

22. TÜRK KLİNİK MİKROBİYOLOJİ VE İNFEKSİYON HASTALIKLARI KONGRESİ

HİBRİT

9-12 MART 2022

GLORIA GOLF RESORT BELEK / ANTALYA



COVID-19 PANDEMİSİ DÖNEMİNDE AŞILAMA

Prof.Dr. Ener Çağrı Dinleyici

**Eskişehir Osmangazi Üniversitesi Tıp Fakültesi
Çocuk Sağlığı ve Hastalıkları Anabilim Dalı**

**11 Mart 2022
KLİMİK 2022**



@timbooth75



@ecdinleyici

BAKKALA DiYE ÇIKIP
NORVEÇE GİDESİM VAR:)



OTOSAN



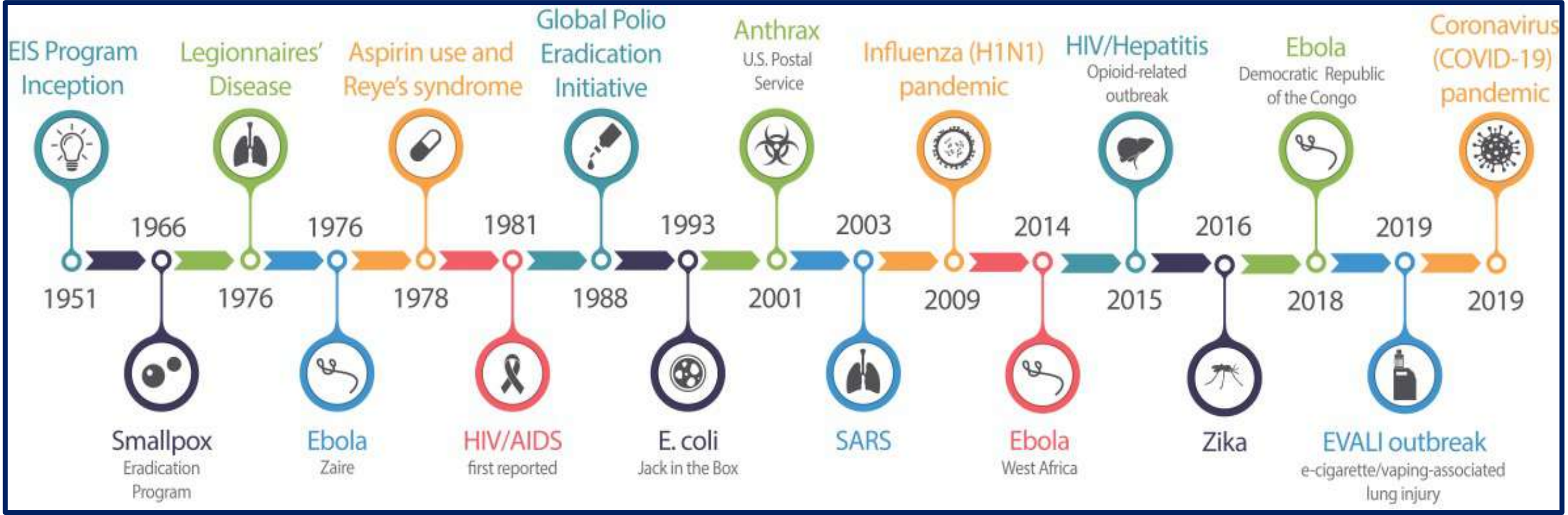
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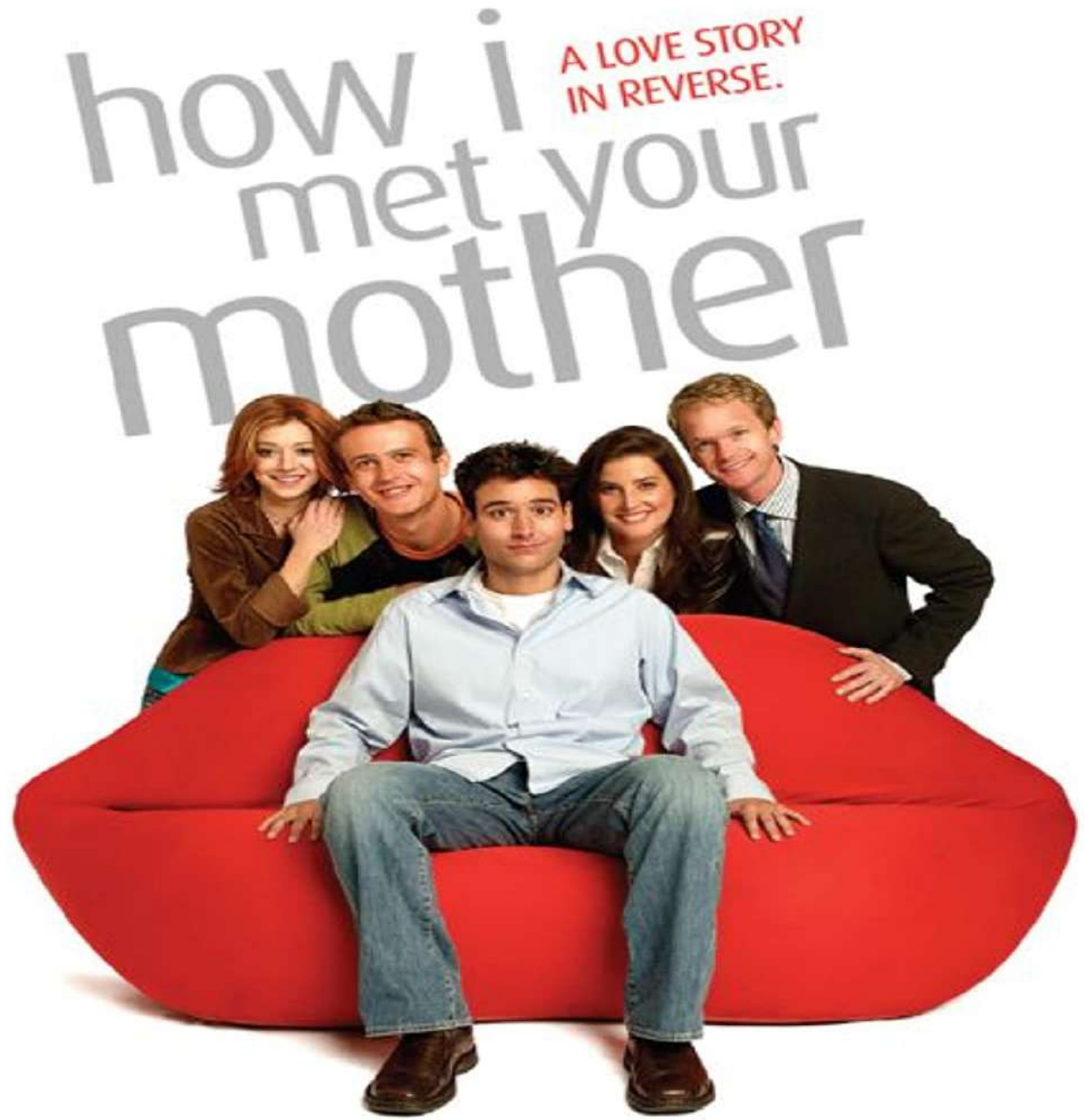
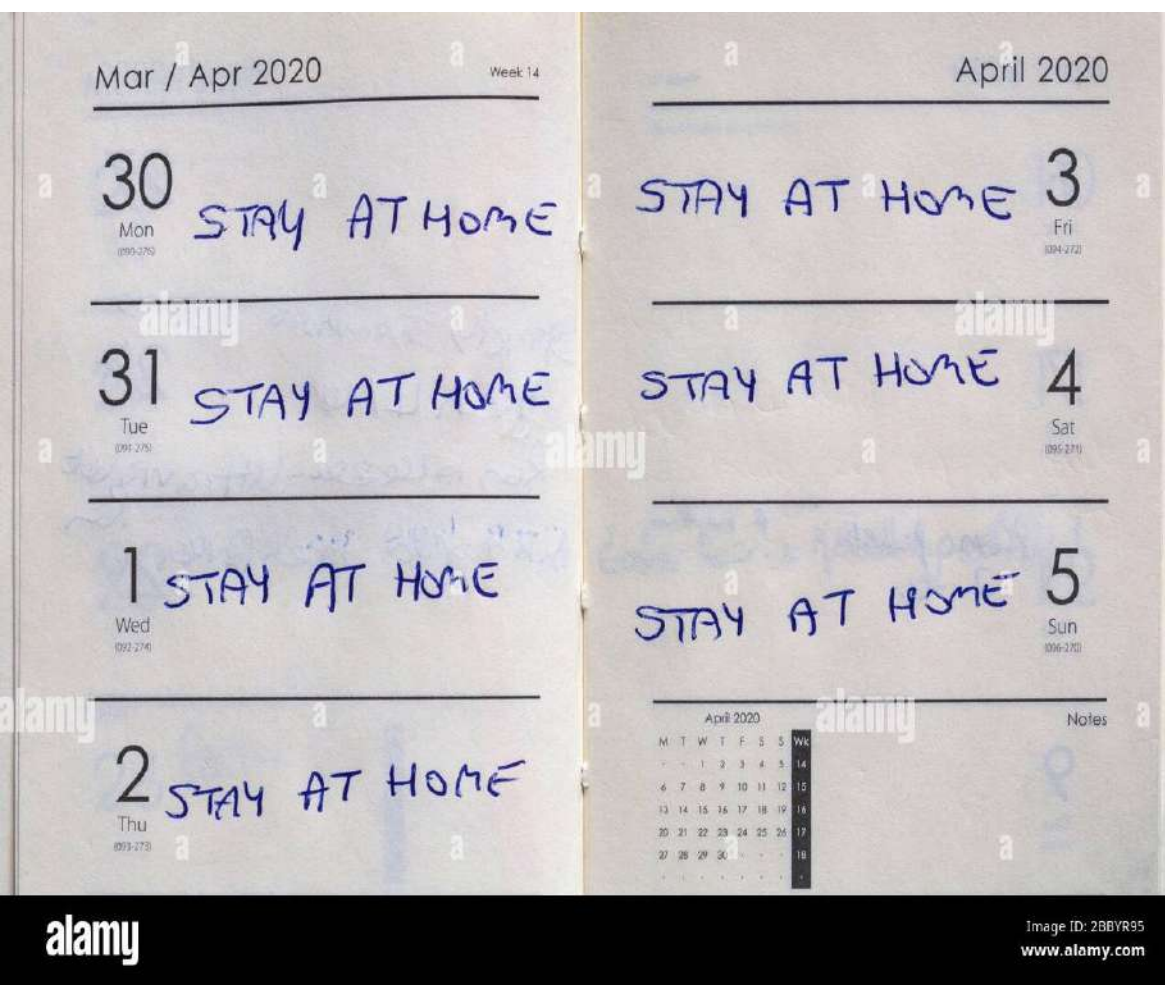
ENFEKSİYON VE BAŞARI ÖYKÜLERİ



COVID-19 PANDEMİSİ



COVID-19 PANDEMİSİ



COVID-19 PANDEMİSİ



Many of the managers wore shorts underneath suits. Photo credit: LinkedIn/Amit Pandey
Source: UGC Read more: <https://www.legit.ng/people/1451351-managers-take-group-picture-with-outfits-they-used-zoom-meeting-result-hilarious/>

COVID-19 PANDEMİSİ

No, you can't treat COVID-19 with garlic ... and

Selection of claims debunked by AFP Fact Check about how to prevent, treat or 'cure' COVID-19

Debunked: NOT EFFECTIVE ...
FOR PREVENTION, TREATMENT, TESTING OR CURE ...



