

Communication strategies for private immunization in Brazil: a case study on Instagram

Estratégias de comunicação de imunização privada no Brasil: um estudo de caso no Instagram

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ABSTRACT: *In this study, we analyze the communication strategies of a private vaccination clinic on Instagram, discussing their implications for the right to communication and the right to health. The objective is to understand how the digital presence of this clinic creates discourses of differentiation in relation to the National Immunization Program. A qualitative approach is adopted, involving a case study and analysis of 18 posts published on Instagram, between January and April 2026, regarding the vaccination of children aged 0 to 12 months. According to the results, considering the content, private vaccination is associated with ideas of enhanced protection, convenience, personalized care, and medical authority. We conclude that the expansion of private clinics reinforces debates about the commodification of health care and inequalities in access to preventive care.*

Keywords: *vaccines; National Immunization Program (PNI); Brazilian Unified Health System; right to communication; Instagram.*

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RESUMO: Neste trabalho, analisamos as estratégias de comunicação de uma clínica privada de vacinação no Instagram, discutindo suas implicações para o direito à comunicação e à saúde. O objetivo é compreender como a presença digital desta clínica constrói discursos de diferenciação em relação ao Programa Nacional de Imunizações. Adota-se abordagem qualitativa, com estudo de caso e análise de 18 publicações realizadas no Instagram, veiculadas entre janeiro e abril de 2026, sobre a vacinação de crianças de 0 a 12 meses. De acordo com os resultados, os conteúdos associam a vacinação privada a ideias de proteção ampliada, conveniência, personalização do atendimento e autoridade médica. Concluimos que a expansão das clínicas privadas reforça debates sobre mercantilização da saúde e desigualdades no acesso à prevenção.

Palavra-chave: vacinas; Programa Nacional de Imunizações (PNI); Sistema Único de Saúde; direito à comunicação; Instagram.

Introduction

Vaccination is one of the most effective strategies for disease prevention and, as such, constitutes a universal public good and an essential component of the right to health and citizenship. In Brazil, the National Immunization Program (*Programa Nacional de Imunizações* — PNI) was established in 1973 to coordinate vaccination efforts, becoming an important public health policy of the Ministry of Health. Since 1990, childhood vaccination in cases recommended by health authorities has been mandatory, in accordance with the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente* — ECA) (BRASIL, 1990). Alongside government action, the private vaccination market has expanded, driven by the availability of differentiated vaccines, new technologies, and personalized services.

Thus, in this article, we aimed to understand the communication strategies employed by a private vaccination company on Instagram, the third most widely used digital platform in Brazil (NEWMAN *et al.*, 2025), to persuade parents and guardians responsible for the immunization of children aged 0 to 12 months. We seek to understand how Vaccini's digital presence constructs a discourse of differentiation in relation to the PNI. The specific objectives are to identify the main arguments employed by the company, analyze how the differences between private vaccines and those provided free of charge by the PNI are created, and identify the communication strategies adopted by the company on Instagram.

The study is based on the hypothesis that Vaccini's communication strategies promote vaccines in ways that construct protection as a differentiated consumer good, emphasizing attributes—such as personalization, convenience, technological innovation, and greater protection—while relegating information about immunization via the Brazilian Unified Health System (SUS) to a secondary position. This shift links health to the logic of hyperconsumption (GILLES LIPOVETSKY, 2018), in which society is increasingly guided by the consumption of experiences. In this context, health and prevention are marked by anxiety and

self-management. The management of the body becomes central, and individuals become responsible for managing their health in pursuit of safety and well-being. As the author observes, this process also involves the act of “buying health,” incorporating products and services into individual practices of prevention and protection.

This promotion of vaccines available at the private sector, based on scientific information and without additional details regarding the availability of these vaccines in the SUS, may create a disconnect that could misinform citizens about the SUS itself. As Recuero (2024) argues, misinformation consists of information that generates noise and disorganization, potentially harming social actors and undermining public trust, often in the service of political or economic interests.

