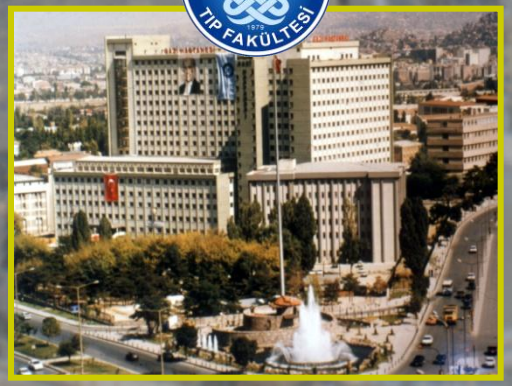
AKILCI AŞI UYGULAMALARI

Prof Dr. Esin ŞENOL

Uzm. Hemş. Fatma ÖZER



GAZİ ÜNİVERSİTESİ TIP FAKÜLTESİ ERİŞKİN BAĞIŞIKLAMA MERKEZİ- (1994-)

ERİŞKİN AŞI MERKEZİ-2010


PROF.DR.FİRDEVS AKTAŞ
PROF.DR.KENAN HIZEL
UZM.HEM.ZELİHA HALICI

Sağlık Çalışanları Aşılaması

İnfeksiyon Riski Değerlendirmesi Yaptırınız…

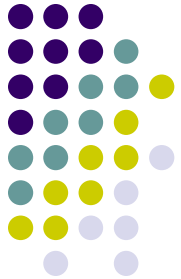
- **Duyarlı olduğunuz infeksiyonları saptayınız.**
- **Aşılama yaptırınız.**
- **Sağlık Çalışanları İnfeksiyon Kontrol Polikliniği**

Tel: 5431

İyi Yapılandırılmış Sağlık Çalışanları Polikliniği

YENİ İŞE BAŞLAYANA AŞI KARTI HEDİYE ET!

Aşı Merkezi



- Kayıt formları
- Aşılar ile ilgili genel bilgiler
- Aşı kontrendikasyonu ve yan etkiler ile ilgili bilgiler
- Aşılama öncesi sorulacak sorular

Immunization Programs for Infants, Children, Adolescents, and Adults: Clinical Practice Guidelines by the Infectious Diseases Society of America

Larry K. Pickering,[1] Carol J. Baker, Gary L. Freed, Stanley A. Gall, Stanley E. Grogg, Gregory A. Poland, Lance E. Rodewald, William Schaffner, Patricia Stinchfield, Litjen Tan, Richard K. Zimmerman, and Walter A. Orenstein

Clinical Infectious Diseases 2009; 49:817–40

Bone Marrow Transplantation (2009) 44, 521–526

www.nature.com/bmt

GUIDELINES

Vaccination of hematopoietic cell transplant recipients

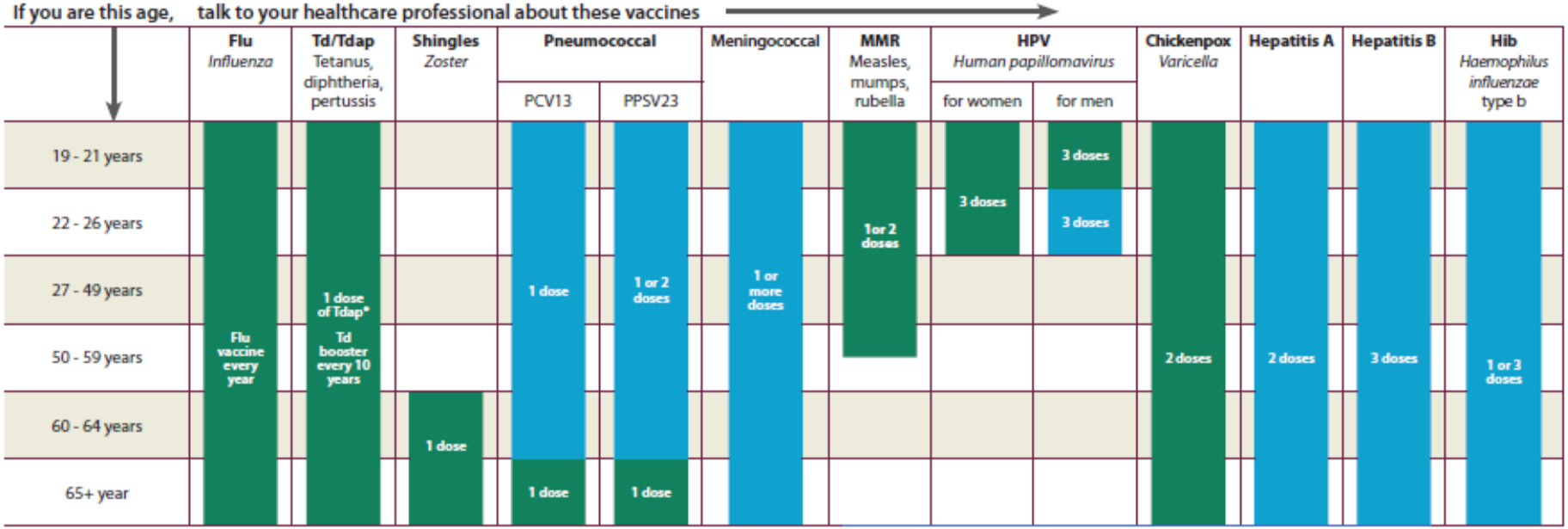
P Ljungman[1], C Cordonnier[2], H Einsele[3], J Englund[4], CM Machado[5], J Storek[6] and T Small[7]

CLINICAL GUIDELINES | Annals of Internal Medicine

Recommended Adult Immunization Schedule: United States, 2010*

Advisory Committee on Immunization Practicest

2014 Recommended Immunizations for Adults: **By Age**



More Information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines is right for you.

* If you are pregnant, you should get a Tdap vaccine during the **3rd trimester of every pregnancy** to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

Your healthcare professional will let you know how many doses you need.

Recommended for you if you did not get it when you were a child.

If you were born in 1957 or after, and don't have a record of being vaccinated or having had measles, mumps and rubella, talk to your healthcare professional about how many doses you may need.

There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.

If you are a male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.

Your healthcare professional will let you know how many doses you need.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

This easy-to-read schedule was updated **September 18, 2014** to reflect the latest pneumococcal vaccination recommendations from the Advisory Committee on Immunization Practices. www.cdc.gov/vaccines/vpd-vac/pneumo

2014 Recommended Immunizations for Adults: **By Health Condition**

If you have this health condition, talk to your healthcare professional about these vaccines →

	Flu *Influenza*	**Td/Tdap** Tetanus, diphtheria, pertussis	**Shingles** *Zoster*	**Pneumococcal** PCV13	**Pneumococcal** PPSV23	**Meningococcal**	**MMR** Measles, mumps, rubella	**HPV** *Human papillomavirus* for women	**HPV** *Human papillomavirus* for men	**Chickenpox** *Varicella*	**Hepatitis A**	**Hepatitis B**	**Hib** *Haemophilus influenzae* type b
Pregnancy	Flu vaccine every year	*see below	SHOULD NOT GET VACCINE		1 - 2 doses	1 or more doses	SHOULD NOT GET VACCINE			SHOULD NOT GET VACCINE	2 doses		
Weakened Immune System				1 dose	1 - 2 doses			3 doses before age 26 years				3 doses	post-HSCT* recipients only
HIV: **CD4 count less than 200**		1 dose of Tdap followed by Td booster every 10 years				1 or more doses	1 or 2 doses	3 doses before age 26 years	3 doses before age 21 years	2 doses		3 doses	1 or 3 doses
HIV: **CD4 count 200 or greater**													
Kidney disease or poor kidney function			1 dose for those 60 years or older			1 or more doses						3 doses	1 or 3 doses
Asplenia (if you do not have a spleen or if it does not work well)				1 dose		1 or more doses							
Heart disease Chronic lung disease Chronic alcoholism												3 doses	1 or 3 doses
Diabetes (Type 1 or Type 2)													
Chronic Liver Disease											2 doses		

More Information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines is right for you.