Eating garlic, onion, boiled ginger



Gargling with warm salt water or vinegar



Inhaling steam



White-coloured tissues/handkerchiefs not more effective than other colours



Bitter melon juice



Water used in Islamic ablution ritual



Drinking alcohol, smoking



Steam facemasks to reuse



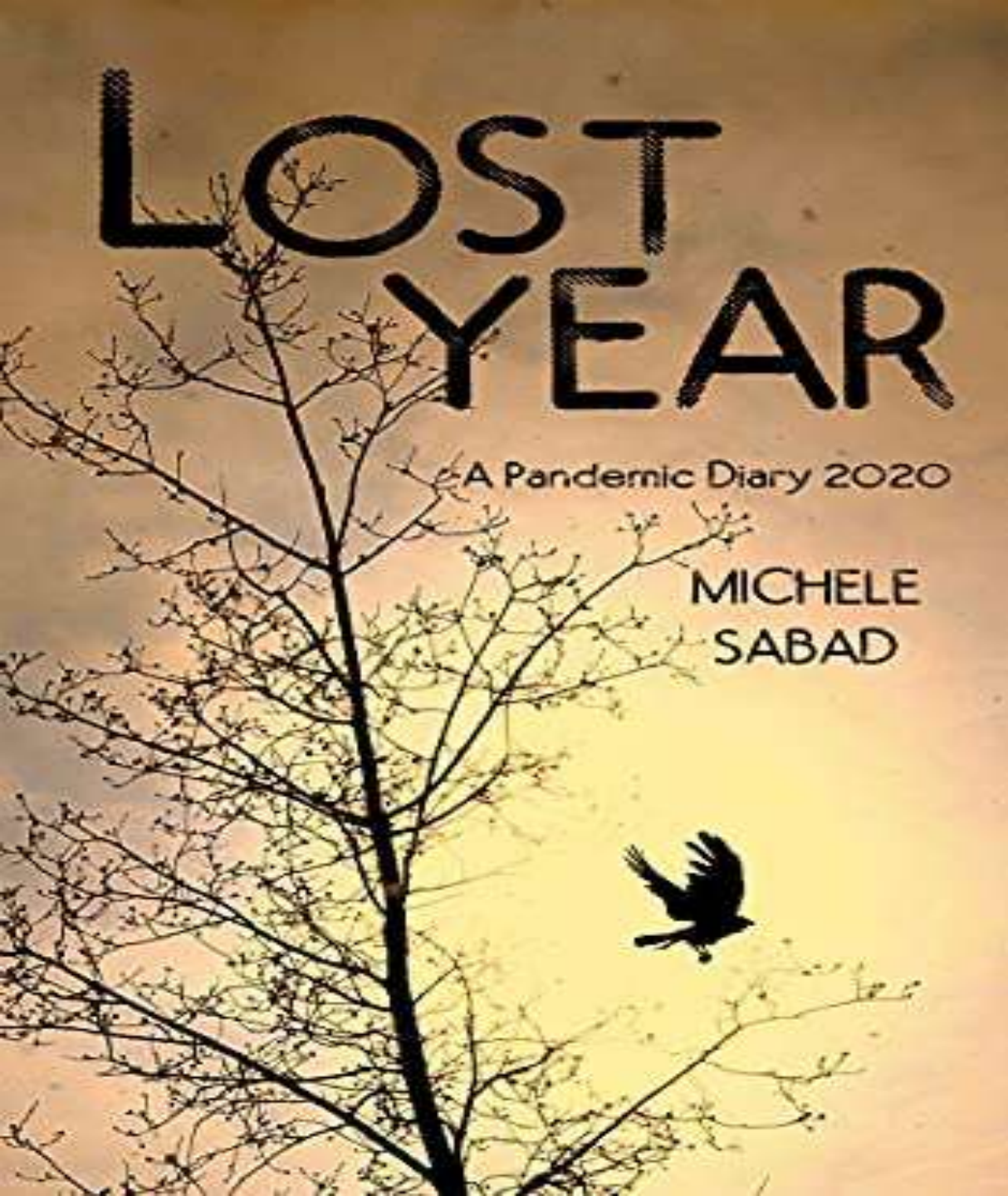
Holding for more than 10 seconds an effective way for coronavirus infection



Wet cloth as protection masks

Source: AFP Fact Check, WHO

(AFP Graphics)



COVID19 ÇOCUKLAR AZ ETKİLENDİ?



COVID19 ÇOCUKLAR AZ ETKİLENDİ?

OBESİTE
MYOPİ

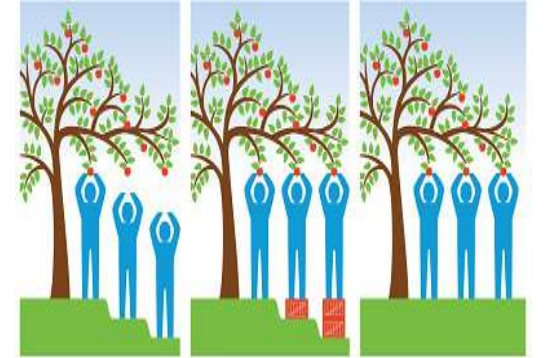
SAĞLIK HİZMETLERİNE VE EĞİTİME ULAŞMADA
SORUNLAR

GIDA GÜVENSİZLİĞİ

ÇOCUK İHMALİ VE İSTİSMARINDA ARTIŞ

GÖÇMEN ÇOCUKLARINDA VE AİLELERİNDE ETKİLENME

KORKU, SOSYAL İZOLASYON, SOSYOEKONOMİK
ETKİLENME



COVID19

ÇOCUKLAR AZ ETKİLENDİ?

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

COVID-19-Associated Orphanhood and Caregiver Death in the United States

Susan D. Hillis, PhD; Alexandra Blenkinsop, PhD; Andrés Villaveces, MD, PhD; Francis B. Annor, PhD; Leandris Liburd, PhD; Greta M. Massetti, PhD; Zewditu Demissie, PhD; James A. Mercy, PhD; Charles A. Nelson, III, PhD; Lucie Cluver, PhD; Seth Flaxman, PhD; Lorraine Sherr, PhD; Christl A. Donnelly, ScD; Oliver Ratmann, PhD; H. Juliette T. Unwin, PhD

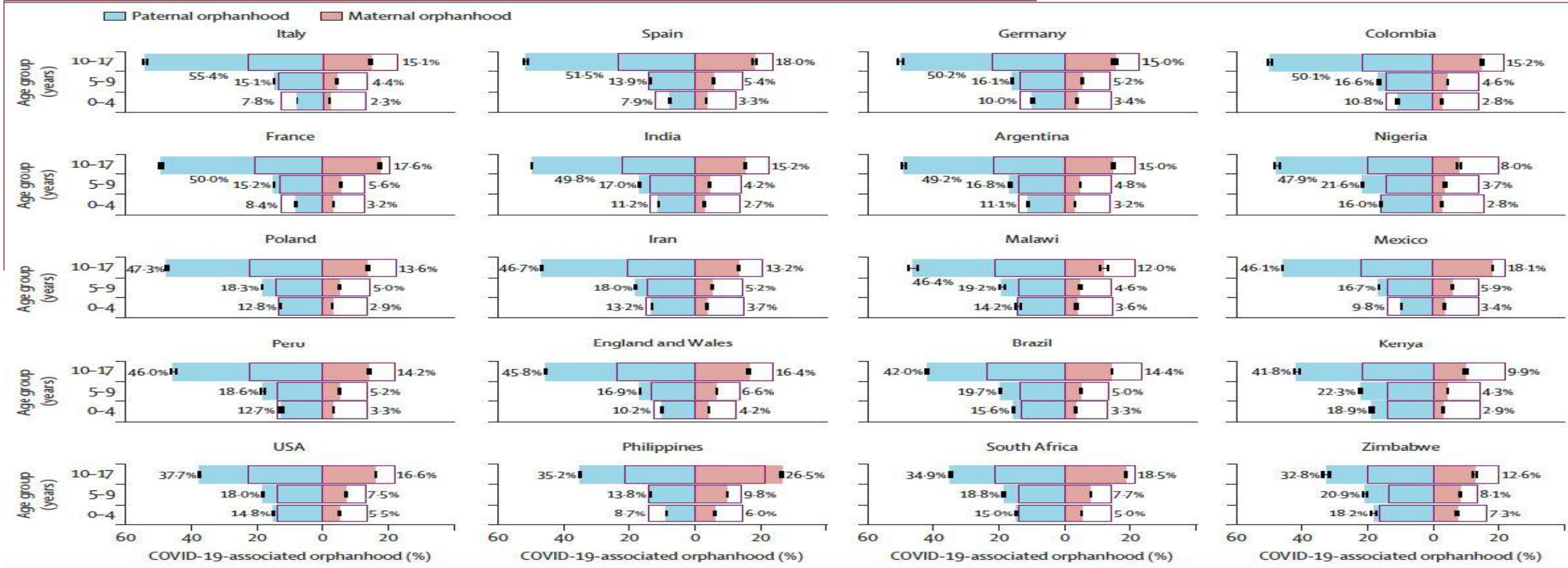
Results: We found that from April 1, 2020 through June 30, 2021, over 140,000 children in the US experienced the death of a parent or grandparent caregiver. The risk of such loss was 1.1 to 4.5 times higher among children of racial and ethnic minorities, compared to Non-Hispanic White children. The highest burden of COVID-19-associated death of parents and caregivers occurred in Southern border states for Hispanic children, Southeastern states for Black children, and in states with tribal areas for American Indian/Alaska Native populations.

**1 IN 500 US CHILDREN
HAVE BEEN ORPHANED OR LOST A
CAREGIVER DUE TO COVID-19 ASSOCIATED DEATH**



COVID19

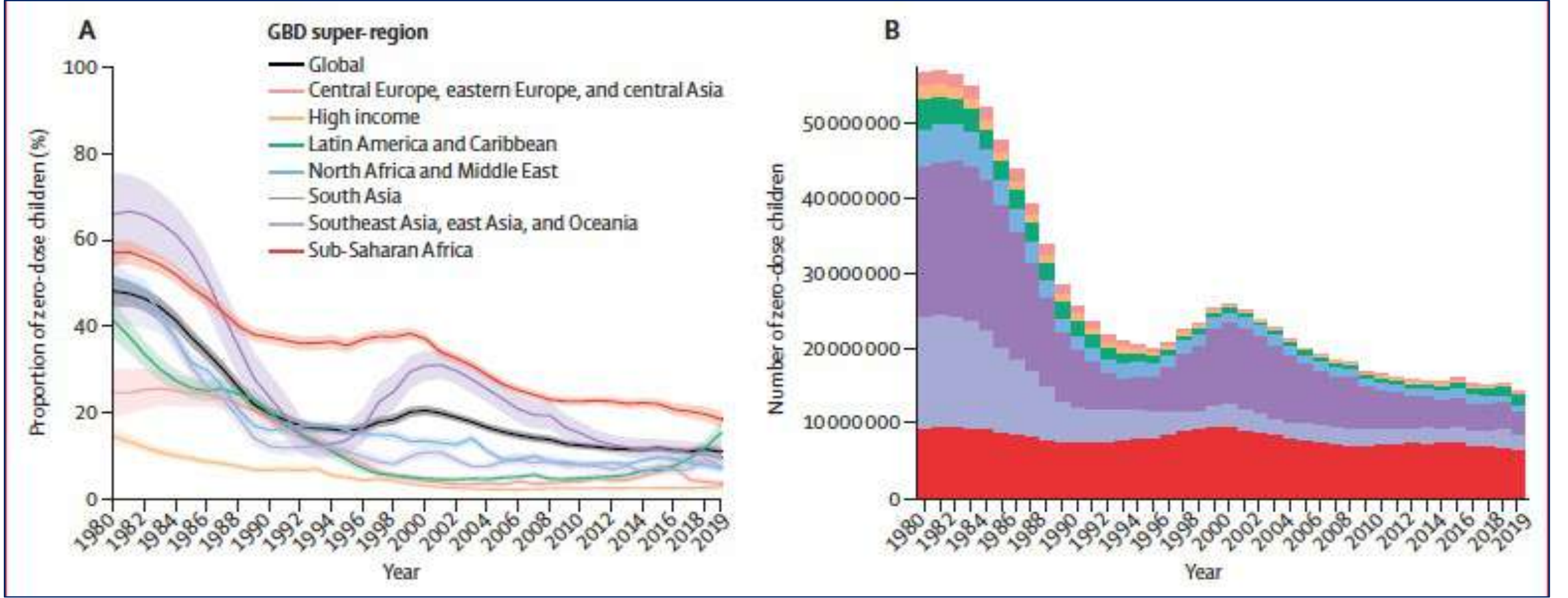
ÇOCUKLAR AZ ETKİLENDİ?



ÇOCUKLUK ÇAĞI AŞILAMASI



PANDEMİ ÖNCESİ DÖNEMDE RUTİN AŞILAMA



HİÇ AŞILANMAMIŞ ÇOCUKLAR

COVID19 PANDEMİSİ

RUTİN AŞILAMA

AŞILAMA

DURAKLAMA

GECİKME

**RE-
ORGANİZASYON**

TAMAMEN İPTAL

FIRST STEP: RESTRICTIONS

SECOND STEP:

EASING RESTRICTIONS

By contrast, in countries that are easing restrictions, there is a potential risk of outbreaks of diseases like measles, pertussis, and polio, among others

deadly vaccine preventable diseases.