Guided by the principles of universality, equity, and comprehensiveness that underpin the SUS (BRASIL, 2025b), the PNI provides, free of charge, approximately 11 vaccines for children from birth to one year of age, according to the 2026 National Vaccination Schedule, distributed across 22 doses during the first year of life (BRASIL, 2025a). Among the vaccines offered to this age group exclusively by the SUS, as of June 2026, the BCG vaccine and the COVID-19 vaccine stand out. In 2025, more than 89 million doses were administered across the country, with vaccination coverage increasing for 15 of the 16 vaccines included in the childhood immunization schedule (BRASIL, 2025c).

In this study, we focus on the vaccination of children under one year of age, a stage during which children are particularly susceptible to vaccine-preventable diseases (FREITAS *et al.*, 2022) and in which families begin to interact with vaccination services for infants, whether public or private. “Researchers indicate that family involvement, combined with recommendations from health professionals, is one of the most decisive factors in maintaining high vaccination coverage” (GOMES *et al.*, 2026, p. 2064, our translation) It is worth noting that the relationship families develop with vaccination at this stage of life can be considered a predictor of how they may approach immunization at other stages of childcare (BOLTON *et al.*, 1998).

Although health is a right for all, guaranteed by the 1988 Federal Constitution, the SUS has faced informational disputes that have reinforced the circulation of dissenting voices regarding health as a right (PINTO; SALOMÃO; BEZERRA, 2024), a tension generated particularly by the expansion of commercial interests. The first private vaccination clinics in Brazil emerged in the 1970s through the association between private medical practices and the provision of vaccines. Although these clinics initially offered the same vaccines as the public system, this complementary arrangement began to change as early as the 1980s, when new vaccines began to be developed more rapidly than the process of incorporating them into the PNI (TEMPORÃO, 2003). The effects of this coexistence between private clinics and public vaccination centers were documented by Moraes *et al.* (2000), who identified a significant variation in the use of private vaccination services in São Paulo based on household income.

Regarding the commodification of health care by the private immunization market, Temporão (2003) states that certain segments of the population began to turn to the private sector, searching for specialized care and access to technologically-advanced products or those not provided by the government. In 1985, the National Program for Self-Sufficiency in Immunobiologicals (*Programa Nacional de Autossuficiência em Imunobiológicos* — PASNI) was created with the goal of reducing external dependence on vaccines and serums. However, as Guimarães (2021, p. 1849, our translation) argues, the emergence of these programs was, from the outset, linked “to proposals for indiscriminate trade liberalization, aligned with productive and financial globalization.” According to Paim (2009), these developments occurred during a phase of consolidation in Brazil’s supplemental health care sector, marked by the sale of health insurance and the growth of the private sector. It is estimated that there are approximately 4,000 private vaccination clinics in Brazil, a market dependent on imported vaccines (GADELHA *et al.*, 2020).

Thus, while on the one hand the PNI’s objective is to make vaccines available throughout the country through a decentralized structure,

thereby contributing to the reduction of inequalities, on the other hand, the private system puts pressure on the principles of equity and universality of the SUS. “The field of public health has been, and continues to be, influenced by neoliberalism, whose logic calls for the weakening of public policies and favors a view of health as a market niche (as a commodity, rather than a right)” (SANTOS; BIANCO, 2024, p. 85, our translation).

The article is structured as follows: this introduction, a presentation of the methodology, a discussion of the results, and final considerations, in which the implications of the findings for the debate on vaccination, communication, and the right to health are revisited.

Methodology

This is a qualitative study; a case study methodology was employed (YIN, 2001), supplemented by a literature review on the topic and an analysis of regulatory documents related to vaccination. The research subject is the Vaccini clinic’s Instagram profile, focusing on posts published between January and April 2026. Although the clinic maintains a set of integrated communication channels, including a website, blog, and digital platforms (Facebook, YouTube, TikTok, and LinkedIn), in this study, we analyze the Instagram profile @vaccini_oficial, the company’s primary social media channel, which has 89,000 followers. Digital media performance and reach metrics were tracked using the NotJustAnalytics platform (NOT JUST ANALYTICS, 2026). For this study, the free version of the tool was used, which allows the analysis of the number of followers, average likes and comments, tone of posts, and target audience, data employed in this analysis.