* If you are pregnant, you should get a Tdap vaccine during the **3rd trimester of every pregnancy** to help protect your babies from pertussis (whooping cough).

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*Hematopoietic stem cell transplant

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

YOU SHOULD NOT GET THIS VACCINE

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

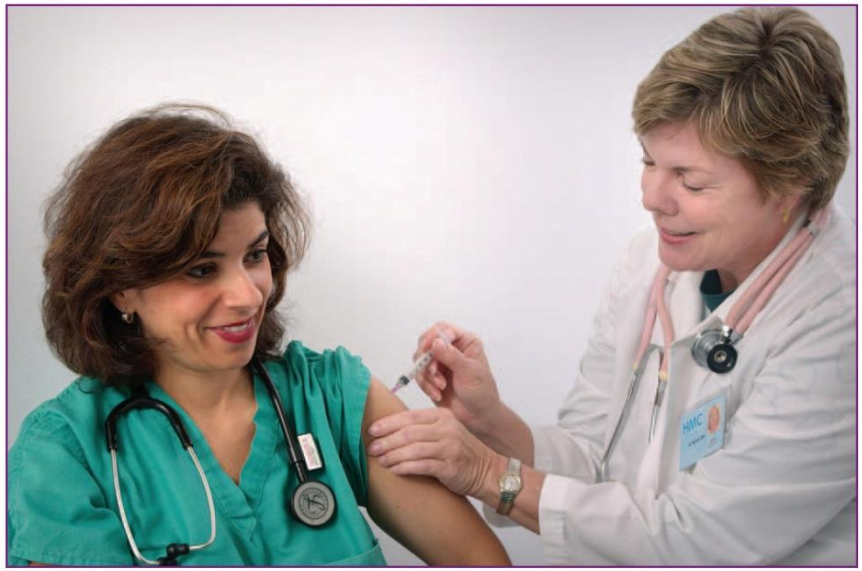
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS251118

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 60 / No. 7
November 25, 2011

Immunization of Health-Care Personnel

Recommendations of the Advisory Committee on Immunization Practices (ACIP)



Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

IDSA GUIDELINES

Clinical Infectious Diseases 2014;58(3):e44–100

2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host

Lorry G. Rubin,[1] Myron J. Levin,[2] Per Ljungman,[3,4] E. Graham Davies,[5] Robin Avery,[6] Marcie Tomblyn,[7] Athos Bousvaros,[8] Shireesha Dhanireddy,[9] Lillian Sung,[10] Harry Keyserling,[11] and Insoo Kang[12]

- KİM SORUMLU?
- NE ZAMAN?

  - İMMUNSUPRESYONDAN ÖNCE
  - İNAKTİF AŞILAR ≥2,CANLI AŞILAR≥4 HAFTA

- AİLE/YAKINLARININ AŞILANMASI
- SEYAHAT

Vaccine 29 (2011) 2825–2833

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Conference report

ARTICLE INFO

Keywords:
Graft versus host disease
Haematopoietic stem cell transplantation
Immune response
Infection
Vaccination

ABSTRACT

Patients lose protective immunity to vaccine-preventable diseases after haematopoietic stem cell transplantation (HSCT). Therefore, revaccination of HSCT recipients represents an important strategy for reducing morbidity and mortality associated with these infections. Since there is little consensus on vaccine recommendations and practices for allogeneic HSCT recipients with active chronic graft-versus-host disease (GVHD) the *German–Austrian–Swiss-Consensus Conference on Clinical Practice in Chronic GVHD* developed an immunization schedule with the aim to provide optimal patient care. The proposed vaccine recommendations include immunization against *Haemophilus influenzae type b*, pertussis, pneumococci, meningococci, tetanus, diphtheria, hepatitis A and B, measles, mumps and rubella, influenza, poliomyelitis, papilloma virus, and tick-borne encephalitis with a particular focus on patients with chronic GVHD.

and blood stem cell transplantation (Päd-AG-KBT) were incorporated. They are the basis to universally recommend 6 months after transplantation as the appropriate time to start vaccination and a booster at 18 months, although differences in efficacy between children and adults have not been formally addressed. The main differences of the presented recommendations for pediatric and adult allogeneic HSCT recipients compared to the recently published guidelines [3–5,7] are (1) the emphasis on GVHD, (2) separate recommendations for children, adolescents and adults, (3) a more comprehensive discussion of hepatitis B, (4) a comment on HPV vaccine and, most importantly, (5) easy to follow and convenient practical vaccination schedule (Fig. 1 and Tables 3 and 4).

G.Ü.T.F. KHN BAĞIŞIKLAMA ŞEMASI

KÖK HÜCRE NAKİL ÜNİTESİ ERİŞKİN AŞILAMA ŞEMASI (AŞILAMAYA 12 AY ÖNCE BAŞLANABİLEN HASTALARDA)[1,9]

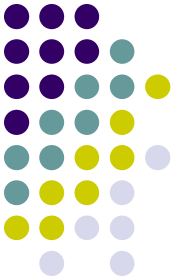
Aşı	≥6 ay[1]	≥8 ay	≥10 ay	≥12 ay	≥14 ay	≥16 ay	≥18 ay	≥24 ay	≥60 ay	Aşılar arası en az süre
İnfluenza (inaktif)(Eylül- Mart)	Flu									1 ay
H. influenza tip B	HiB	HiB	HiB	Titreye bakılması				Titreye bakılması		
Meningokok (Menactra, MCV4)	MCV4									
Konjuge pnömokok (Prevnar 13)	PCV13	PCV13	PCV13	Titreye bakılması				Titreye bakılması		1- 2 ay
Polisakkarid pnömokok (Pneumovax)[2]				PPV23[2]						Prevnardan 2 ay sonra
Polio inaktif				IPV	IPV	IPV				
Hepatit A[5]				HAV			HAV			6 ay
Hepatit B[5]				HBV	HBV		HBV	Titreye[6] bakılması		2 ay
HPV (Gardasil) 9- 26 yaş				HPV	HPV		HPV			1. dozdan 2 ay sonra; 2. dozdan 4 ay sonra
Asellüler pertussis- tetanoz- difteri[5]								Titreye bakılması		
Non-Cord Blood Transplant (Tdap)				Tdap						1- 2 ay
Non-Cord Blood Transplant (Td)					Td	Td				1- 2 ay
Cord-blood Transplant (Tdap)				Tdap	Tdap[3]	Td[3]				1- 2 ay
Kızamık- Kabakulak- Kızamıkçık (MMR) "2- 1- 5 kuralı"[7]	Nakilden en az 2 yıl sonraya kadar canlı aşı yapılmıyor. Sonrasında da sadece sol kolonda yer alan kriterlere uygun olan hastalara yapılıyor							MMR[7]		
Varicella zoster (Varivax) Sadece seronegatif ve "2- 1- 5 kuralı"[7] İlk doz MMR ile birlikte verilebilir								VZV[7]		2. Doz 1 ay sonra[4]
Yüksek titrede varicella zoster (Zostavax) Sadece seropozitif ve sadece > 60 yaş, "5- 1- 5 kuralı"[8]									Zostavax[8]	