COVID19 PANDEMİSİ

DİĞER ENFEKSİYONLARDA AZALMA

The Lancet Regional Health - Europe 6 (2021) 100103



Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: www.elsevier.com/lanep



Research paper

Impact of the COVID-19 pandemic and associated non-pharmaceutical interventions on other notifiable infectious diseases in Germany: An analysis of national surveillance data during week 1–2016 – week 32–2020

Alexander Ullrich^a, Madlen Schranz^a, Ute Rexroth^a, Osamah Hamouda^a, Lars Schaade^b, Michaela Diercke^a, T. Sonia Boender^{a,*} Robert Koch's Infectious Disease Surveillance Group¹

ALMANYA

COVID19 PANDEMİSİ

DİĞER ENFEKSİYONLARDA AZALMA

Infectious disease notification category	Δ%	95%CI		Change in case numbers by reporting week																																	
Respiratory				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
Tuberculosis	-11.6	-16.3	-6.6																																		
Legionellosis	-27.8	-34.2	-20.7																																		
Mumps	-33.3	-42.8	-22.1																																		
Chickenpox	-51.5	-53.0	-50.0																																		
Seasonal influenza	-54.4	-54.9	-53.9																																		
Invasive meningococcal disease	-59.0	-70.3	-43.2																																		
Invasive <i>Haemophilus influenza</i>	-61.3	-67.4	-54.2																																		
Whooping cough	-63.7	-65.2	-62.2																																		
Measles	-85.5	-89.0	-81.0																																		
Gastro-Intestinal																																					
Yersiniosis	-7.0	-13.5	0.0																																		
Hepatitis E	-7.0	-10.9	-3.0																																		
Listeriosis	-21.8	-33.5	-8.0																																		
<i>Campylobacter enteritis</i>	-22.2	-23.4	-21.0																																		
Hepatitis A	-36.7	-43.5	-29.1																																		
Giardiasis	-43.3	-47.3	-39.0																																		
Salmonellosis	-45.4	-47.4	-43.4																																		
Enterohemorrhagic <i>Escherichia coli</i> (EHEC) disease	-46.4	-50.9	-41.5																																		
Cryptosporidiosis	-52.4	-57.2	-47.0																																		
Norovirus gastroenteritis	-78.7	-79.2	-78.2																																		
Shigellosis	-82.9	-87.0	-77.6																																		
Rotavirus gastroenteritis	-83.3	-83.9	-82.7																																		

ALMANYA

COVID19 PANDEMİSİ

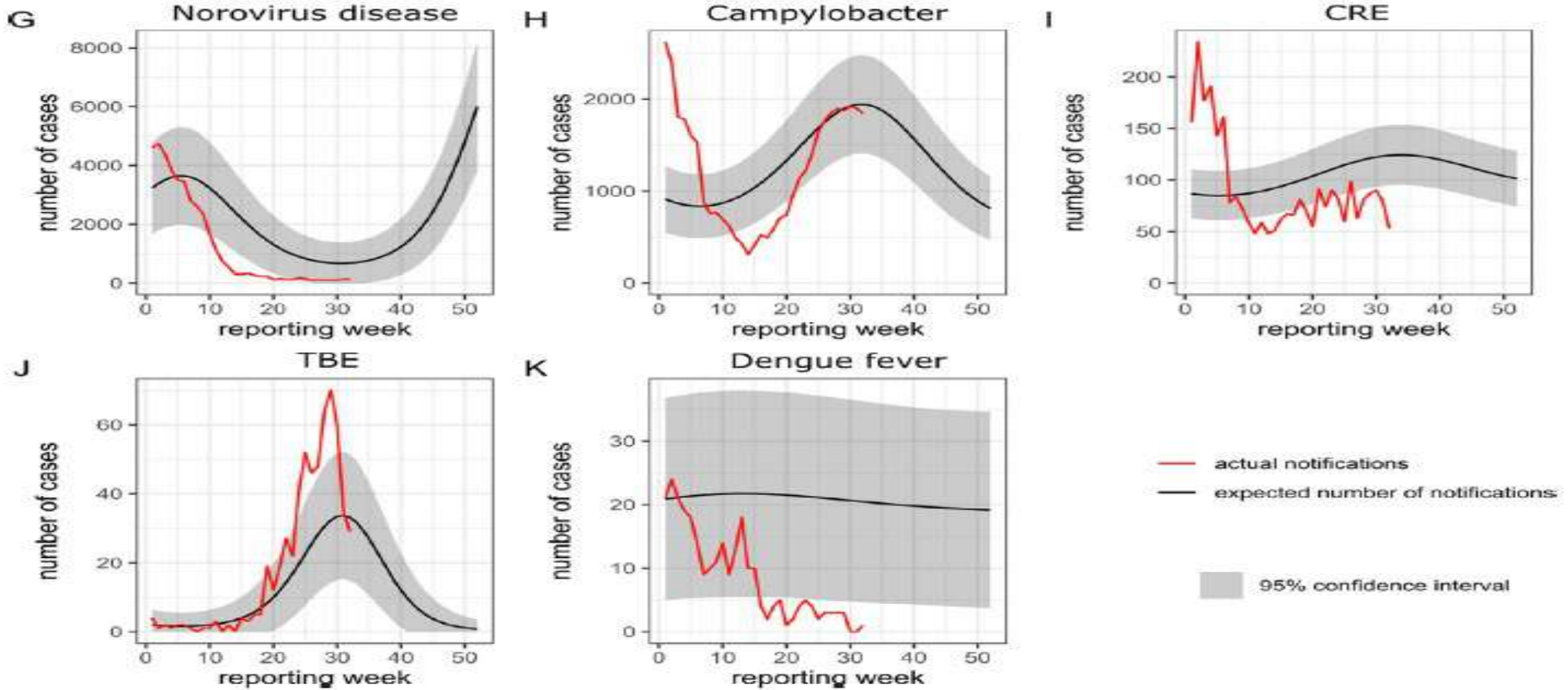
DİĞER ENFEKSİYONLARDA AZALMA

Healthcare associated pathogens													
MRSA invasive infection	-28.0	-34.7	-20.7										
<i>Clostridium difficile</i> infection (severe clinical course)	-31.4	-37.5	-24.6										
CRE	-34.6	-38.6	-30.2										
<i>Acinetobacter</i> , carbapenem-non-susceptible (CRA)	-42.7	-52.0	-31.6										
Sexually transmitted and blood-borne infections													
Syphilis (<i>Treponema pallidum</i>)	-12.1	-15.8	-8.2										
HIV	-22.1	-27.6	-16.1										
Hepatitis C	-27.7	-31.8	-23.4										
Hepatitis B	-28.3	-32.0	-24.4										
Vector-borne (imported)													
Malaria (<i>Plasmodium spp.</i>)	-73.0	-77.7	-67.4										
Dengue fever	-75.1	-79.5	-69.9										
Vector-borne (endemic)													
Tick-borne encephalitis	+57.7	+37.8	+80.5										

ALMANYA

COVID19 PANDEMİSİ

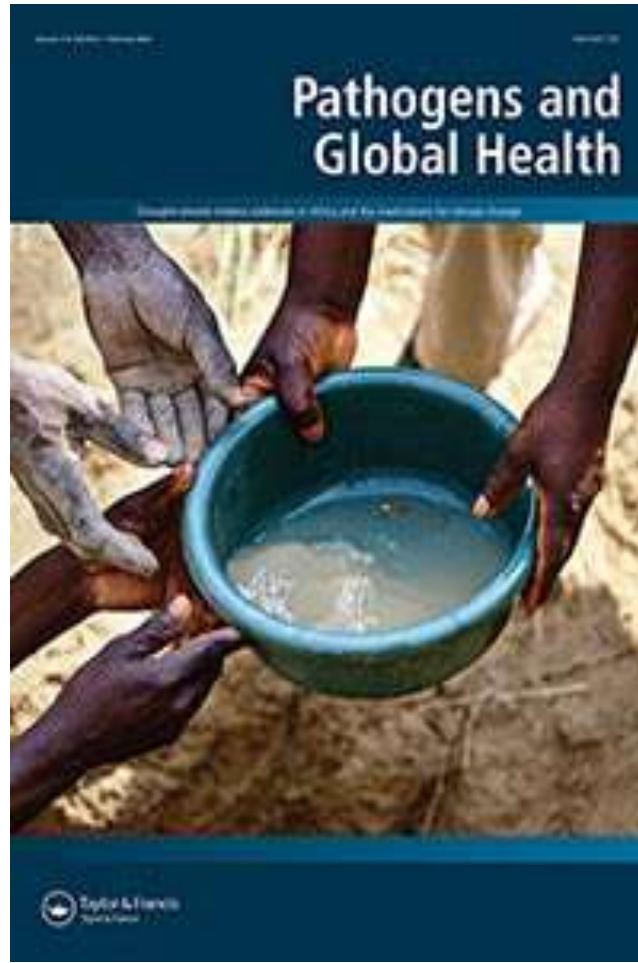
DİĞER ENFEKSİYONLARDA AZALMA



ALMANYA

COVID19 PANDEMİSİ

İNVAZİV MENİNGOKOK ENFEKSİYONLARI İTALYA



PATHOGENS AND GLOBAL HEALTH
<https://doi.org/10.1080/20477724.2021.1995657>



SHORT COMMUNICATION

OPEN ACCESS Check for updates

Did social distancing measures deployed for SARS-CoV-2/COVID-19 control have an impact on invasive meningococcal disease?

Paola Stefanelli^a, Cecilia Fazio^a, Paola Vacca^a, Arianna Neri^a, Luigina Ambrosio^a and Giovanni Rezza^b

^aDepartment of Infectious Diseases, Istituto Superiore di Sanità, Rome, Italy; ^bHealth Prevention Directorate, Ministry of Health, Rome, Italy

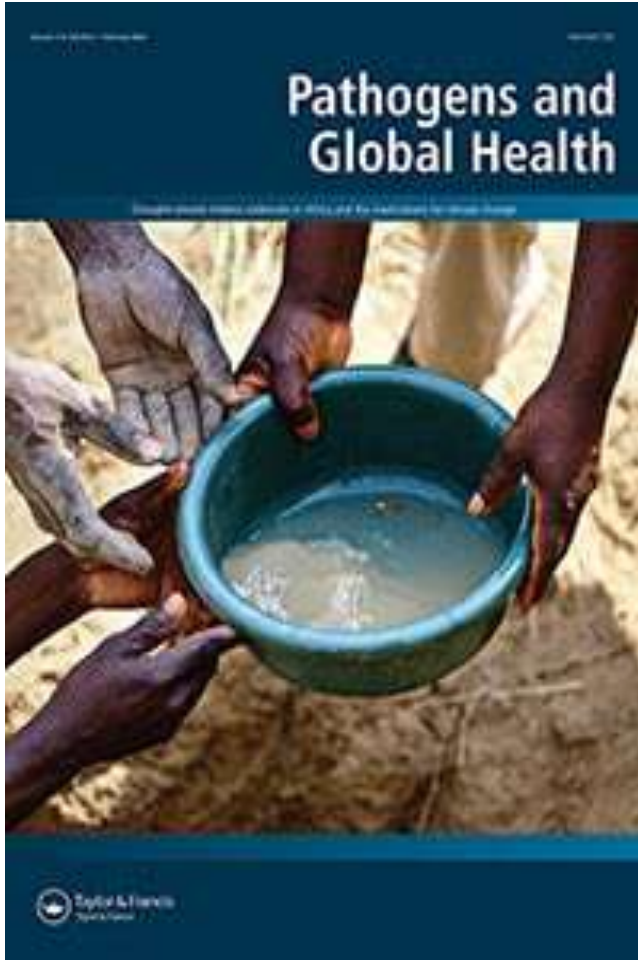
ABSTRACT

We investigated the impact of social distancing measures, used to contain or mitigate SARS-CoV-2 spread, on the transmission of invasive meningococcal disease (IMD) in Italy. To this end, the temporal correlation between the implementation of lockdown measures in 2020 and IMD incidence was evaluated. A dramatic decline of IMD incidence was observed, suggesting that the measures applied to contain SARS-CoV-2 in Italy affected other infectious diseases transmitted through direct contact and droplets, at least in the early phase of the COVID-19 pandemic.