The choice of this company is justified by its nationwide reach and the political influence of its medical director, pediatrician Isabella Ballalai, who served as director of the Brazilian Society of Immunization (*Sociedade Brasileira de Imunizações* — SBIIm) from 2015 to 2018, where she currently serves as second secretary, in addition to being a member of the Technical Advisory Committee on Immunizations in Rio de Janeiro.

Organized as a franchise, Vaccini has more than 20 locations spread across nine states¹. For this reason, the network constitutes a strategic case for analyzing how vaccination is communicated when framed within a market logic, especially since its operations combine the private provision of vaccines, the production of discourses that differentiate it from public vaccination programs, and a structured digital presence. This case study allows us to observe how attributes related to care and prevention are mobilized in the communication of a health service marketed in the digital environment.

Eight categories (Chart 1) were developed based on studies of health-related content on Instagram (PINTO *et al.*, 2020) and supplemented with topics relevant to this study. These categories highlight platform-specific characteristics and group elements to examine the employed strategies.

Chart 1 – Categories of analysis and their indicators.

Category	Indicators
Post reach	Likes, views and comments
Content formats	Reels, posts or carousels
Target audience	Parents, expectant mothers, families, adults, older adults or companies
Key topics	Vaccine prevention, information, comfort/convenience, expanded protection, personalization or safety
Vaccines	BCG, Hepatitis B, Pentavalent, Polio, Pneumococcal, Human Rotavirus, Meningococcal C, Influenza, COVID-19, Yellow Fever, Nirsevimab, MMR (SCR)
People featured in the images	Children, adults, families, healthcare professionals, older adults, influencers
Sales strategies	Advertising, partnerships with influencers or customer testimonials
Reference to SUS	Yes or no

Source: Prepared by the authors (2026).

1 Rio de Janeiro, Amapá, Espírito Santo, Maranhão, Mato Grosso do Sul, Minas Gerais, Pará, Santa Catarina, and São Paulo.

The data were compiled into an Excel spreadsheet (Microsoft). The research corpus consisted of 64 posts, including 25 reels, 22 carousels, and 17 static posts. For this analysis, 18 posts were selected based on the following criteria:

- targeting parents and pregnant women;
- addressing the vaccines offered during children's first year of life;
- addressing the importance of vaccination.

Parents and guardians are key stakeholders in these strategies, and this age group is central to the study, as it marks the beginning of the relationship with vaccines.

For the documentary analysis, documents on childhood vaccination in Brazil were considered, such as information available on the PNI portal and legislation related to the topic, including Law No. 14,675/2023 (on private vaccine companies) and the ECA. The *Guia de marketing e publicidade por influenciadores digitais*, published by the National Council for Advertising Self-Regulation (*Conselho Nacional Autorregulamentação Publicitária* — CONAR), was used to assess whether the partnerships identified on the profile complied with the applicable guidelines.

Results and Discussion

Based on an analysis of documents regarding childhood vaccination, we were able to identify two key differences between the vaccines offered to children aged 0 months to 1 year, residing in Brazil, in the private sector and in the SUS: the private sector offers additional or expanded vaccines and a smaller number of doses.

In the context of immunization during the first year of life for children residing in Brazil, private companies, as well as the PNI, offer 11 vaccines. This is because, although it does not provide the BCG or COVID-19 vaccines, the private system offers the Meningococcal B vaccine and the monoclonal antibody Nirsevimab for the prevention of the respiratory

syncytial virus (RSV). In addition, five vaccines are offered in expanded formulations (Hexavalent, Meningococcal ACWY, 15- or 20-Valent Pneumococcal, Pentavalent Rotavirus, and Quadrivalent Influenza). Regarding the number of doses, the PNI recommends approximately 22 doses, a figure similar to that in the private system (21). Although the total number of doses is similar between the two systems, Vaccini's communications emphasize greater coverage, vaccine combinations, and fewer injections (polio, included in the hexavalent vaccine). In this case, the similar number of doses is justified by the additional vaccines offered by the private system (under the premise of providing additional protection).