ERİŞKİN AŞILAMA

El Kitabı

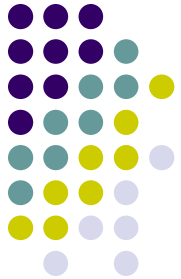
EDİTÖR
Prof. Dr. Esin ŞENOL

Aşı Yapmadan Önce Sorulacak Sorular



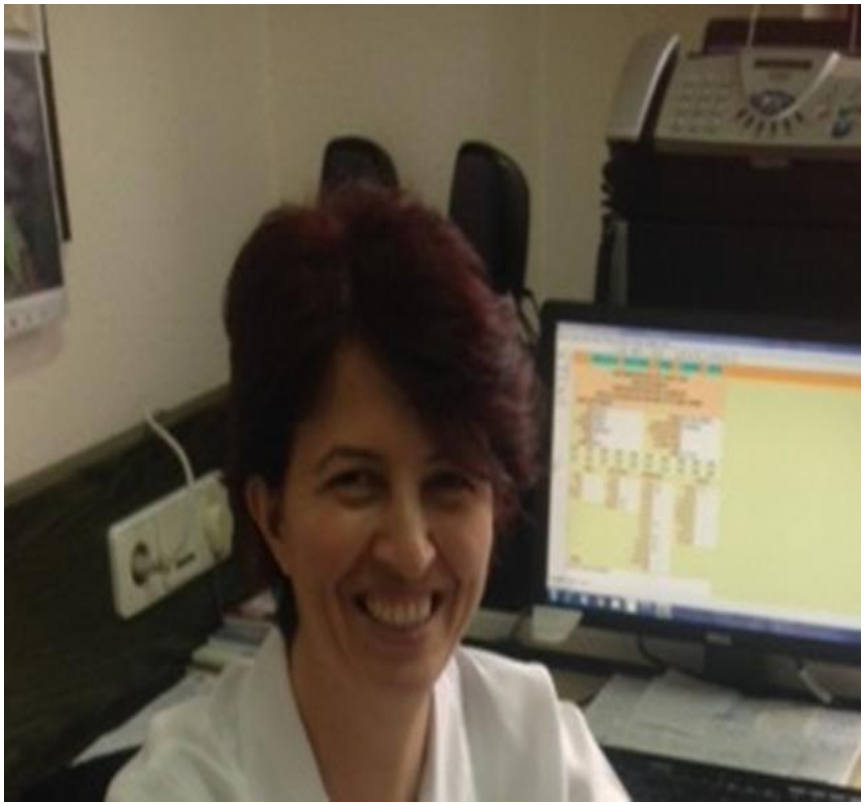
- **Hasta mısınız; ateşiniz var mı?**
- **Bilinen gıda, ilaç, aşı allerjiniz var mı?**
- **Geçmişte herhangi bir aşı uygulamasında ciddi bir reaksiyon oldu mu?**
- **Nöbet, beyin veya sinir sistemi problemi?**
- **Kanser, AIDS, 2 haftadan uzun sistemik kortikosteroid kullanımı (2mg/kg/gün ya da 20 mg'dan fazla prednizon)**

Aşı Kayıt

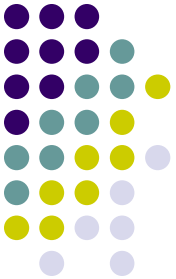


- İsim
- Doğum tarihi
- Aşılama tarihi
- Aşı adı
- Firma adı / Seri no
- Aşı uygulama yeri
- Aşılama yolu
- Aşıyı yapan - İsim / Adres / Tel. No
- İmzalanmış onam formu


KAYIT SİSTEMİ
İLİŞKİLİ
EKLEMELER?



SORU -1: KİM SORUMLU ?



- **Yüksek riskli bir SP-3 doz Hepatit B-Aşılama sonrası seronegatif çıkmış**
- **Aşı yanıtsız denilerek bırakılmış**
- **Bizim merkezimizde çalışırken akut hepatit B, önemli psikolojik sorunlar, kronik hepatit-tedaviler**

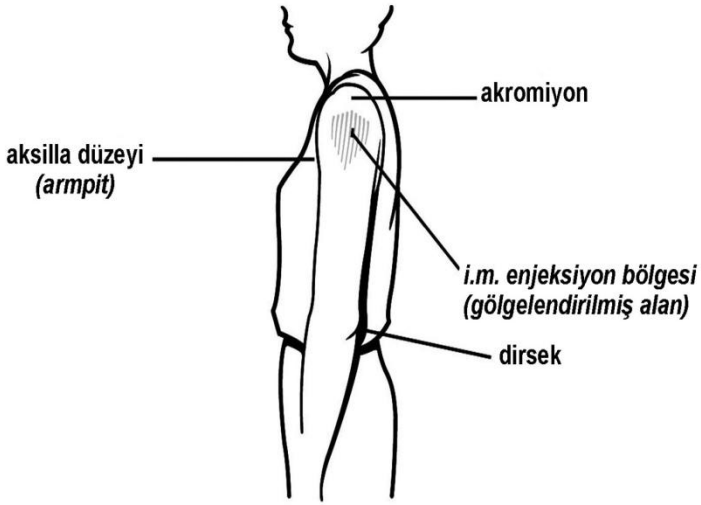
- Aşı programını yarım bırakmış sağlık personeli
- Aşı sonrası serolojik kontrol?

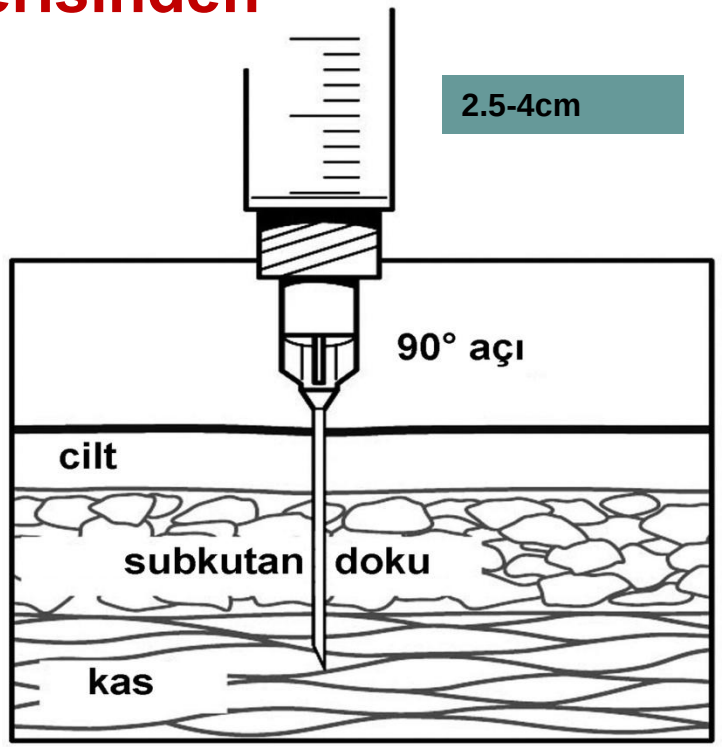
EKSİK AŞILAMA
YETERSİZ BİLGİLENDİRME

Hepatit B

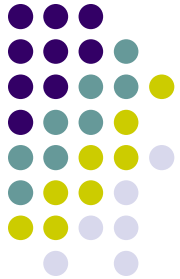
- **Anti-HBs ≥10 mIU/ml**
- **Son dozdan 1-2 ay sonra Antikor kontrolü**
- **Son dozdan >6 ay, kontrol yapılmaz**