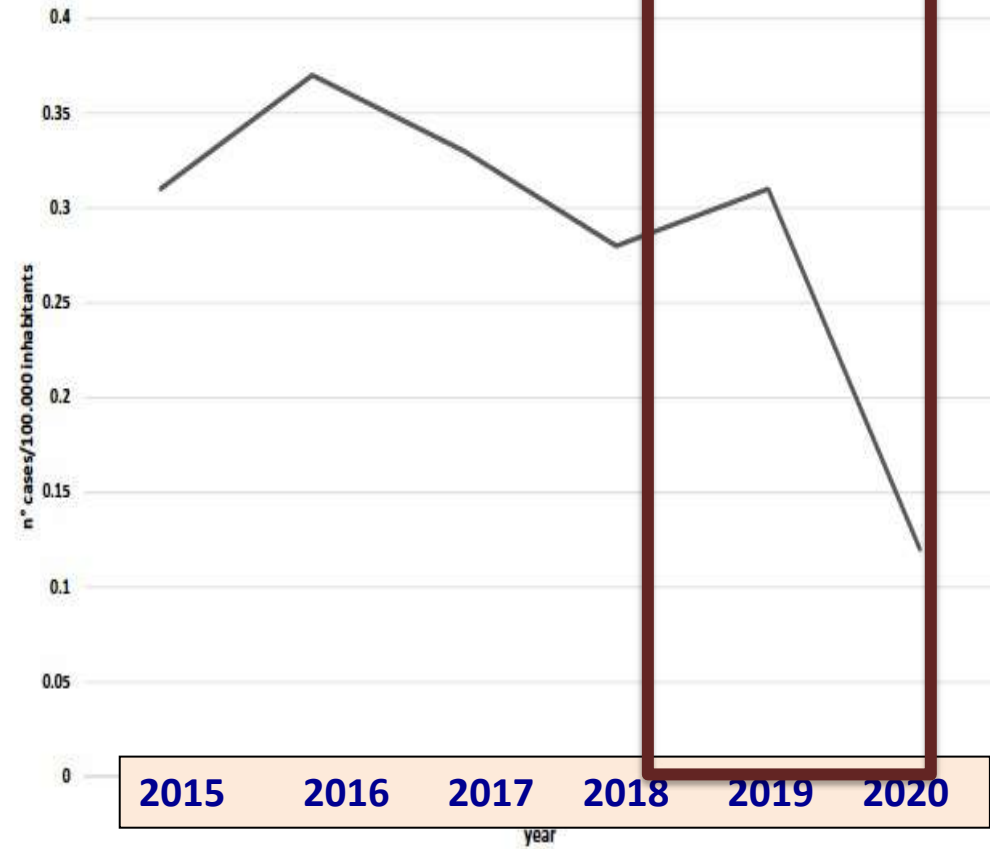
KEYWORDS

Lockdown; social distancing; control measures; SARS-CoV-2; invasive meningococcal disease

COVID19 PANDEMİSİ

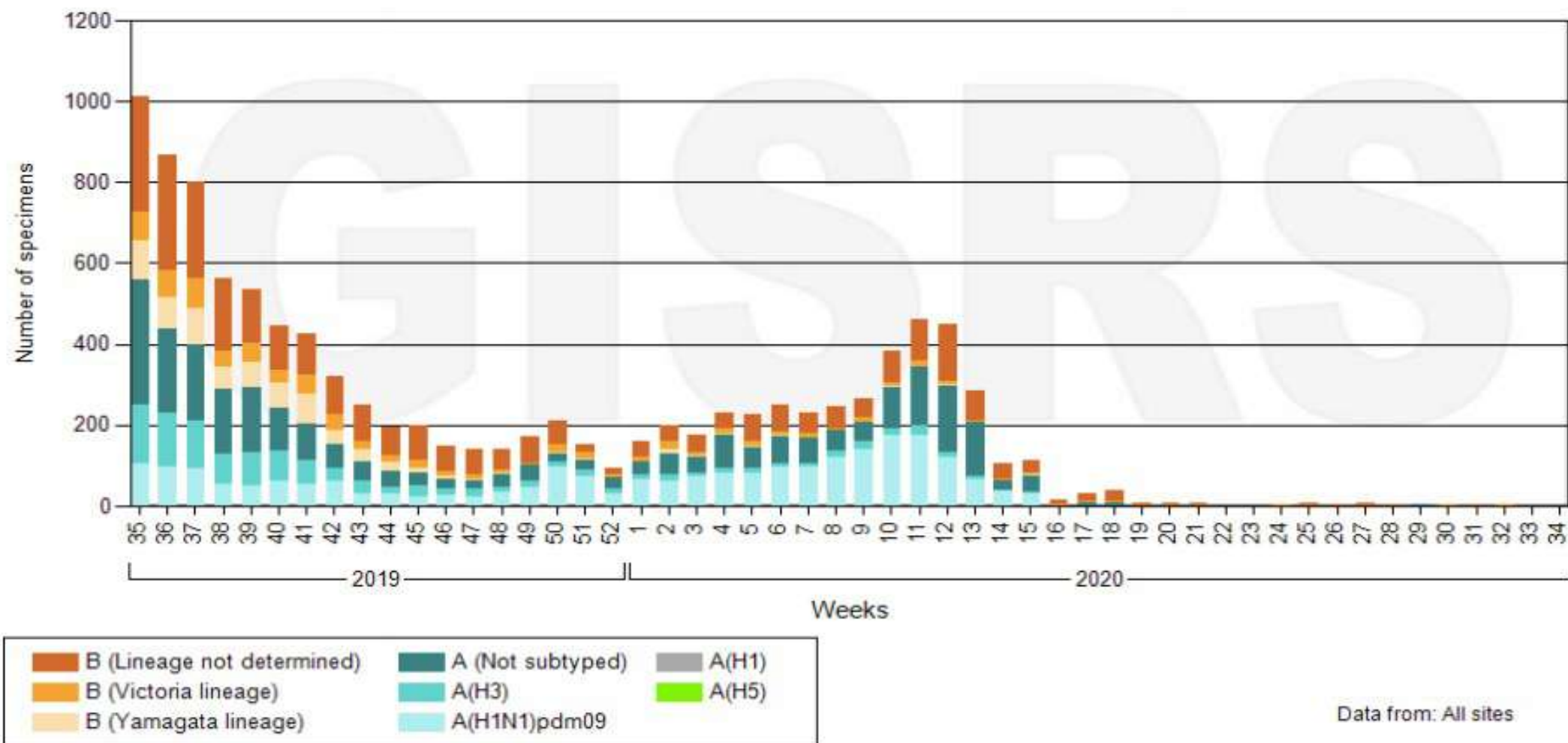


İNVAZİV MENİNGOKOK ENFEKSİYONLARI İTALYA



INFLUENZA

Number of specimens positive for influenza by subtype in the southern hemisphere



INFLUENZA

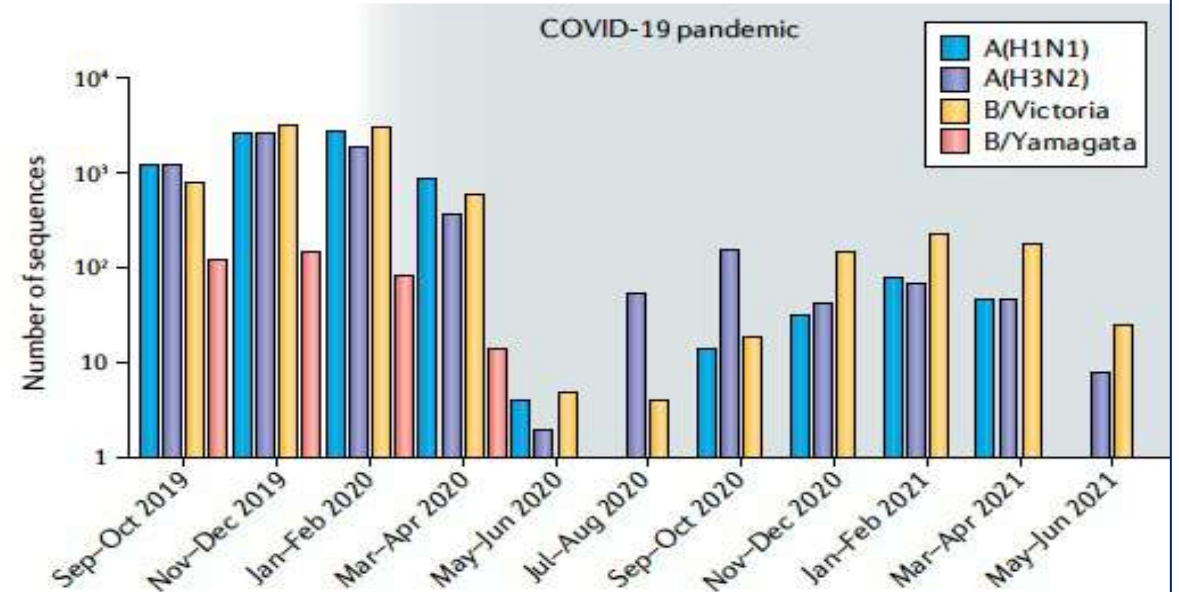
COMMENT

 Check for updates

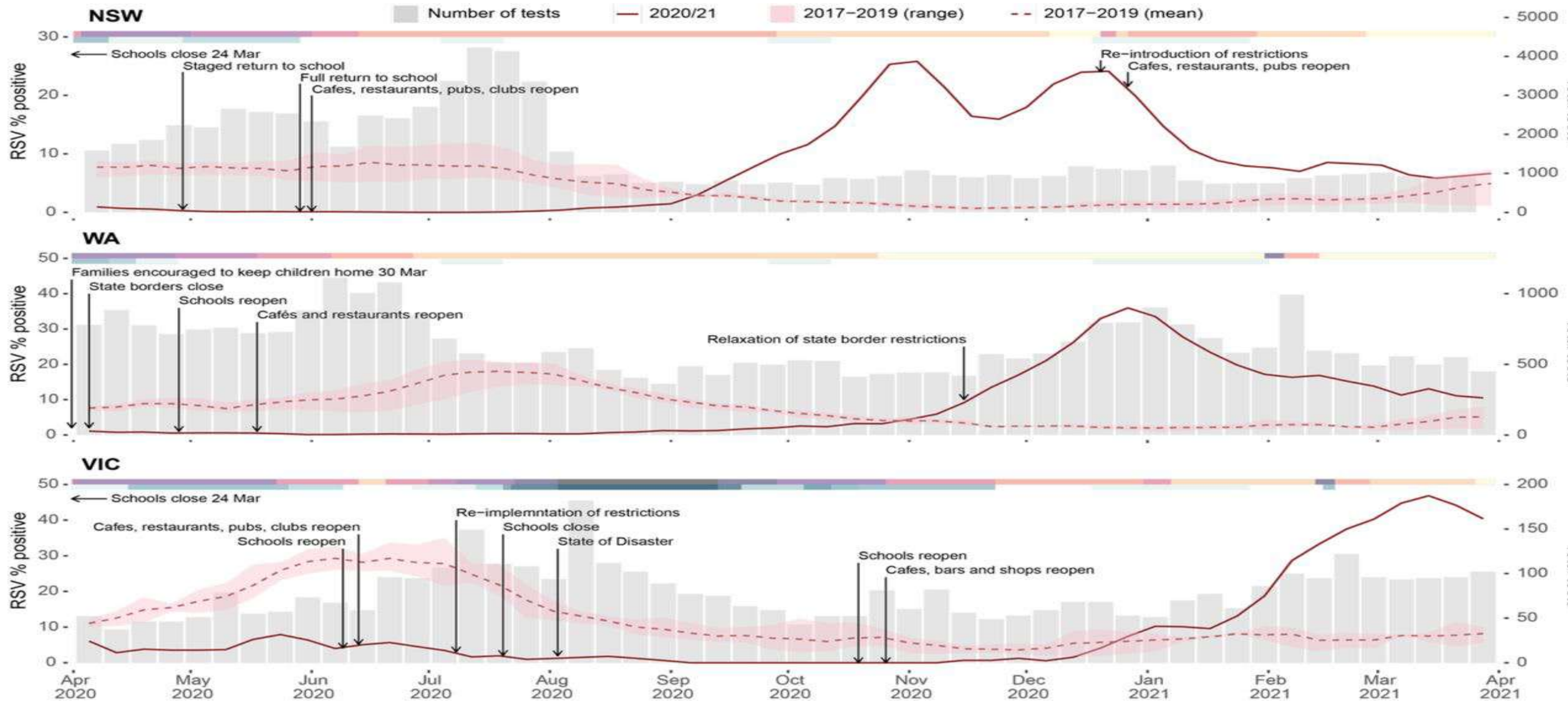
Influenza lineage extinction during the COVID-19 pandemic?

Marios Koutsakos¹  , Adam K. Wheatley¹ , Karen Laurie², Stephen J. Kent^{1,3}  and Steve Rockman^{1,2}

The SARS-CoV-2 pandemic has seen a notable global reduction in influenza cases of both influenza A and B viruses. In particular, the B/Yamagata lineage has not been isolated from April 2020 to August 2021, suggesting that this influenza lineage may have become extinct, which may provide opportunities for improving availability and effectiveness of influenza vaccines.