In its posts, Vaccini highlights the logistical advantages of the private model (home visits and flexible scheduling), positioning immunization within a framework of personalized consumer services. However, when discussing the vaccines offered by the PNI, this approach contrasts with the perspective of health as a right, achieved through the SUS. In the analyzed sample and on the @vaccini_oficial profile (bio, reels, highlights), there were no references to the SUS or to the free availability of vaccines under the PNI. The cost of vaccinating a child in their first year of life through the private sector is equivalent to approximately BRL 6,000. In a country marked by inequality in access to health care, this strategy of differentiating private vaccines may foster competition with the vaccines offered by the SUS. This tension may intensify information disputes regarding health and encourage the individualization of care (VAZ; PORTUGAL, 2013; PINTO; SALOMÃO; BEZERRA, 2024).

Vaccini illustrates how the private immunization market developed, in part, based on the narrative of gaps in the public vaccine supply. The clinic was founded in 1993 by pediatrician Isabella Ballalai to address the absence of the *Haemophilus influenzae* type b (Hib) vaccine in the SUS (VACCINI CLÍNICA DE VACINAÇÃO, 2026). The initiative, which began with campaigns in private daycare centers, gave rise to one of the first vaccination clinics in Rio de Janeiro. Currently, this vaccine is included in the PNI.

If the expansion of the private immunization market is linked to the offering of differentiated products and the rapid incorporation of

technologies, it is important to understand how this differentiation is communicated to the public. This is because communication plays a central role in building the value of private vaccination services, influencing perceptions regarding protection, safety, and convenience. As Vaz and Portugal (2013) argue, to sell more pharmaceutical products, it is necessary to increase the number of people who consider themselves sick or in need of medical care. To this end, pharmaceutical companies craft narratives with this objective in mind, employing various techniques that, in the case of Vaccini, include promoting the need for additional immunizations and consumption driven by personalization. This is what Gilles Lipovetsky (2018) defines as a symptom of hyper-consumption, characterized by hyperindividualism taking precedence over the collective good.

According to Araújo and Cardoso (2007), health communication in Brazil has been characterized by campaign-style and advertising-based approaches, which accompanied the process of the commodification of health throughout the 20th century. Although redemocratization incorporated principles—such as social participation, the right to information, and the democratization of communication into the debate—these advances came to coexist with the persistence of neoliberal and advertising-driven logics, resulting in health continuing to be framed, in many contexts, through strategies aimed at promoting services and products rather than as a right.

From January to April 2026, the Vaccini account published 64 posts on Instagram, averaging 26 likes and three comments per post. The posts were aimed at parents and family members of children, addressing topics related to prevention, information, and practicality. To build trust with the audience, the communication strategy relied on personal testimonials, the involvement of health care professionals, and the emphasis on individual experiences with vaccination. It is noteworthy that 39% of the posts did not mention specific vaccines, focusing instead on promoting vaccination itself and the services offered by the company. In Chart 2, we summarize the results:

Chart 2 – Posts on @vaccini_oficial.

Post analysis category		Indicators	Results
Post reach	Likes	Average number of likes for the 64 analyzed posts	26
	Views	Average number of views for the 64 analyzed posts	2,894
	Comments	Average number of comments for the 64 analyzed posts	3
Content format		Reels, carousel or post	Reels (25), carousel (22), and post (17).
Target audience		For whom this post is intended	Families (27), Parents (18), Adults (9), Older adults (4), Companies (4), and Expectant Mothers (2).
Key topics		What is the main topic of the post?	Vaccine prevention (34), Information (10), Comfort/Convenience (10), Expanded Protection (5), Personalization (4), and Safety (1).
Vaccines		Which vaccine was mentioned in the post?	Unspecified (25), Influenza (17), RSV (6), HPV (6), Meningococcal (3), Herpes Zoster (2), Dengue (2), Chickenpox (1), Newborn Screening (1), and Pneumococcal (1).
People featured in the images		What is the main image that appears on the post's cover?	Health care professional (15), Adults (12), Graphic image (11), Children (11), Isabella Ballalai (5), Influencers (5), Older adults (3), and Family (2).
Sales strategies		Since the company sells the vaccine, the direct offer via one of the company's sales channels constitutes advertising	Advertising (57), Partnerships with influencers (4), and Customer testimonials (3).
Reference to SUS		Direct reference to the SUS	SUS was not mentioned.