YANITSIZLIK: İki tam aşılama serisinden sonra anti-HBs negatifliği, durumunda 3. seri önerilmiyor





Soru-1 deki Örnek İçin-DOĞRU YAKLAŞIM



- **3 dozdan 1-2 ay sonra (-) olanlar da, 2.seri, hala (-)se CEVAPSIZ**
- **HBsAg BAK- Kr.HBV olabilir**
- **HBsAg(-) ise; AŞI CEVAPSIZLAR DUYARLI KABUL EDİLİR**
- **RİSKLİ TEMASLARDA –HBIGX2 veya HBIGx1+AŞILAMA- PROFİLAKSİ**

YOĞUN GİRİŞİMSEL İŞLEMLER YAPAN SP-AŞILI

- **YILLAR SONRA BİR GÜN ANTİKOR BAKTIRAYIM DİYOR**

  A. AŞI SONRASI ANTİKOR (+)

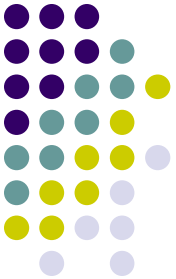
  B. AŞILANMA SONRASI CEVAP BAKILMAMIŞ/HATIRLAMIYOR

- **Anti-HBs<10mIU/ml- NE YAPALIM?**

CEVAP:HİÇBİRŞEY

- **AŞILAMA SONRASI(1-2 AY) BAKILMIŞ VE>10mIU/ML-SORUN YOK-DÜZEYLER ZAMANLA DÜŞEBİLİR AMA «BAĞIŞIKLIK BELLEĞİ»**
- **RAPEL VE PERİYODİK TARAMA YAPILMAMALI**
- **AŞILAMA SONRASI ERKEN DÖNEM BİLGİSİ YOK-RİSKLİ TEMASTA -Anti-HBs bakılır**
- **Anti-HBs<10mIU/mL- HBIG+ 1 doz aşı**

KİMLER PERİYODİK TARANMALI? AŞILAMA SONRASI TEST?AŞILAMA ÖNCESİ TEST?

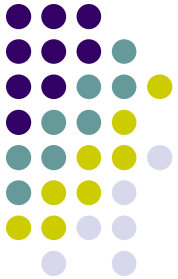


YANIT SORUNU OLABİLECEKLER:HEMODİYALİZ,HIV

PREVALANS≥%30

- KAN VE VÜCUT SIVILARI İLE TEMAS ETME RİSKİ YÜKSEK SP
- HBsAg(+) ANNE BEBEKLERİ
- HBsAg(+) KİŞİ CİNSEL PARTNER
- YANIT SORUNU OLABİLECEKLER

AŞILAMADA SIK YAPILAN HATALAR!



- KAYITLARIN SAKLANMAMASI
- SAĞLIK PERSONELİ LÜTFEN KAYITLARINIZI SAKLAYINIZ
- YILLAR ÖNCE HEPATİT B AŞISI YAPTIRDIĞINI ANIMSAYAN-DÖKÜMENTE OLMAYAN SAĞLIK PERSONELİ-YENİDEN AŞILAMA GEREKİR-TEK DOZ AŞI SONRA TEST YAKLAŞIMI SÜRDÜLEBİLİR CEVAP İÇİN ÖNERİLMEMEKTEDİR
- MAALİYET,EMEK

SORU-2

- TIP FAK.ÖĞRENCİ- HEPATİT B AŞISI YAPILDI, 1-2 sn. SONRA BAYILDI,DUVARDAKİ TAHTAYA KAFASINI ÇARPTI.KISA SÜRELİ, KASILMALARLA SEYREDEN NÖBET.BİLİNÇ BULANIKLIĞI Ɵ
- EPİLEPTİK OLDUĞU ÖĞRENİLDİ
- SONRAKİ DOZLAR- NÖROLOJİ ONAYI?
- Nöbet, beyin veya sinir sistemi problemi?

Epilepsia, 54(Suppl. 7):13–22, 2013
doi: 10.1111/epi.12306

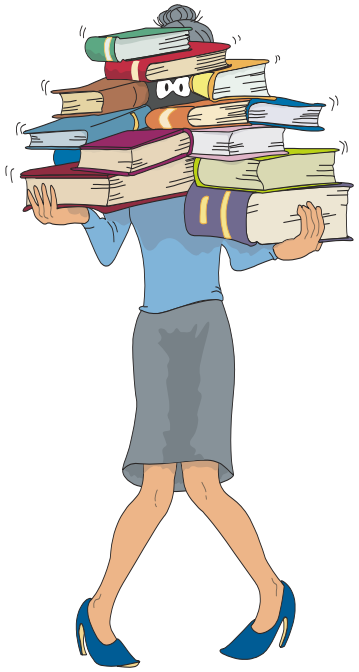
ITALIAN LEAGUE (LICE) 2013

Epilepsy and vaccinations: Italian guidelines

*Dario Pruna, †Paolo Balestri, ‡Nelia Zamponi, †Salvatore Grosso, §Giuseppe Gobbi, ¶Antonino Romeo, **Emilio Franzoni, ††Maria Osti, ‡‡Giuseppe Capovilla, §§Riccardo Longhi, and ¶¶Alberto Verrotti

ÖNERİLER;

- ✓ Aşılar febril olmayan nöbet ve epilepsiye yol açmaz
- ✓ İdiopatik veya semptomatik epilepsisi olanlarda aşı yan etkileri için risk yoktur
- ✓ Epilepsi veya epileptik ansefolapati aşı kontrendikasyonu değildir-STABİL NÖROLOJİK DURUMLAR
- ✓ DTP ve MMR aşıları- febril nöbet riski vardır.
- ✓ Nörolojik bulguları ilerleyen ya da aktif olanda nörolojik durum stabilize olana kadar aşı ertelenmelidir.



AŞILAMA SONRASI GELİŞEN HER TÜRLÜ YAN ETKİ; TESADÜFİ YA DA GERÇEK OLABİLİR.

- **Lokal:** Enjeksiyon Yerinde Ağrı, Şişlik, Kızarıklık

  Genellikle hafif ve kendiliğinden düzelir.

- **Sistemik:** Canlı aşılardan sonra-bir kuluçka dönemi; 1-3 hafta sonra gelişir.

- **Allerjik:** Nadir, aşıdaki bir bileşene karşı

TARAMA (SORGULAMA) İLE RİSK MİNİMUMA İNDİRİLİR.

AŞILAMA-YAN ETKİLER

Aşılama sonrası, yaşamsal önem taşıyan anafilaksi türü acil reaksiyon nadir olup, milyonda bir olarak bildirilmektedir. Aşılamayı izleyen dakikalar içinde ortaya çıkması beklenir. Anafilaksi bulgularına karşı önlemler (ek, anafilaksi durumunda müdahale) kolay ulaşılabilir ve uygulanabilir durumda olmalıdır.