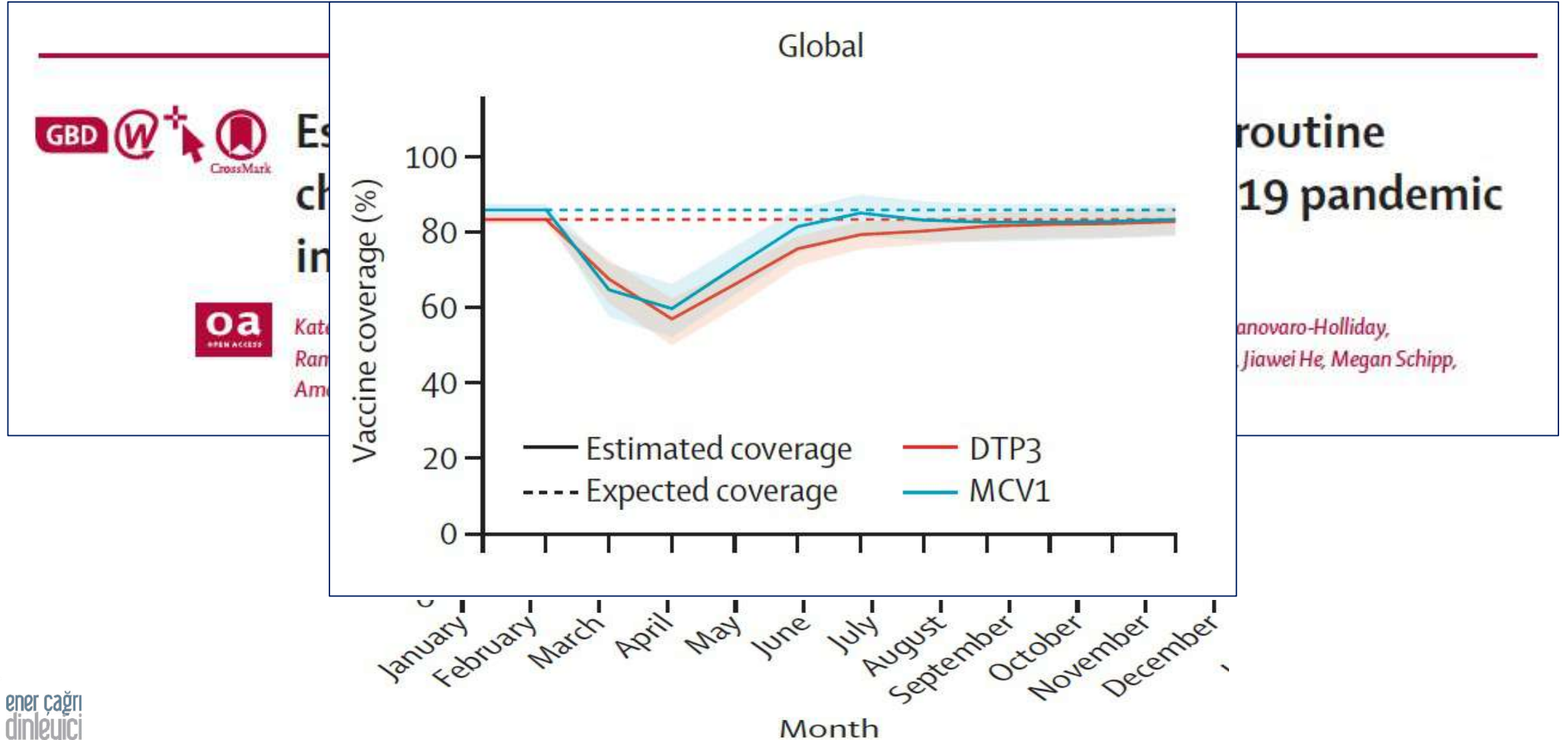


RSV



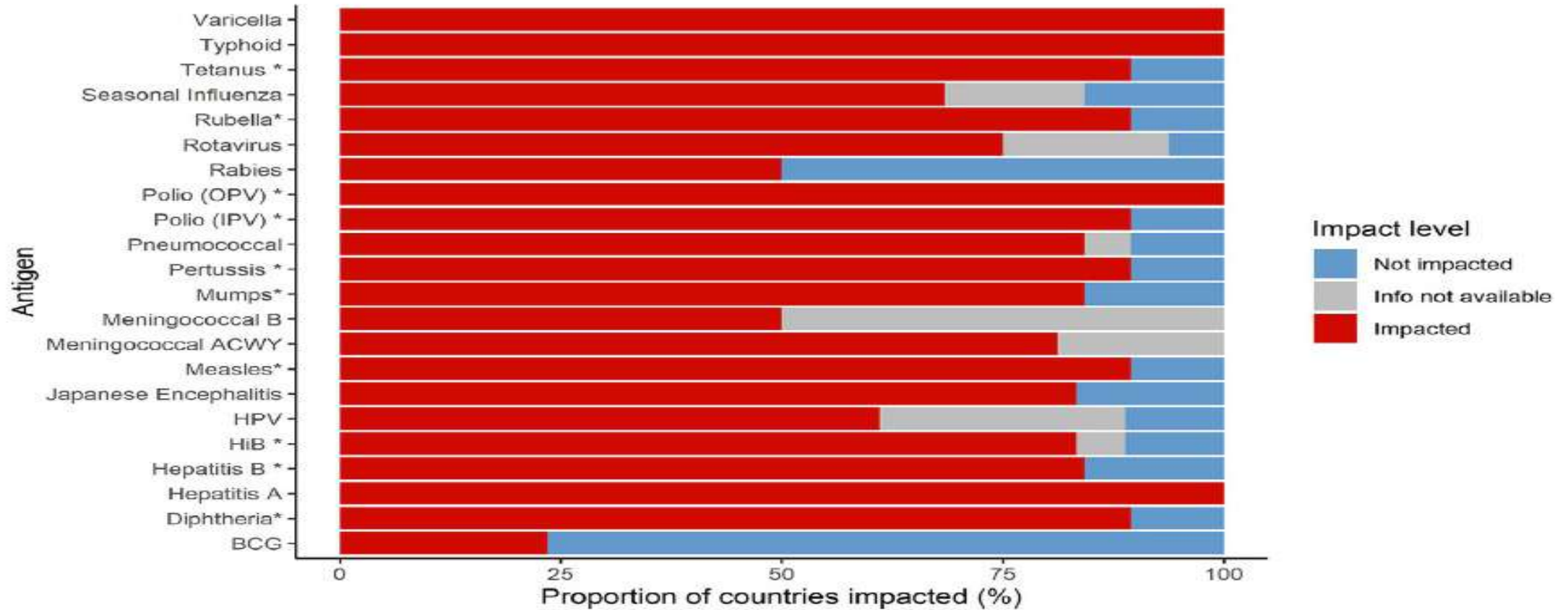
COVID19 PANDEMİSİ

RUTİN AŞILAMA



COVID19 PANDEMİSİ

RUTİN AŞILAMA



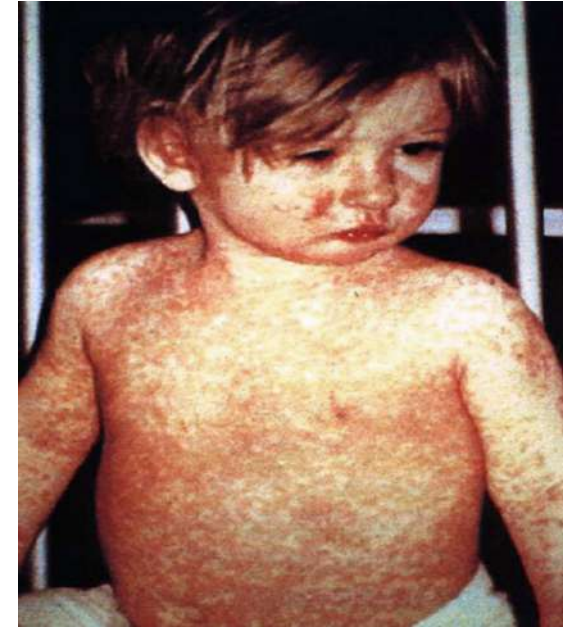
COVID19 PANDEMİSİ

RUTİN AŞILAMA KİTLESEL AŞI KAMPANYALARI

POLIO



KIZAMIK



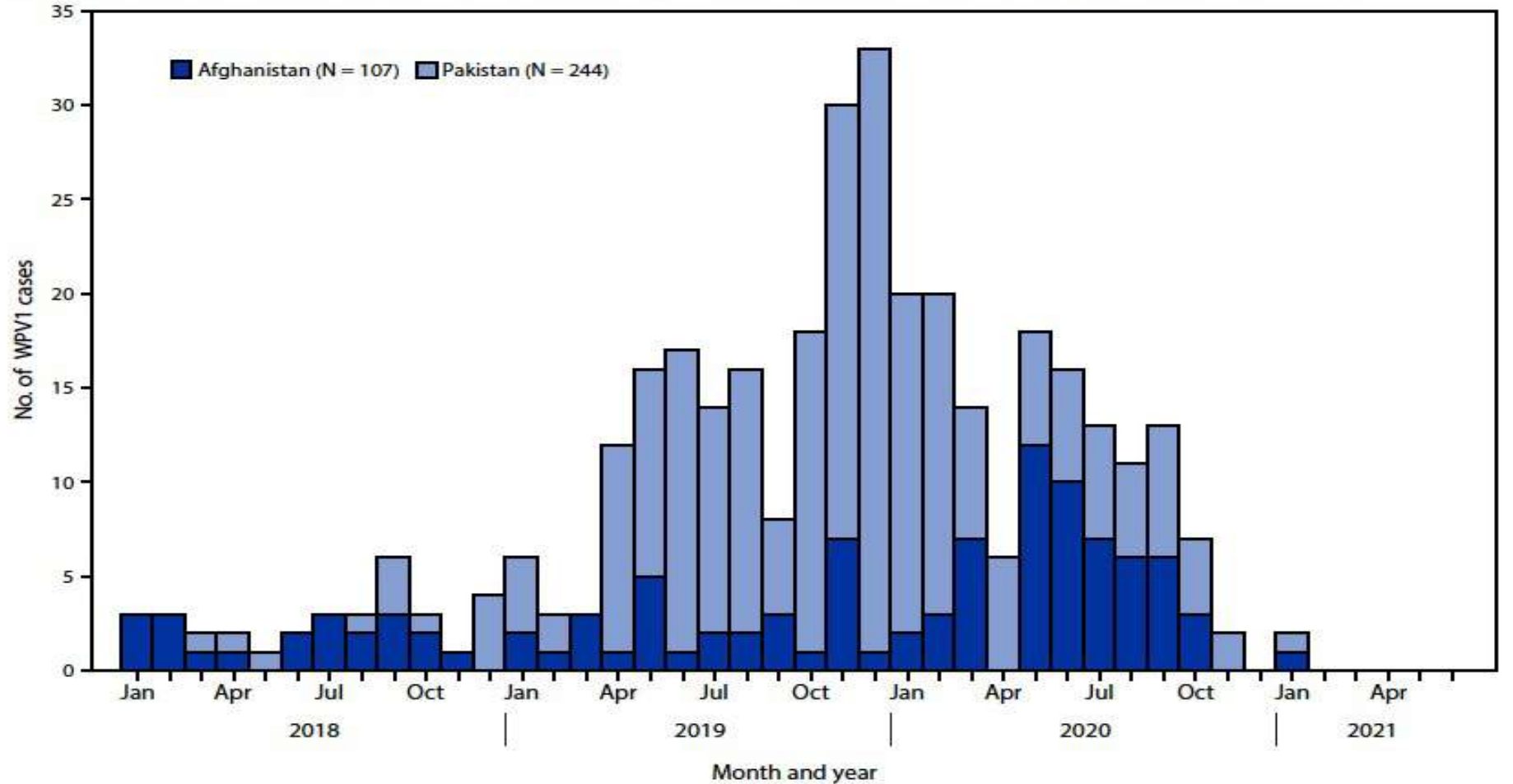
COVID19 PANDEMİSİ

RUTİN AŞILAMA KİTLESEL AŞI KAMPANYALARI

POLIO



FIGURE. Number of wild poliovirus type 1 cases, by country and month of paralysis onset — worldwide, January 2019–June 2021*