Source: Prepared by the authors (2026).

For the qualitative analysis, we selected 18 posts based on vaccination-related content aimed at children aged 0 to 1 year and directed at parents and pregnant women, as shown in Chart 3:

Chart 3 – Publications reviewed on @vaccini_oficial.

Post analysis category		Results
Average post reach	Likes	26
	Views	13,713
	Comments	30
Content format		Reels (4), carousel (11), and post (3)
Target audience		Parents (16), Expectant Mothers (2)
Key topics		Vaccine prevention (9), Comfort/Convenience (5), Information (2), Expanded Protection (1), and Personalization (1).
Vaccine		Unspecified (8), RSV (4), Meningococcal (3), Influenza (1), Chickenpox (1), and Pneumococcal (1).
People featured in the images		Children (11), Influencers (3), Adults (2), Health care professional (1), and Isabella Ballalai (1).
Sales strategies		Advertising (14), Partnerships with influencers (2), and Customer testimonials (2).

Source: Prepared by the authors (2026).

The posts primarily used the carousel format; however, reels generated the highest engagement rates, with 250,000 views. Among the four videos analyzed, two pieces of content produced in partnership with digital influencers and a video featuring Dr. Isabella Ballalai stood out. While most carousels received between 10 and 65 likes, the most-viewed reels surpassed 1,000 interactions.

The content with the widest reach did not focus on specific vaccines, but rather on narratives related to prevention, personal experience, and identification with digital influencers. According to the NotJustAnalytics

tool, the tone of the posts was classified as informative and empathetic, with reassuring elements. This perspective was confirmed in this study through the analysis of captions and images. The posts combined elements such as the use of images of health care professionals (2) and testimonials from family members of vaccinated children (2).

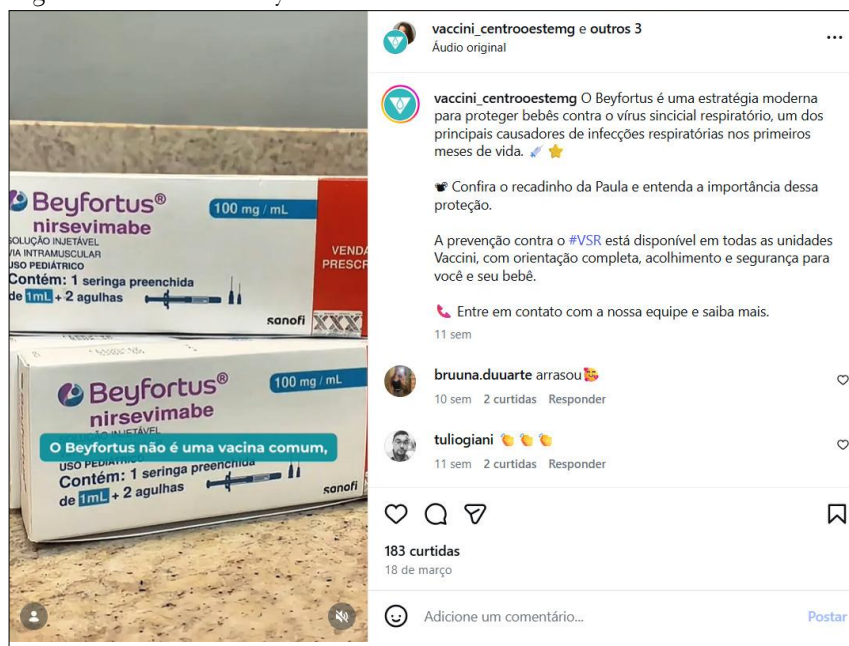
Burdinski *et al.* (2024) indicated that in Brazil, mothers who self-identify as white, aged 35 years or older, with a high level of education, paid employment, and belonging to socioeconomic classes A and B are the primary users of private vaccination services. However, in the analyzed sample, posts aimed at both parents predominated.

