

Implementation of Immunization during a Pandemic

Since Indonesia reported cases of Covid-19 in March 2020, the coverage of basic immunization

to prevent diseases in children has been decreasing. For example, immunization coverage rates (DCPI) and measles and rubella (MR1) decreased by more than 35% in May 2020 compared to the same time period in the previous year. (Velga, et al.2020)

The implementation of immunization during the Covid-19 pandemic experienced many obstacles, namely most of the informants who stated that there was a sense of worry, anxiety and fear when bringing their children to health facilities. Fear of contracting Covid-19 especially by bringing babies who are very vulnerable to contracting the virus, fear of news circulating that many have died, making people afraid to come to crowded health facilities and it is difficult to keep their distance.

This is in line with research by Velga, et al in 2020 which showed parents were worried and worried about safety during immunization services, with the results of the study being 6.5% not anxious, 39.0% having moderate anxiety, 51.9% having moderate anxiety and 2, 6% had severe anxiety.

According to research (Pambudi et al., 2021), another reason for the decline in immunization delivery is the fear of children being infected with Covid-19 due to visits to hospitals (52.9%) and suspecting that their children will be treated by the same officer as the medical team. Covid-19.

Nearly 82% reported the need to receive accurate information from the government about the provision of safe immunization services and the need for the Ministry of Health to ensure that health workers implement health protocols in accordance with the standards recommended by the government so that parents do not have worries and anxieties about bringing their children for immunization to the service. nearest health (Ministry of Health RI, 2020)

The decline in immunization coverage in Indonesia was caused by the impact of Covid-19 as described in the WHO Indonesia Situation Report-13, which was 10-40% in March-April 2020. (WHO Indonesia). The Director of Health Surveillance and Quarantine, the Indonesian Ministry of Health, said that almost 83.9% of health services, especially the Immunization Program, were stopped due to the Covid-19 pandemic. (Nurhasanah, 2021)

Family support is a form of support provided by the family in giving attention, affection, empathy, attitudes, actions and family acceptance of sick people. The high level of family support, especially husbands, in adherence to basic immunization of

children plays a very important role in forming a compliance in the mother because with the support it makes conditions in the mother appear, directed and maintain behavior to obey in giving immunizations according to a predetermined age. (Astari and Nurlaela, 2020)

Another obstacle is the role of the family in the implementation of immunization during the pandemic, most of the supporting informants said that there was a fear of having to come to the integrated services, afraid of being infected with the virus.

The results of this study are in line with Velga et al (2020) showing that family support is very important in providing immunization during the pandemic, with the results that 58.4% have family support and 41.6% do not have family support.

According to research (Diharja et al., 2020), it was found that the majority of respondents who received support from their families to make immunization visits at Integrated services in 2020 were 84.60%. Family support is one of the reinforcing elements for the occurrence of a person's or community's health behavior. In the paternalistic structure of Indonesian society, the role of the husband or parents, the immediate family of the mother is very decisive in the selection of health care facilities.

Role of Health Officer

Good service from health workers who are friendly, kind and always provide information about the importance of immunization can affect the arrival of parents to health facilities. Health workers play a very important role in dealing with the Covid-19 pandemic. Apart from handling the increasing number of cases, health workers also pay attention to other health programs such as echoing the importance of immunization and ensuring that every child gets immunized to avoid other infectious diseases. During this Covid-19 pandemic, immunizations must still be completed according to schedule to prevent children from being exposed to DCPI. (Nurhasanah, 2021)

The causes of this decline in immunization coverage are parents' fear, lockdown regulations, health workers are busy with Covid-19 services and logistical problems, such as distributing vaccines to health facilities. (Mukhi & Medise, 2021)

Most of the informants said that there were several months of empty vaccines so that they could not immunize at the Integrated services, it was also reinforced by the cadre's statement that the vaccine was empty so that the integrated services was only for weighing, as well as what was conveyed by the midwife holding the immunization program that the BCG vaccine, Penta was empty so that cannot do immunizations at the integrated services, so people who want to continue to receive immunizations go to the nearest midwife/clinic.

This can happen because of the unavailability of immunization services, especially at the integrated services and puskesmas levels. Taken together, this reflects the high demand for immunization where parents are looking for alternative health care facilities that offer immunization services that they feel are safe. (UNICEF, 2020)

Health Service Center

Several strategies have been set to carry out basic immunizations safely and prevent the spread of Covid-19, including arranging an arrival schedule so that children don't gather too long. In areas with high Covid-19 cases, it is attempted to have officers who ask if there is contact with family members or neighbors who are being treated at the hospital because they are suffering from Covid-19. If there is a history of contact being served in accordance with the procedures determined by the Ministry of Health, it is attempted to have officers who manage to separate sick children from healthy children who will be immunized into different waiting rooms and service rooms, provide hand sanitizer or hand washing basins with soap and running water, provide ventilation. The good thing is to adjust the waiting room chair distance of 1-2 meters between the waiters, away from people who are coughing colds. Areas with widespread transmission of Covid-19 if it is not possible to give immunizations to infants and children, it can be postponed for 1 month, but given immediately if the situation allows. IDAI also advises doctors and health workers who are over 65 years of age not to deal directly with patients, but can actively help disseminate things related to the prevention of the Covid-19 pandemic and its relationship with immunization programs or other media. (Irawati, 2020) All informants said that at the Integrated services the health protocols were still carried out, there were four hand washing, social distancing

seats, hand sanitizers, and the use of masks for both health workers and the public. Health workers also support statements from key informants that they will continue to carry out health protocols according to established procedures.

This is also supported by the results of Sreshta and Bernie's research in 2021 that 82.4% of health worker respondents admitted that they had appropriate personal protective equipment/PPE for immunization. The highest rates were found in Puskesmas, followed by private clinics and hospitals. The problem of the availability of PPE is also a global problem and is found in both developing and developed countries due to the very rapid increase in Covid-19 cases, especially at the beginning of the pandemic.

There are many technical reasons for the decline in the profile of routine immunization outcomes during the pandemic. Restrictions on the mobilization of citizens to open Integrated services and suspension of vaccine distribution also hampered the reach of immunization coverage. The availability of Personal Protective Equipment (PPE) and health workers for vaccination is increasingly scarce because the allocation of their placement to the Covid-19 response task force has exacerbated the problem of basic immunization services and follow-up immunizations for children under two years. (Suwantika, 2020).

CONCLUSION

The implementation of the immunization program at the Karang Anyar Jati Agung Health Center experienced a decrease in coverage because the community had a fear of coming to the Integrated services, the anxiety of parents and families as well as the lack of vaccine availability and no vaccine available for several months.

SUGGESTION

It is hoped that the community will not be afraid but remain vigilant in dealing with the Covid-19 virus and children will still come to the integrated services and get basic immunizations so that they are avoided from DCPI and the procurement of immunization vaccines will continue so that children continue to receive immunizations according to their age.

ACKNOELDAGEMENT

I would like to thank the Regional II Higher Education Service Institute (LLDikti II) which has given me the opportunity to get a grant as a novice lecturer in 2021. I also thank the parties involved in the course of my research.

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