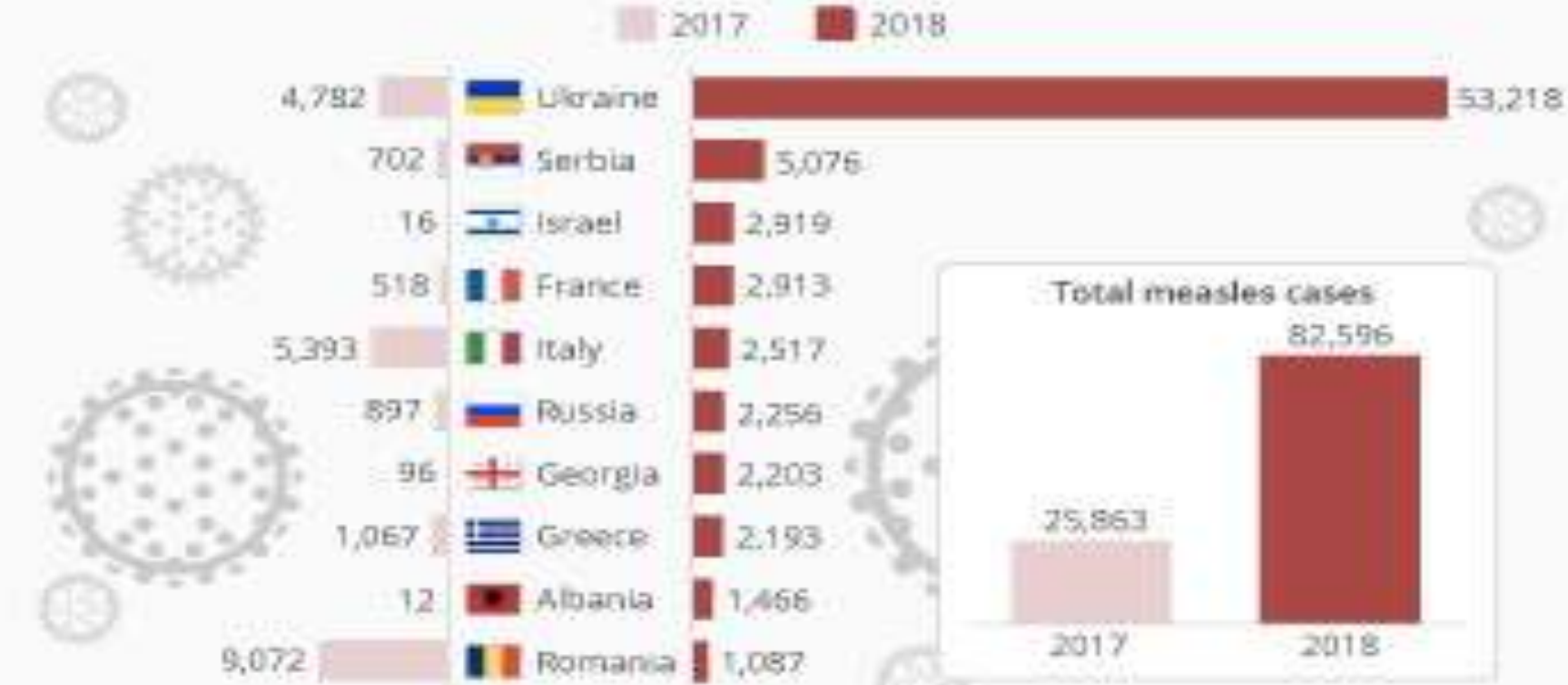


COVID19 PANDEMİSİ

RUTİN AŞILAMA KİTLESEL AŞI KAMPANYALARI

Europe's Measles Cases Tripled Last Year

Measles cases reported in the WHO European Region in 2017 & 2018



Source: World Health Organization

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17/02/20

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COVID19 PANDEMİSİ

RUTİN AŞILAMA ABD

- Overall vaccination rate for 2020 decreased 50.8-59.2
 - 59.2% (higher drop) in adolescents aged 11-13 years old.
 - 64.1% reduction for Tdap vaccine among children 11-13 years old.
 - **62.9% reduction for Hepatitis B vaccine.**
 - 53.4% reduction for varicella vaccine
 - 54.7% reduction for MMR vaccine

«PANDEMIC CONTINUES TO BE A MARATHON RATHER THAN A SPRINT»

COVID19 PANDEMİSİ

RUTİN AŞILAMA HOLLANDA

Vaccine 39 (2021) 1039–1043

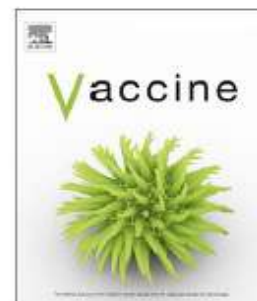


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Vaccine

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



Short communication

Short term impact of the COVID-19 pandemic on incidence of vaccine preventable diseases and participation in routine infant vaccinations in the Netherlands in the period March-September 2020

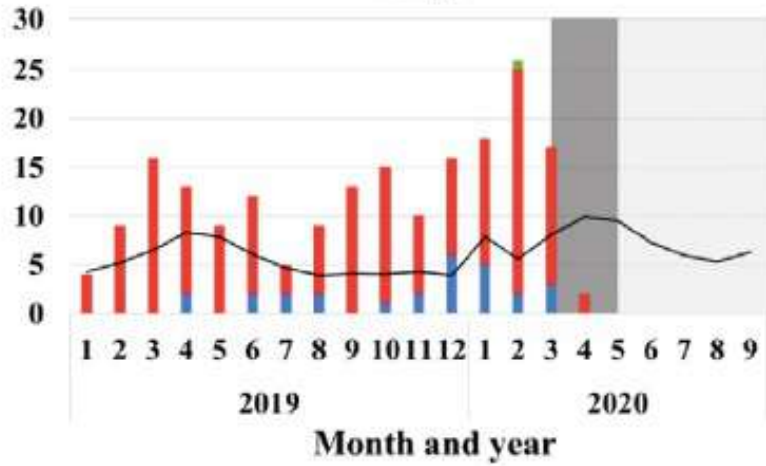


Marit Middelorp^{a,*}, Alies van Lier^a, Nicoline van der Maas^a, Irene Veldhuijzen^a, Wieke Freudenburg^b, Nina M. van Sorge^b, Elisabeth A.M. Sanders^a, Mirjam J. Knol^a, Hester E. de Melker^a

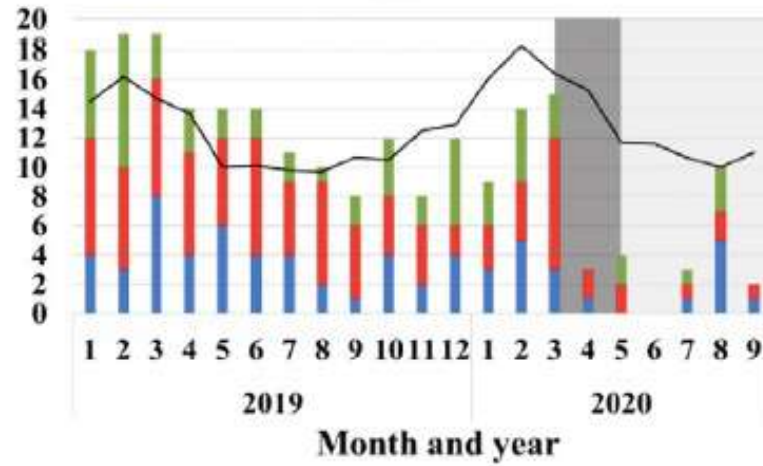
COVID19 PANDEMİSİ

RUTİN AŞILAMA HOLLANDA

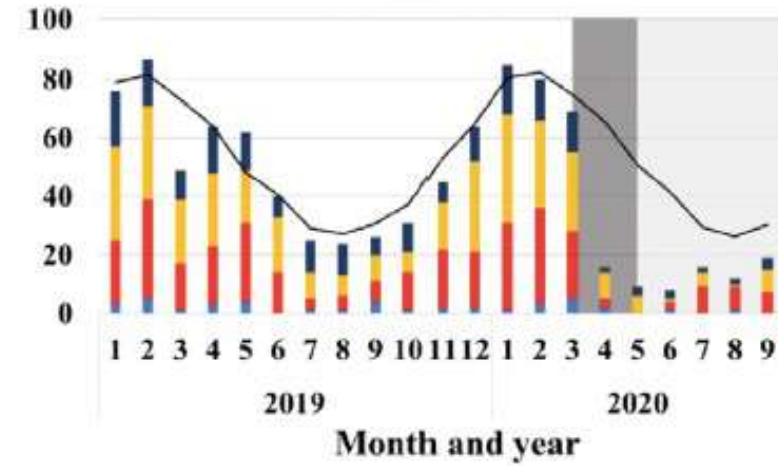
KABAKULAK



IMD



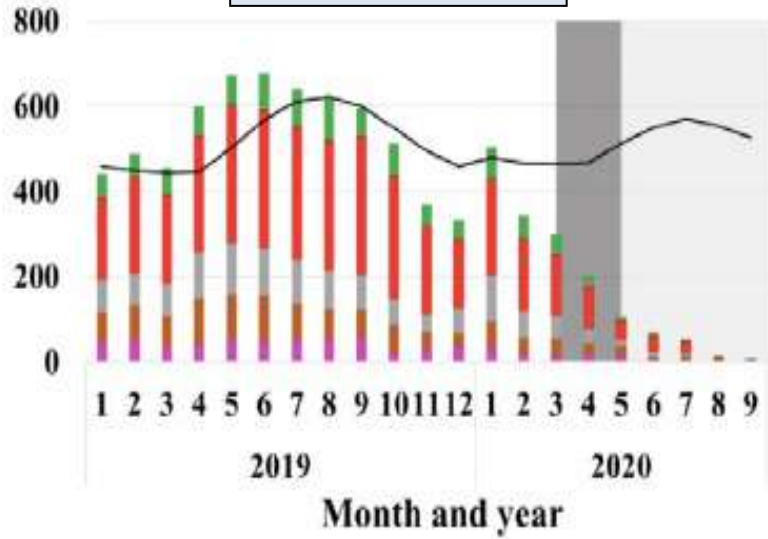
IPD



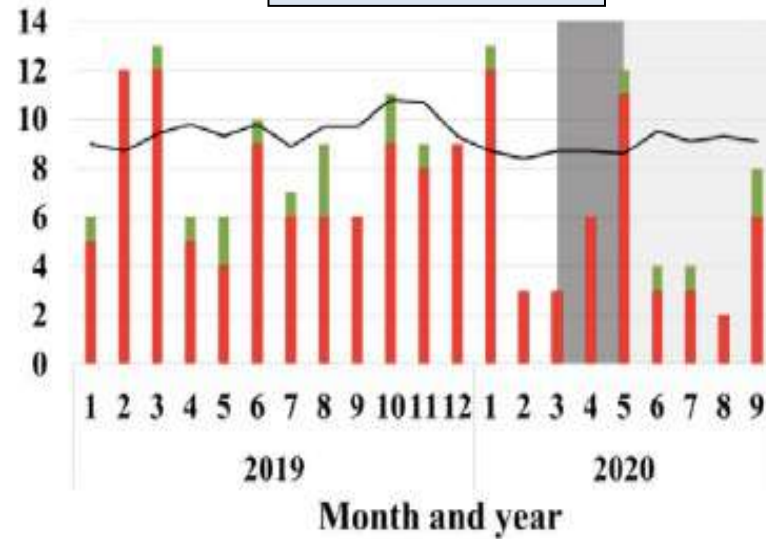
COVID19 PANDEMİSİ

RUTİN AŞILAMA HOLLANDA

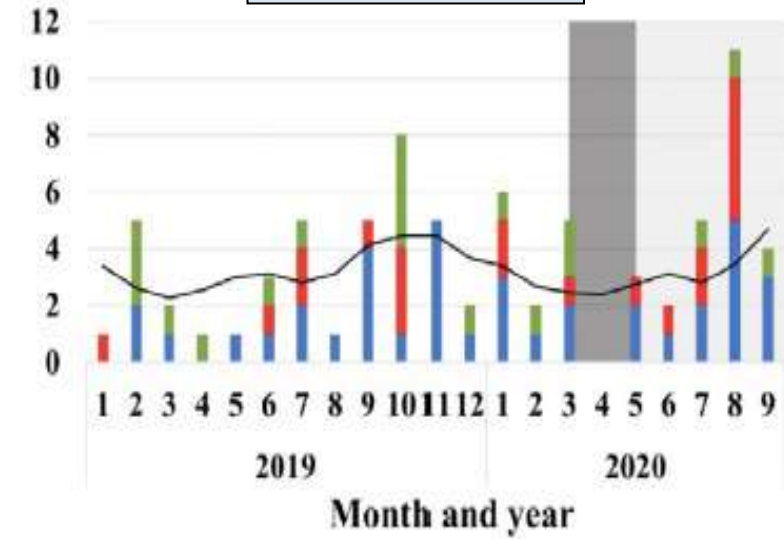
BOĞMACA



HEPATİT B



HİB



highlight highlight 2
12-17 years <18 years
65-79 years 80+ years
<5 years 5-11 years
18-64 years 65+ years
— 5-year average

COVID19 PANDEMİSİ

AŞI İLE KORUNULABİLİR HASTALIK HOLLANDA

- RUTİN AŞILAMANIN DEVAM EDİLMESİ.
- 0-2 YAŞ 200.000 EBEVEYNE, AŞILARIN ÖNEMİNİ ANLATAN MEKTUP GÖNDERİLDİ.
- MART-EYLÜL **MMR** AŞILAMASI 2019'A GÖRE **%6-14 AZALMA**
- AŞILAMA KAMPANYASI SONRASINDA SADECE **%1-2 AZALMA** KALMIŞ.

COVID19 PANDEMİSİ

RUTİN AŞILAMA LÜBNAN

Table 1. Witnessed decrease among private physicians in the utilization of routine immunization services between October 2019 and April 2020.