Adölesan ve erişkinlerde anafilaksiden daha sık karşılaşılan bir reaksiyon ise vazovagal refleksdir. Aşılamayı izleyen 5-15 dakika içinde gelişmektedir. İğne fobisi olanlarda daha sık karşılaşılmaktadır. Senkopa bağlı düşmenin yarattığı istenilmeyen kazalar olabilir. Aşılama sonrası, baş dönmesi, göz kararması gibi bulguları olan hastaların hemen uygun pozisyona getirilerek dinlendirilmeleri önemlidir.

İLK 5-15 dk.AŞILAMA yeri terkedilmemeli

Aşı için kesin kontrendikasyonlar

- ✓ Aşı bileşimindeki bir maddeye allerji veya bir önceki dozu izleyen ciddi allerjik reaksiyon

ÖNEMLİ NOT! MMR AŞISI YUMURTA ALLERJİSİ OLANLARA YAPILABİLİR

- ✓ Boğmaca aşısından 7 gün sonra başka nedenle açıklanamayan ansefalopati
- ✓ Gebelik ve bağışıklık sistemi baskılanmış olanlarda canlı aşılar

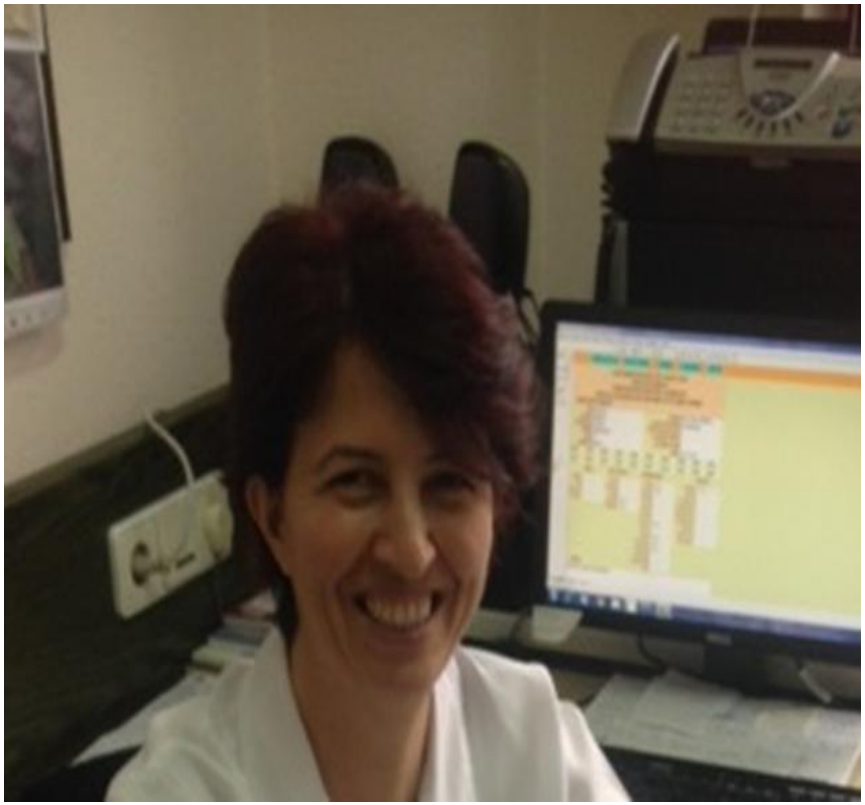
Lateks, neomisin, streptomisin, polimiksin sorulmalı

Erişkin Aşılama El Kitabı

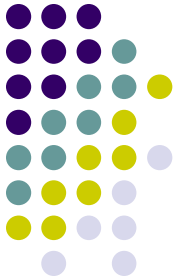
Bu hastadan ne öğrendik?

- AŞI YAPILMASINA ENGEL DURUM DÜŞÜNDÜĞÜMÜZDEN ÇOK AZDIR
- AKUT İYİ OLMAYAN BİREYDE AŞI YAPILMASI ERTELENEBİLİR-AŞI İLİŞKİLİ YE YANLIŞ YORUMLARINI ÖNLEMEK İÇİN


gribilge.com



Soru-3: Dermatoloji ve Romatoloji İmmunsupresif(Biyolojik Tedaviler) Kullanılan Hastalar?



Immunomodulating agents

- Corticosteroids
- Methotrexate
- Sulfasalazine
- Leflunomide
- Hydroxychloroquine
- Azathioprine
- Mycophenolic acid preparations
- Cyclosporine
- Tacrolimus
- Cyclophosphamide
- Biologicals:
- TNFα blocking agents:
  - Infliximab
  - Etanercept
  - Adalimumab
- Rituximab
- Tocilizumab
- Abatacept
- Anakinra

RA
IBD
PSÖRİAZİS

Drug class	Drug	Immunosuppressive effect [20]	Remarks
NSAIDs		–	
Corticosteroids		+	Immunosuppressive dose: >20 mg/day of prednisone or equivalent for >2 weeks [97] Not immunosuppressive doses: <10 mg/day or cumulative doses <500 mg [21]
DMARDs	SSZ; 5-ASA	–	Immunomodulator in arthritis and IBD
	Gold salts	–	Anti-inflammatory mechanism unclear [98]
	HCQ	–	Blocks Toll-like receptor on dendritic cells
	Cyclophosphamide	+	Alkylating agent
	MTX	+	Anti-metabolite, folate antagonist, immunomodulator
	LEF	+	Anti-proliferative agent, inhibits pyrimidine synthesis
	AZA	+	Anti-proliferative agent, purine synthesis inhibitor
	Ciclosporin	+	Calcineurin inhibitor, transplant-related immunosuppressive drug
Anti-psoriatic drugs	Acitretin	–	Second-generation retinoid
	Fumarate	–	Anti-inflammatory and anti-proliferative action
Anti-TNF-α agents		+	Chimaeric monoclonal anti-TNF antibody
	Adalimumab	+	Human monoclonal anti-TNF antibody
	Etanercept	+	TNF receptor–immunoglobin G fusion protein
	Certolizumab	+	PEGylated Fab fragment of a humanized anti-TNF monoclonal antibody
	Golimumab	+	Human monoclonal anti-TNF antibody
Other biologicals	Anakinra	+	IL-1 receptor antagonist, blocks IL-1 signalling
	Rituximab	+	Anti-CD-20, reduces B-cell number
	Abatacept	+	Anti-CTLA4, blocks T-cell co-stimulation
	Tocilizumab	+	Anti-IL-6 receptor
	Alefacept	+	LFA-3 immunoglobin G fusion protein, binds to CD2, reduces T cells number
	Efalizumab	+	Anti-CD-11, blocks leucocyte adhesion and T-cell activation
	Ustekinumab	+	Anti-p40 subunit of IL-12 and IL-23

İMMUNOTERAPİ ALAN IMID=IMMUNSUPRESIF

Autoimmunity Reviews 10 (2011) 341–352

Contents lists available at ScienceDirect

Autoimmunity Reviews

journal homepage: www.elsevier.com/locate/autrev

Vaccination in adult patients with auto-immune inflammatory rheumatic diseases: A systematic literature review for the European League Against Rheumatism evidence-based recommendations for vaccination in adult patients with auto-immune inflammatory rheumatic diseases

S. van Assen [a,*], O. Elkayam [b,c], N. Agmon-Levin [d], R. Cervera [e], M.F. Doran [f], M. Dougados [g], P. Emery [h], P. Geborek [i], J.P.A. Ioannidis [j,k,l,m], D.R.W. Jayne [n], C.G.M. Kallenberg [o], U. Müller-Ladner [p], Y. Shoenfeld [c,d], L. Stojanovich [q], G. Valesini [r], N.M. Wulffraat [s], M. Bijl [o]