There are several arguments to justify the choice of private vaccines in the literature—such as the availability of new vaccines not yet incorporated into the PNI, shortages at SUS vaccination centers, and the convenience of private services such as flexible hours and home visits (BURDINSKI *et al.*, 2024). In the case of Vaccini, in addition to prevention, one of the main themes was comfort and convenience (present in five of the 18 pieces of content analyzed). This is because the company provides school, workplace, and home vaccination services so that the vaccine “reaches people where they are,” according to its institutional messaging. The company emphasizes its careful selection of vaccine suppliers, proper storage, and a patient-centered approach to administration.

Unlike the PNI, which operates based on a standardized vaccination schedule by age group, Vaccini follows the recommendations of the SBIIm and states that it conducts an individual assessment of each patient’s vaccination history. This is because private clinics have faster access to imported vaccines that are not yet available in the SUS. One example is the monoclonal antibody Beyfortus, which is not included in the PNI and is marketed as extra protection for newborns against the RSV. Beyfortus is the immunization product most frequently promoted by the company for the age group of 0 to 12 months, in four out of 18 posts, which helps reinforce the argument that the private system offers expanded protection.

According to Vaccini Clínica de Vacinação (2026), the PNI focuses on public health and preventable diseases from a community perspective; it is practically impossible to include a vaccine in the schedule if it is not available to the entire target population. “As such, some vaccines are only available in private vaccination services, such as Vaccini, [...] and are recommended by medical societies, such as the Brazilian Society of Pediatrics (SBP) and the Brazilian Society of Immunization (SBIIm)” (VACCINI CLÍNICA DE VACINAÇÃO, 2026, our translation). In Figure 1, we illustrate the recommendation for Beyfortus, indicating that this is not a routine vaccine but rather an additional layer of protection for newborns, only available in private providers. The video was produced by a health care professional to lend credibility and reliability to the argument.

Figure 1 – Post about Beyfortus.



Source: Available at: https://www.instagram.com/reel/DWB-74wkV6h/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==. Accessed on June 5, 2026.

In addition to the so-called “more modern” vaccines that are not available in the SUS, such as the Meningococcal B vaccine, the company offers traditional vaccines, “creating a space for ‘competition’ with the public sector” (TEMPORÃO, 2003, p. 1329, our translation). The clinic argues that its vaccines are distinguished by a combination of immunogens, meaning fewer injections; protection against more strains and serotypes of infectious agents; a lower risk of adverse effects because it uses acellular vaccines; and a greater number of additional doses (greater protection). The vaccines that appear most frequently in posts for the analyzed age group are: RSV (4), Meningococcal (3), Influenza (1), Chickenpox (1), and Pneumococcal (1), all of which are offered in expanded and combined forms compared to the vaccines provided by the SUS.

Regarding persuasion strategies, the issues of medical authority and trust were central to the profile; however, the presence of digital influencers as part of this process was also observed. Doctors were enlisted to lend credibility to the message. Ballalai and physicians from the clinics appeared in the videos. According to a study conducted by Gomes *et al.* (2026), health care professionals as primary sources of information about vaccines, together with the influence of trusted individuals, are among the main factors associated with increased vaccination uptake.

Another employed strategy was the use of personal testimonials to build trust, with an emphasis on community and mutual support, conveyed through statements from people who identified themselves as clients of the facility. This is because “there is a growing tendency to place less trust in discourse based on evidence and scientific methods than in that based on experience” (SACRAMENTO; PAIVA, 2020, p. 82, our translation).

Of the 18 posts analyzed, 11 feature images of children as a central element. In all cases, they appear alone or as the main focus of the photograph, without the presence of family members or health care professionals. The images are accompanied by messages about

prevention, vaccination, or protection against specific diseases. In some posts, children appear during or after vaccination, celebrating the procedure through “certificates of courage” and other forms of symbolic recognition. In others, digital influencers document the vaccination experience of relatives, transforming the act of vaccination into a personal account shared with their followers. Unlike the public health perspective, which emphasizes the collective benefits of immunization, the analyzed content focuses on the individual protection of the child, family care, and parents’ responsibility for disease prevention (Figure 2).

Figure 2 – Certificate of courage.