	Number	Percentage
Physicians witnessing a decrease in the utilization of routine immunization services between October 2019 and April 2020	267	77.4
Physicians witnessing a decrease in the utilization of the following vaccines between October 2019 and April 2020 (N = 267)		
OPV	132	49.4
IPV	186	69.7
Measles	189	70.8
DPT	195	73.0
Hepatitis B	171	64.0
MMR	189	70.8
PCV	219	82.0
Hepatitis A	213	79.8
Period with the most significant decrease rate in immunization services provision in the private sector (N = 267)		
October- November 2019	6	2.2
December 2019- January 2020	21	7.9
February-April 2020	234	87.6
Do not know	6	2.2

RUTİN AŞILAMA
77.4% ↓

RUTİN AŞILAMA
ŞUBAT-NİSAN
87.6% ↓

HEPATİTİS A 79.8% ↓
HEPATİTİS B 64.0 ↓

ÖZEL AŞILAMA

COVID19 PANDEMİSİ

RUTİN AŞILAMA LÜBNAN

Table 2. Percent decrease rate in the utilization of routine vaccination in the private sector between October 2019 and April 2020.

	Estimated Percent Decrease Rate
Average overall estimated percent decrease rate in the utilization of routine immunization services in the private sector between October 2019 and April 2020	46.9%
Average estimated percent decrease rates in the utilization of the following vaccines in the private sector between October 2019 and April 2020 (N = 267)	
OPV	57.5%
Hepatitis A	57.2%
Measles	53.3%
PCV	53.3%
MMR	49.9%
Hepatitis B	49.1%
IPV	48.5%
DTP	46.3%

<https://doi.org/10.1371/journal.pone.0246951.t002>

OPV 57.5% ↓

HEPATİTİS A 57.2% ↓

KIZAMIK 53.5% ↓

MMR 49.9% ↓

HEPATİT B 49.1% ↓

IPV 48.5% ↓

DTP 46.3% ↓

ÖZEL SEKTÖR

Mansour Z et al. Plos One 2021

COVID19 PANDEMİSİ

RUTİN AŞILAMA SİNGAPUR

Table 1

Number of vaccines given for January to March 2020 compared to the baseline in January to March 2019, and for April 2020 compared to the baseline in April 2019, with the estimates of the percentage change in number of vaccines between time periods, at each type of healthcare facility.

Vaccine	Place	Number of vaccines Jan - March 2019	Number of vaccines Jan-March 2020	% Difference January - March 2019-2020 (95% confidence interval)	Number of vaccines April 2019	Number of vaccines April 2020	% Difference April 2019-2020 (95% confidence interval)
MMR MMRV	Polyclinics	3634	3436	-5.5 (-6.2 to -4.8)	1283	954	-25.6 (-28.1 to -23.3)
	Hospital	364	344	-5.5 (-8.3 to -3.6)	157	67	-57.3 (-65.0 to -50.0)
	Private clinics	393	188	-52.2 (-57.1 to -47.2)	121	32	-73.6 (-81.0 to -65.1)
PENTA HEXA	Polyclinics	7015	6855	-2.3 (-2.7 to -2.0)	2367	2123	-10.3 (-11.5, to -9.1)
	Hospital	636	776	22.0 (19.0 to 25.4)	246	245	-0.4 (-2.3 to -0.1)
	Private clinics	375	317	-15.5 (-19.5 to -12.2)	136	71	-47.8 (-56.1 to -40.0)
PCV	Polyclinics	5087	4977	-2.2 (-2.6 to -1.8)	1735	1596	-8.0 (-9.4 to -6.8)
	Hospital	545	593	8.8 (6.7 to 11.5)	194	169	-12.9 (-18.3 to -8.9)
	Private clinics	269	194	-27.9 (-33.5 to -22.9)	87	28	-67.8 (-77.0 to -57.4)

NO MEASLES INCREASE (YET)

FACE MASK, SOCIAL DISTANCING, CLOSING BORDER

Zhong Y et al. Vaccine 2021

COVID19 PANDEMİSİ

RUTİN AŞILAMA FRANSA

	Penta/hexavalent vaccine ^a			PCV13 vaccine			Men-C-C vaccine			MMR vaccine		
	Observed	Expected	Relative difference	Observed	Expected	Relative difference	Observed	Expected	Relative difference	Observed	Expected	Relative difference
	<i>n</i>	<i>n</i>	% [95% CI]	<i>n</i>	<i>n</i>	% [95% CI]	<i>n</i>	<i>n</i>	% [95% CI]	<i>n</i>	<i>n</i>	% [95% CI]
Pre-lockdown	112,716	114,213	-1.3 [-1.9; -0.7]	112,990	114,698	-1.5 [-2.1; -0.9]	60,113	61,138	-1.7 [-2.5; -0.9]	100,067	107,056	-6.5 [-7.1; -5.9]
Feb 17-March 15												
First lockdown	195,636	207,387	-5.7 [-6.1; -5.2]	196,234	208,334	-5.8 [-6.2; -5.4]	101,234	113,622	-10.9 [-11.5; -10.4]	156,637	209,409	-25.2 [-25.6; -24.8]
March 16-April 12	95,667	109,233	-12.4 [-13; -11.9]	95,904	109,706	-12.6 [-13.1; -12]	46,861	59,301	-21 [-21.7; -20.3]	65,969	111,613	-40.9 [-41.3; -40.4]
April 13-May 10	99,969	98,154	1.8 [1.2; 2.5]	100,330	98,628	1.7 [1.1; 2.4]	54,373	54,321	0.1 [-0.7; 0.9]	90,668	97,796	-7.3 [-7.9; -6.7]
Inter-lockdown	614,658	636,199	-3.4 [-3.6; -3.1]	615,340	638,407	-3.6 [-3.9; -3.4]	317,816	322,104	-1.3 [-1.7; -1]	642,213	671,009	-4.3 [-4.5; -4.1]
May 11-June 7	97,379	104,694	-7 [-7.6; -6.4]	97,470	105,015	-7.2 [-7.8; -6.6]	54,696	56,787	-3.7 [-4.5; -2.9]	107,753	111,065	-3 [-3.6; -2.4]
June 8-July 5	104,431	102,558	1.8 [1.2; 2.4]	104,495	102,984	1.5 [0.9; 2.1]	57,081	56,690	0.7 [-0.1; 1.5]	116,573	114,056	2.2 [1.6; 2.8]
July 6-Aug 2	97,068	99,605	-2.5 [-3.2; -1.9]	97,131	99,798	-2.7 [-3.3; -2.1]	49,190	48,202	2.1 [1.2; 3]	93,021	97,600	-4.7 [-5.3; -4.1]
Aug 3-30	93,697	94,623	-1 [-1.6; -0.3]	93,792	94,975	-1.2 [-1.9; -0.6]	45,707	45,059	1.4 [0.5; 2.4]	85,327	87,904	-2.9 [-3.6; -2.3]
Aug 31-Sept 27	115,914	122,602	-5.5 [-6; -4.9]	116,063	122,996	-5.6 [-6.2; -5.1]	56,264	58,878	-4.4 [-5.2; -3.6]	123,470	137,823	-10.4 [-10.9; -9.9]
Sept 28-Oct 25	106,169	112,117	-5.3 [-5.9; -4.7]	106,389	112,639	-5.5 [-6.1; -5]	54,878	56,488	-2.8 [-3.7; -2]	116,069	122,561	-5.3 [-5.8; -4.8]
Second lockdown	222,409	228,968	-2.9 [-3.3; -2.5]	222,745	230,088	-3.2 [-3.6; -2.8]	116,474	115,191	1.1 [0.5; 1.7]	223,193	226,520	-1.5 [-1.9; -1.1]
Oct 26-Nov 23	110,950	113,126	-1.9 [-2.5; -1.3]	110,996	113,754	-2.4 [-3; -1.8]	56,321	55,058	2.3 [1.5; 3.1]	111,199	112,530	-1.2 [-1.8; -0.6]
Nov 24-Dec 20	111,459	115,842	-3.8 [-4.3; -3.2]	111,749	116,334	-3.9 [-4.5; -3.4]	60,153	60,133	0 [-0.8; 0.8]	111,994	113,990	-1.8 [-2.3; -1.2]
Since first lockdown	1,032,703	1,072,554	-3.7 [-3.9; -3.5]	1,034,319	1,076,829	-3.9 [-4.1; -3.8]	535,524	550,917	-2.8 [-3.1; -2.5]	1,022,043	1,106,936	-7.7 [-7.8; -7.5]
March 16-Dec 20												

COVID19 PANDEMİSİ

RUTİN AŞILAMA BREZİLYA

JOURNAL
OF MEDICAL
MICROBIOLOGY

Effect of COVID-19 on

Marcelle Moura Silveira^{1*}, Neida Luc

Region	Vaccine	Vaccination coverage rates (%) by year					
		2015	2016	2017	2018	2019	2020
North	MCC	87.1	81.8	78.5	74.1	84.2	64.4
	PCV10	75.0	85.8	84.2	86.5	88.3	68.6
	BCG	100.0	92.0	92.4	94.9	91.0	71.2
	DTaP	27.8	28.3	34.9	58.4	65.5	45.9
Northeast	MCC	97.4	88.6	85.6	90.4	86.3	67.4
	PCV10	93.2	92.1	90.4	97.3	88.5	70.7
	BCG	100.0	94.3	97.2	100.0	85.3	63.2
	DTaP	44.1	36.2	42.0	61.7	63.8	40.8
Midwest	MCC	85.0	100.0	78.5	83.3	88.0	75.0
	PCV10	92.7	100.0	91.1	94.8	90.0	80.1
	BCG	100.0	100.0	97.5	100.0	93.7	73.5
	DTaP	41.8	45.7	44.1	61.8	69.0	50.1
Southeast	MCC	100.0	93.1	89.6	90.7	86.6	70.7
	PCV10	99.0	96.9	95.1	97.0	88.1	72.8
	BCG	100.0	95.4	100.0	100.0	84.4	62.7
	DTaP	53.7	32.3	43.4	57.6	59.0	36.9
South	MCC	100.0	94.5	92.1	88.6	93.4	78.9
	PCV10	98.4	96.7	93.7	93.1	92.7	80.6
	BCG	100.0	96.0	92.3	94.1	88.0	76.0
	DTaP	35.6	35.0	45.0	65.2	69.2	47.2

COVID19 PANDEMİSİ

RUTİN AŞILAMA PERU

Peru

March: Cancellation of outpatient care (immunization, prenatal, obstetric, contraception, pediatric, adult, nutrition), health promotion activities, and home visits (for example, to administer meningococcal vaccines to people over 60 years of age in peri-urban areas of Lima due to lack of personal protective equipment). Maintenance of emergency services. Maintenance of response services to family and gender violence, with a specific line for violence against children, with a communication campaign to alert the population about these services.

UNDP LAC C19 PDS N°. 19

Challenges posed by the COVID-19 pandemic in the health of women, children, and adolescents in Latin America and the Caribbean

ERİŞKİN AŞILAMA

COVID19 PANDEMİSİ



RUTİN AŞILAMA KANADA

Vaccine 39 (2021) 5532–5537

Contents lists available at ScienceDirect


Vaccine

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

Continuity of routine immunization programs in Canada during the COVID-19 pandemic

Hannah Sell ^{a,b}, Ali Assi ^b, S. Michelle Driedger ^c, Ève Dubé ^d, Arnaud Gagneur ^e, Samantha B. Meyer ^f, Joan Robinson ^g, Manish Sadarangani ^h, Matthew Tunis ⁱ, Shannon E. MacDonald ^{b,*}



Conclusions: Canadian routine immunization programs faced some disruptions due to the COVID-19 pandemic, particularly the school, adult, and older adult programs. Further research is needed to determine the measurable impact of the pandemic on routine vaccine coverage levels.