RHEUMATOLOGY

Rheumatology 2010;49:1815–1827
doi:10.1093/rheumatology/keq183
Advance Access publication 29 June 2010

Review

Vaccinations in patients with immune-mediated inflammatory diseases

Jean-François Rahier[1], Michel Moutschen[2], Alfons Van Gompel[3], Marc Van Ranst[4], Edouard Louis[5], Siegfried Segaert[6], Pierre Masson[7] and Filip De Keyser[8]

Autoimmunity Reviews 11 (2012) 572–576

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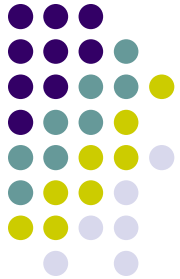
Review

Vaccination of patients with auto-immune inflammatory rheumatic diseases requires careful benefit-risk assessment

M. Bijl [a,*], N. Agmon-Levin [b], J.-M. Dayer [c,d], E. Israeli [a], M. Gatto [d], Y. Shoenfeld [b,e]

GENEL OLARAK-IMID/AIIRD



- **2mg/kg/gün-1 hafta veya 1mg/kg/gün-1 ay KS-CANLI AŞILARI YAPMA –TEDAVİ SONLANDIRILDIKTAN 3 AY SONRA**
- **DİĞER İMMUNSUPRESİFLER-TEDAVİ KESİLDİKTEN 6 AY SONRA CANLI AŞILAR**
- **IFN –CANLI AŞILAR YAPILABİLİR**
- **İNAKTİF AŞILAR-TEDAVİ BAŞLAMADAN 2 HAFTA ÖNCE BAŞLANIRSA İYİ OLUR,EMNİYETLİ, ETKİLİ**
- **AŞILAR-OTOİMMUN HASTALIKLARDA BULGULARI ALEVLENDİRMEZ**
- **TEDAVİ BAŞLAMADAN AŞI PLANLAMASI**

- ✓ BU GRUP –AŞI İLE ÖNLENİLEBİLİR HASTALIK RİSKİ ARTMIŞ
- ✓ AŞI ETKİNLİĞİ?
- ✓ EMNİYETİ?
- ✓ HASTALIK ALEVLENMESİ?

OTOİMMUNİTE İLE OTOİMMUN HASTALIK FARKI ?

OTOİMMUNİTE:Genetik +çevresel faktörler=OTOANTİKORLAR/OTOREAKTİF T-HÜCRELER-IMID DÖNÜŞMEZ

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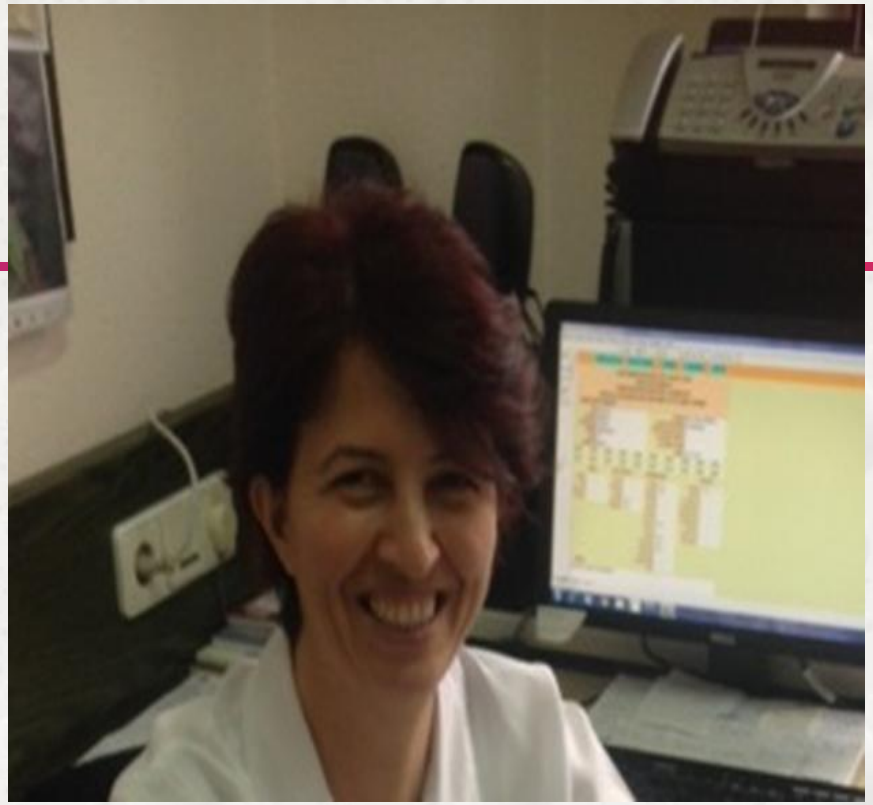
- ✓ AŞILAMALAR HASTALIK STABİLKEN VE TEDAVİ BAŞLAMADAN PLANLANMALI VE YAPILMALI
- ✓ İNFLUENZA VE PNÖMOKOK AŞILARI KUVVETLE ÖNERİLİR
- ✓ CANLI AŞILAR YAPILMAMALI
- ✓ İNAKTİF AŞILAR,RİTUXİMAB HARİÇ, TEDAVİ SIRASINDA DA YAPILABİLİR



SORU-4:ERİŞKİN TETANOZ BAĞIŞIKLAMA PROGRAMI?

20 yaş, tıp öğrencisi,

Aile hekimi çağırmış

Tetanoz bağışıklaması programına alınmış

1.doz aşı sonrası bize başvuruyor: NASIL DEVAM EDEYİM?

T.C.
SAĞLIK BAKANLIĞI
Temel Sağlık Hizmetleri Genel Müdürlüğü

Sayı : B100TSH0110005
Konu : Genişletilmiş Bağışıklama Programı Genelgesi

13.03.2009/7941

GENELGE
2009/17

3- Doğurganlık Çağı Kadın/Gebe Aşılamaları

Doğurganlık Çağı (15- 49 Yaş) /( ) z Aşı Takvimi

Doz sayısı	Uygulama zamanı	Koruma süresi
Td 1	Gebeliğin 4. ayında	Yok
Td 2	Td 1'den en az 4 ha	1-3 yıl
Td 3	Td 2'den en az 6 ay	5 yıl
Td 4	Td 3'den en az 1 yı gebelikte	10 yıl
Td 5	Td 4'den en az 1 yı gebelikte	Doğurganlık çağı boyunca

Hiç aşılanmamış gebelerin almaları sağlanmalıdır. İkinci doz doğumdan en az iki hafta önce tamamlanmalıdır. Yeterli süre sağlanamadıysa tek doz Td almış gebenin ve bebeğinin tetanoz hastalığı açısından risk altında olduğu dikkate alınmalıdır. Temiz doğum şartlarının sağlanması ve bebeğin göbek bakımının doğru yapılması daha da önem kazanmaktadır.

Kayıtlı tetanoz toksoid dozu olanlar: GBP kapsamında 1980 yılı ve sonrasında doğan kişilerin büyük bölümüne erken çocukluk döneminde veya okul çağında tetanoz aşısı uygulaması yapılmış ve bu çocukların bir kısmı doğurganlık çağına ulaşmıştır. 1980'den sonra doğan kadınların aşı kayıtlarının bulunması durumunda, uygun aralıklarla yapılmış en az 3 doz DBT/Td/TT, doğurganlık çağında yapılmış 2 doz TT/Td dozu yerine sayılır ve aşı takvimine kalındığı yerden devam edilir.