Source: Available at: https://www.instagram.com/p/DVeLW5aCYXC/?utm_source=ig_web_copy_link&igsh=MzRIODBiNWFlZA==. Accessed on June 5, 2026.

Based on the recurring presence of digital influencers in the content, it was possible to infer the existence of partnerships with these creators. In the sample, two posts were identified in collaboration with Paralympic athlete and influencer Jessyca Oliveira (@jessyborg.

oficial). With 450,000 followers, her content focuses on her journey of overcoming adversity after surviving meningitis. Every month, she documents her nephew's vaccination at Vaccini, highlighting the benefits of the clinic's vaccines through posts that reach over 170,000 views. The posts do not disclose whether the collaboration was paid or constituted advertising, despite CONAR's (2026) disclosure requirements (Figure 3).

Figure 3 – Vaccination with influencer Jessyca Oliveira.



Source: Available at: https://www.instagram.com/reel/DW46kW0kXyT/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==. Accessed on July 5, 2026.

As for the sales process, Vaccini does not use a dedicated scheduling app, but instead handles appointments via WhatsApp, email, and an online form. This is because the sales process is consultative and personalized, beginning with an initial consultation to identify each person's needs. The company has a blog where it

shares content on vaccines, e-books, and other digital strategies for customer acquisition, in addition to using email marketing and paid ads on digital media.

Final considerations

In this study, we sought to understand how the Vaccini clinic used Instagram to promote its services and differentiate itself from the PNI. Considering the results, its communication strategy relies primarily on arguments regarding enhanced protection, comfort, convenience, and personalized care, combined with the frequent use of health care professionals, digital influencers, and family testimonials as strategies for building trust. Private vaccination is no longer merely a complementary alternative, but has become part of broader dynamics of the commodification of health, as per the findings.

In this context, there is a shift in vaccination from a collective public health practice toward a logic of individual consumption of protection and parental responsibility, confirming the trend toward the individualization of care identified by Vaz and Portugal (2013). The company's messaging reinforces values associated with convenience, personalized care, and access to technologies considered more modern. These arguments echo Gilles Lipovetsky's (2018) perspective of health as an experience of self-management, contributing to the perception that certain forms of immunization are superior to those offered by the SUS. In Brazil, the rise of this private perspective runs counter to the principles of the SUS such as universality (health is a right for all) and equity (treating unequal groups differently so that the most vulnerable groups can access health care). The company's Instagram profile was used to forge a connection between the brand and its audience through posts encouraging preventive care. The digital space encouraged users to engage further through external links to email, WhatsApp chats, and informational content such as e-books tailored to different life stages. The digital channel directed users to the website and other platforms.

Upon analyzing the company's profile, two significant gaps were observed from an ethical and legal standpoint. The presence of digital influencers identified in this study drew attention, as the potential media partnership was not disclosed in the posts as required by CONAR guidelines (2026), which is an important issue to be addressed in the future. It should be reiterated that no mentions of the SUS or the PNI were found in the digital environment. Although the clinic promotes content in favor of vaccination, the lack of information about the vaccines provided free of charge by the SUS limits understanding of the PNI. As provided for in Law No. 14,675/2023, establishments that sell vaccines must prominently display the SUS vaccination schedule. However, in addition to following a different schedule, the company does not comply with this requirement, which may create a competitive dynamic with the public system.

The study is limited by its narrow time frame and its focus on a single digital platform. Nevertheless, the findings reinforce the need to expand research and reflect on the relationships between communication, the market, and the right to health. In a context marked by information disputes and challenges to maintaining trust in health care institutions, the way private services communicate their unique selling points can produce effects that go beyond commercial logic and influence perceptions of the public health system itself.

Within the scope of this study, it was not possible to determine whether such strategies directly affect the public's trust in the SUS or contribute to disinformation processes (PINTO; SALOMÃO; BEZERRA, 2024). However, the absence of references to the role of the PNI and to the vaccines offered free of charge by the government raises a relevant issue that warrants further investigation in future research.

Finally, it is argued that vaccination should be understood not merely as a service or consumer product, but as a social right and a fundamental public policy for reducing health inequalities. In this sense, strengthening communication committed to the public interest remains a central challenge for the fields of health and communication.

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