ΠΑΡΑΚΑΛΟΥΜΕ
Ι ΔΕΝ ΕΙΣΘΕ ΣΕΜΝΑ
ΥΜΕΝΟΙ ΝΑ ΒΑΖΕΤΕ
ΡΩ ΣΑΣ ΜΙΑ ΠΟΔΙΑ
ΕΥΧΑΡΙΣΤΟΥΜΕ
ELCOME TO THARRI.
SHORTS & BRIEF TOPS
LEASE USE WRAPS
MEN + WOMEN
THANK YOU

HİÇ KAYIT YOK(AŞISIZ?), PRİMER SERİ VERİLMEK İSTENİYOR

T.C. Sağlık Bakanlığı Çocukluk Dönemi Aşı Takvimi

Aşılar	Doğumda	1. ayın sonu	2. ayın sonu	4. ayın sonu	6. ayın sonu	12. ayın sonu	18. ayın sonu	24. ayın sonu	İlköğretim 1. sınıf	İlköğretim 8. sınıf
Hepatit B	I	II			III					
BCG (Verem)			I							
DaBT - İPA - Hib			I	II	III		R			
KPA			I	II	III	R				
KKK						I			R	
DaBT - İPA									R	
OPA					I		II			
Td										R
Hepatit A							I	II		
Suçiçeği						I				

DaBT-IPA-Hib: Difteri, Aselüler Boğmaca, Tetanoz, İnaktif Polio, Hemofilus Influenza Tip b Aşısı (Beşli Karma Aşı)
KPA: Konjuge Pnömokok Aşısı
KKK: Kızamık, Kızamıkçık, Kabakulak Aşısı
DaBT-İPA: Difteri, Aselüler Boğmaca, Tetanoz, İnaktif Polio Aşısı (Dörtlü Karma Aşı)
OPA: Oral Polio Aşısı (Çocuk Felci Aşısı)
Td: Erişkin Tipi Difteri-Tetanoz Aşısı
R: Rapel (Pekiştirme)

Aşı takvimindeki tüm aşılar ücretsizdir.

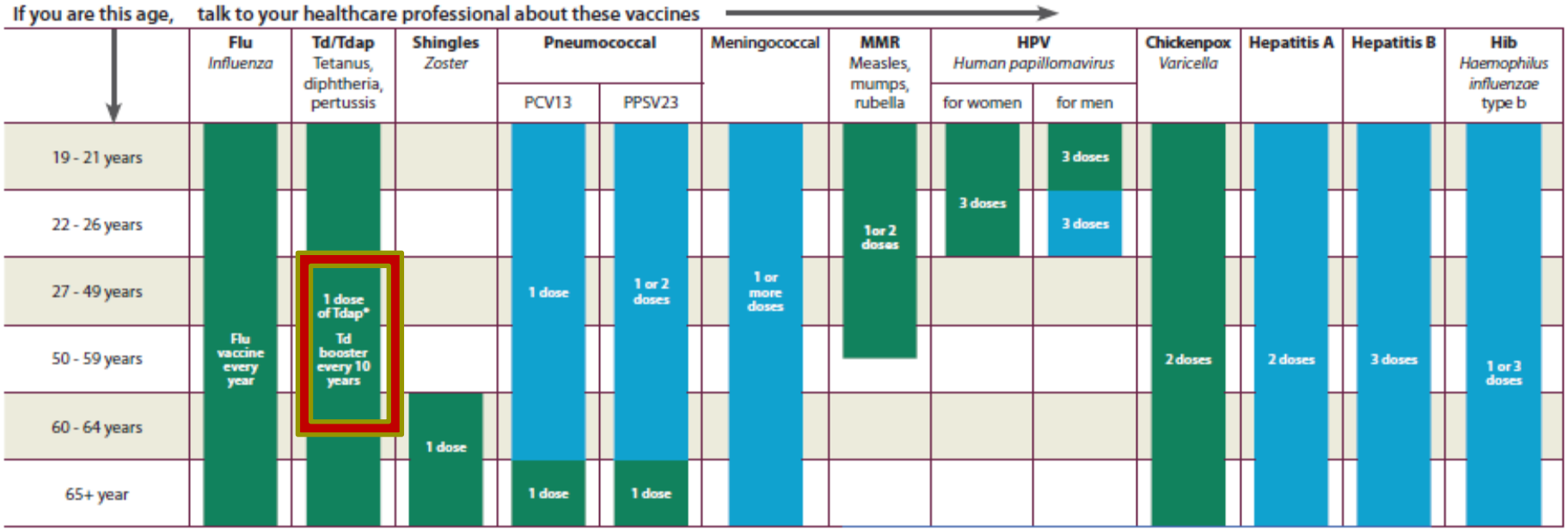
***MMWR2011:60:1*-ACIP Tdap(2005)-ÖNERİ YENİLEDİ**

SON DOZDAN SONRA

5 yıl-18 aya kadar olabilir

KORUYUCU SÜRE≈10 yıl (5-10 yıl)

2014 Recommended Immunizations for Adults: **By Age**



More Information:

There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines is right for you.

* If you are pregnant, you should get a Tdap vaccine during the **3rd trimester of every pregnancy** to help protect your babies from pertussis (whooping cough).

You should get zoster vaccine even if you've had shingles before.

There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.

Your healthcare professional will let you know how many doses you need.

Recommended for you if you did not get it when you were a child.

If you were born in 1957 or after, and don't have a record of being vaccinated or having had measles, mumps and rubella, talk to your healthcare professional about how many doses you may need.

There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.

If you are a male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.

Your healthcare professional will let you know how many doses you need.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

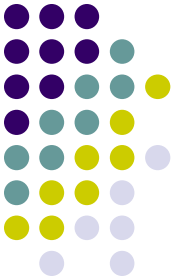
This easy-to-read schedule was updated **September 18, 2014** to reflect the latest pneumococcal vaccination recommendations from the Advisory Committee on Immunization Practices. www.cdc.gov/vaccines/vpd-vac/pneumo

Tdap

- **Adacel (SP); Tdap-11-64 yaş**
- **Boostrix (GSK); ≥10 yaş**

En Sık Yapılan Aşılama Hatası –
Tdap (Adacel) ile DTAP (Daptacel)

CEVAP: TETANOZ AŞISI YALNIZCA AYAĞA ÇİVİ BATTIĞINDA YAPILMAZ

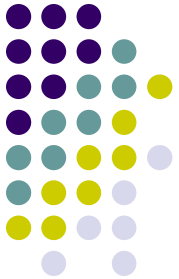


11-19 YAŞ: SON DOZ>5 YIL, 1 DOZ RAPEL SONRA 10 YILDA BİR

1 doz Tdap

KAYIT……..

Aşılamada Sık Yapılan Yanlışlar

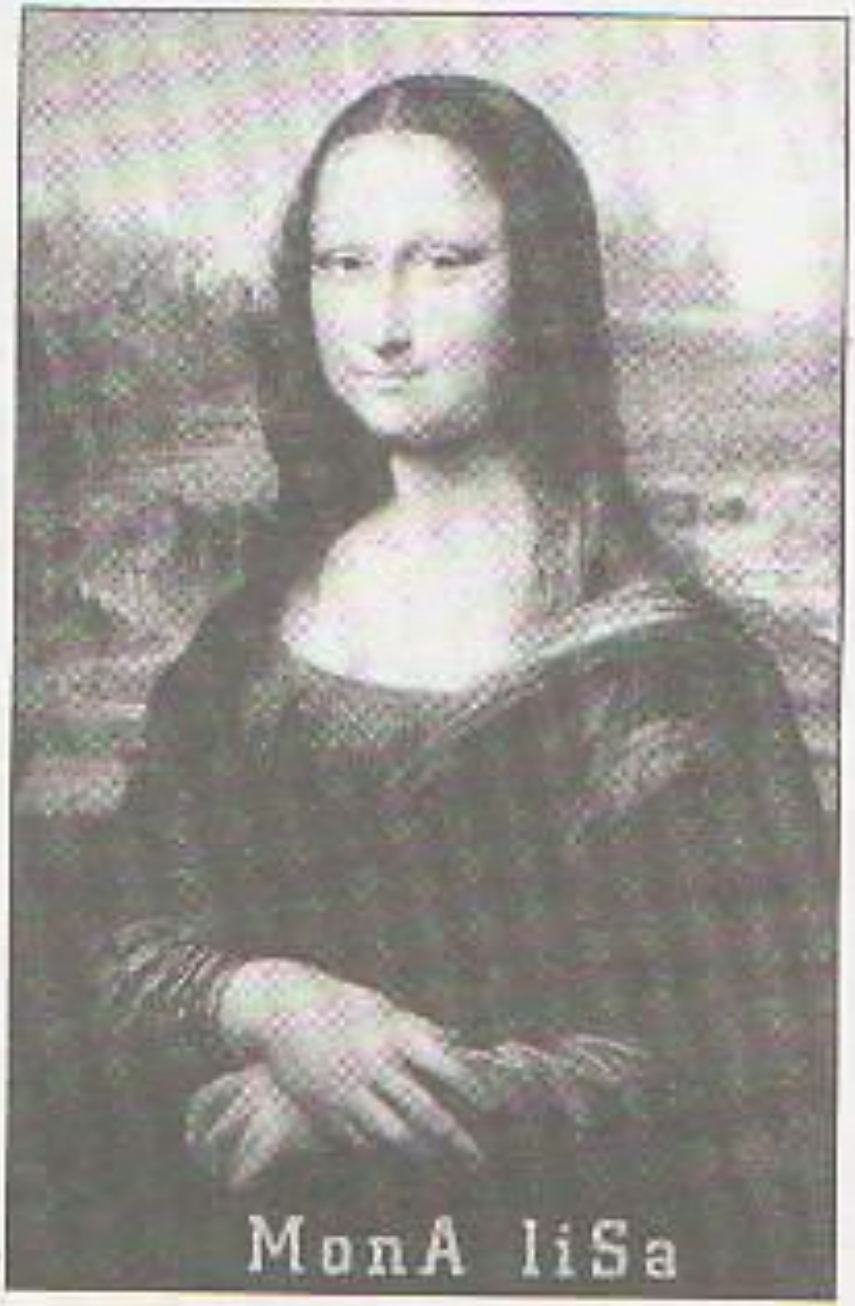


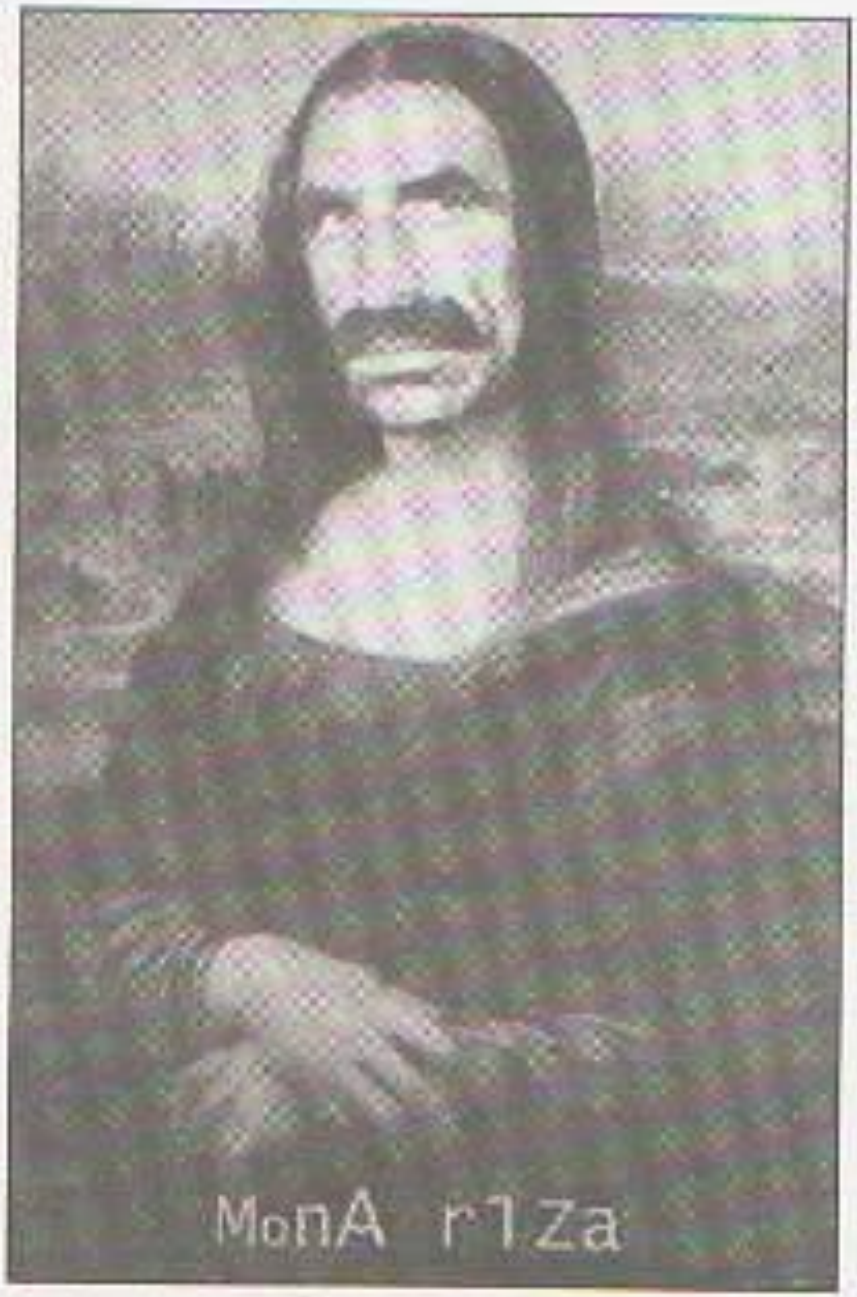
- Depolama, Hazırlama
- Uygulama
- Şema
- Kayıt

Edward Jenner, 1796

AŞILARIN BİLİMSEL BİR BULUŞ OLARAK İSTENİLEN ETKİYİ YAPMASI ANCAK UYGULANMALARI İLE MÜMKÜN OLACAKTIR

Smallpox


MonA liSa


MonA rIZa

«PRİMUM NİL NOCERE»

ÖNERİLER

- Kolay anlaşılır kılavuzlar
- Dokümentasyon
- Sorunların saptanması
- Yeni planlamalar için işbirliği