ERİŞKİN AŞILAMA

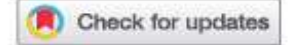
COVID19 PANDEMİSİ

RUTİN AŞILAMA TÜRKİYE

HUMAN VACCINES & IMMUNOTHERAPEUTICS
<https://doi.org/10.1080/21645515.2021.1923345>



RESEARCH PAPER

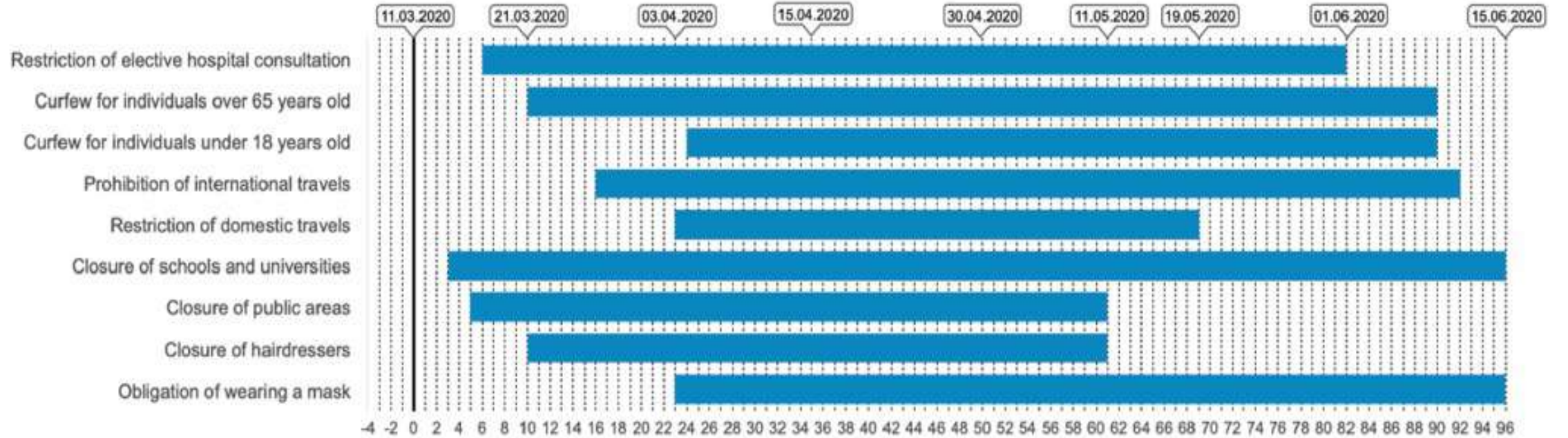


Alteration in vaccination rates and an evaluation of physicians' perceptions of the possible impact of the SARS-CoV-2 pandemic on childhood vaccinations in Ankara, Turkey

Ateş Kara^a, Sare İlbay^a, Osman Topaç^b, Elif Ayla Arabulan^b, Hasan Tezer^c, Nilüfer Tavukçu^b, and Çiğdem Şimşek^b

COVID19 PANDEMİSİ

RUTİN AŞILAMA TÜRKİYE



COVID19 PANDEMİSİ

RUTİN AŞILAMA TÜRKİYE

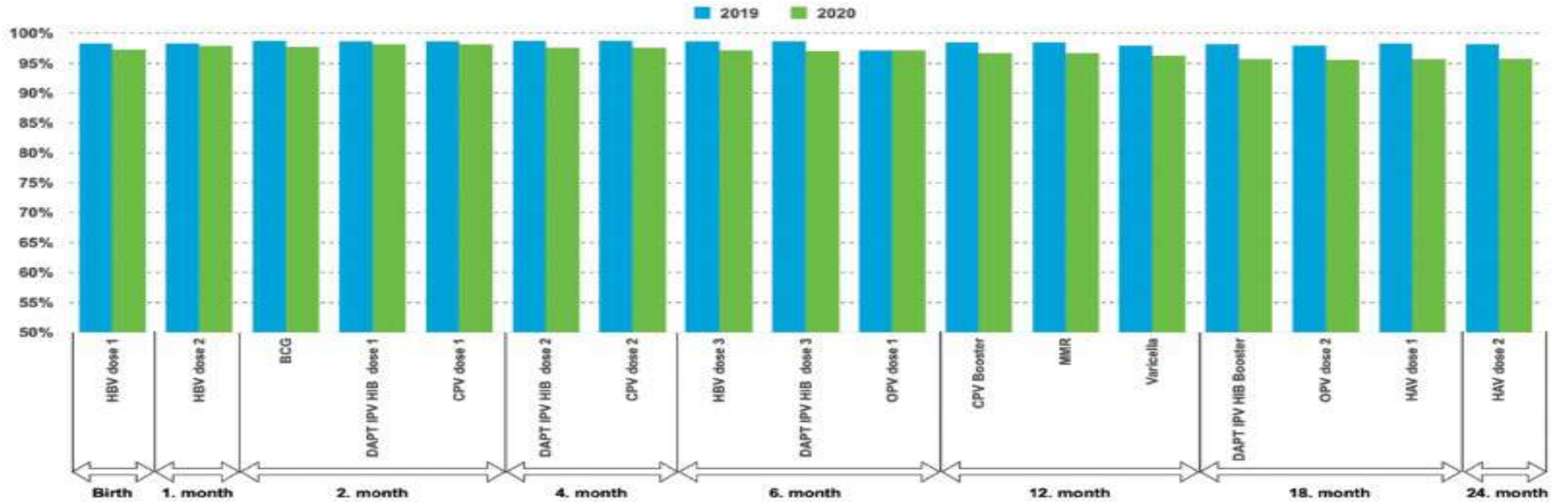


Figure 2. Mean vaccination ratios of children under the age of 24 months during March, April, May 2019 and 2020 in Ankara, Turkey.

RUTİN AŞILAMA

T.C. Sağlık Bakanlığı Ulusal Çocukluk Dönemi Aşılaması Takvimi (2020)

	Doğumda	1.ayın sonu	2.ayın sonu	4.ayın sonu	6.ayın sonu	12.ayın sonu	18.ayın sonu	24.ayın sonu	48.ay ³	13 yaş
Hep-B	I	II			III					
BCG			I							
KPA			I	II		R				
DaBT-İPA-Hib			I	II	III		R			
OPA					I		II			
Suçiçeği ¹						I				
KKK						I			II	
Hep-A ²							I	II		
DaBT-İPA									R	
Td										R

¹ 1 Ocak 2012 ve sonrasında doğan çocuklara uygulanacaktır.

² 1 Mart 2011 ve sonrasında doğan çocuklara uygulanacaktır.

³ 1 Temmuz 2016 tarihinde doğanlardan başlamak üzere 48.ayına girmiş olan tüm çocuklara uygulanacaktır. 1 Temmuz 2016 tarihinden önce doğmuş ve halen ilköğretime başlamamış olan çocukların KKK ikinci dozu ve DaBT-İPA aşısı ise 2020-2021, 2021-2022 ve 2022-2023 eğitim ve öğretim dönemlerinde okul aşılamaları şeklinde uygulanacaktır.

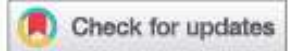
COVID19 PANDEMİSİ

RUTİN AŞILAMA ÖNERİLER

HUMAN VACCINES & IMMUNOTHERAPEUTICS
2021, VOL. 17, NO. 2, 400–407
<https://doi.org/10.1080/21645515.2020.1804776>



REVIEW



Vaccines and routine immunization strategies during the COVID-19 pandemic

Ener Cagri Dinleyici^a, Ray Borrow^b, Marco Aurélio Palazzi Safadi^c, Pierre van Damme^d, and Flor M. Munoz^e

^aDepartment of Pediatrics, Eskisehir Osmangazi University Faculty of Medicine, Eskisehir, Turkey; ^bVaccine Evaluation Unit, Public Health England, Manchester, UK; ^cDepartment of Pediatrics, Santa Casa De São Paulo, School of Pediatrics, São Paulo, Brazil; ^dCentre for the Evaluation of Vaccination, Vaccine & Infectious Disease Institute, University of Antwerp, Antwerp, Belgium; ^eDepartments of Pediatrics and Molecular Virology and Microbiology, Baylor College of Medicine, Houston, TX, USA

COVID19 PANDEMİSİ

RUTİN AŞILAMA ÖNERİLER



Only one parent should enter the room with the child, others should wait outside.



The person to administer the vaccine should be wearing a mask and gloves.



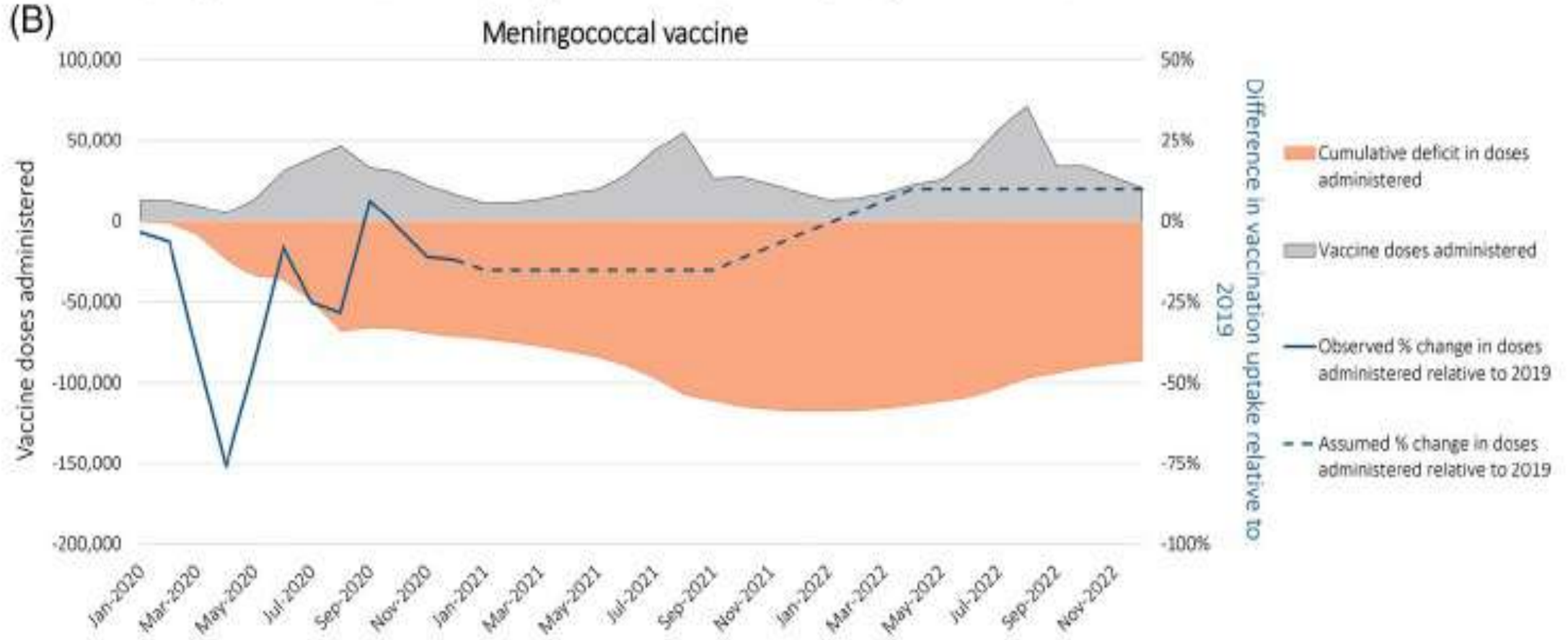
Following vaccination, the child is monitored in an area where social distancing rules apply.

**ALL
BAD THINGS
MUST COME
TO AN
END.**



COVID19 PANDEMİSİ

RUTİN AŞILAMA GELECEK



COVID19 PANDEMİSİ

RUTİN AŞILAMA GELECEK

Infectious Diseases Now 51 (2021) 418–423



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Review

Pediatric Infectious Disease Group
immune debt of the COVID-19 pandemic
the immunity gap?

Robert Cohen^{a,b,c,d,e}, Marion Ashman^{a,f}, M
François Angoulvant^{e,i,j}, Corinne Levy^{a,b,c,g},
Nicole Guiso^l, Emmanuel Grimpel^{e,m}

4. Conclusions

Low viral and bacterial exposures due to NPIs imposed by the COVID-19 pandemic raise concerns as we may witness strong pediatric epidemic rebounds once personal protection measures are lifted. In addition, the decrease in vaccination coverage and the potential increased number of cases of vaccine preventable diseases are of concern. This should lead to the implementation of reinforced catch-up vaccination programs. The French vaccination schedule does not include vaccines against rotavirus, varicella, and *Neisseria meningitidis* serogroup B and ACYW; France could thus be more vulnerable to some of these epidemic rebounds. This should lead to advocacy for the expansion of the French vaccination schedule. Finally, for diseases for which there is no vaccine, rapid screening, timely re-enforcement of hygiene measures, and adaptation of healthcare systems should be implemented.



Contents lists available at [ScienceDirect](#)

Journal of Infection

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



Review

Surveillance and control of meningococcal disease in the COVID-19 era: A Global Meningococcal Initiative review

Mark R. Alderson¹, Peter D. Arkwright², Xilian Bai³, Steve Black⁴, Ray Borrow^{3,*},
Dominique A. Caugant⁵, Ener Cagri Dinleyici⁶, Lee H. Harrison⁷, Jay Lucidarme³,
Lucy A. McNamara⁸, Susan Meiring⁹, Marco A.P. Sáfadi¹⁰, Zhujun Shao¹¹,
David S. Stephens¹², Muhamed-Kheir Taha¹³, Julio Vazquez¹⁴, Bingqing Zhu¹¹,
GMI collaborators¹⁵

COVID19 PANDEMİSİ

RUTİN AŞILAMA GELECEK

THE JOURNAL OF PEDIATRICS . www.jpeds.com

Volume 230

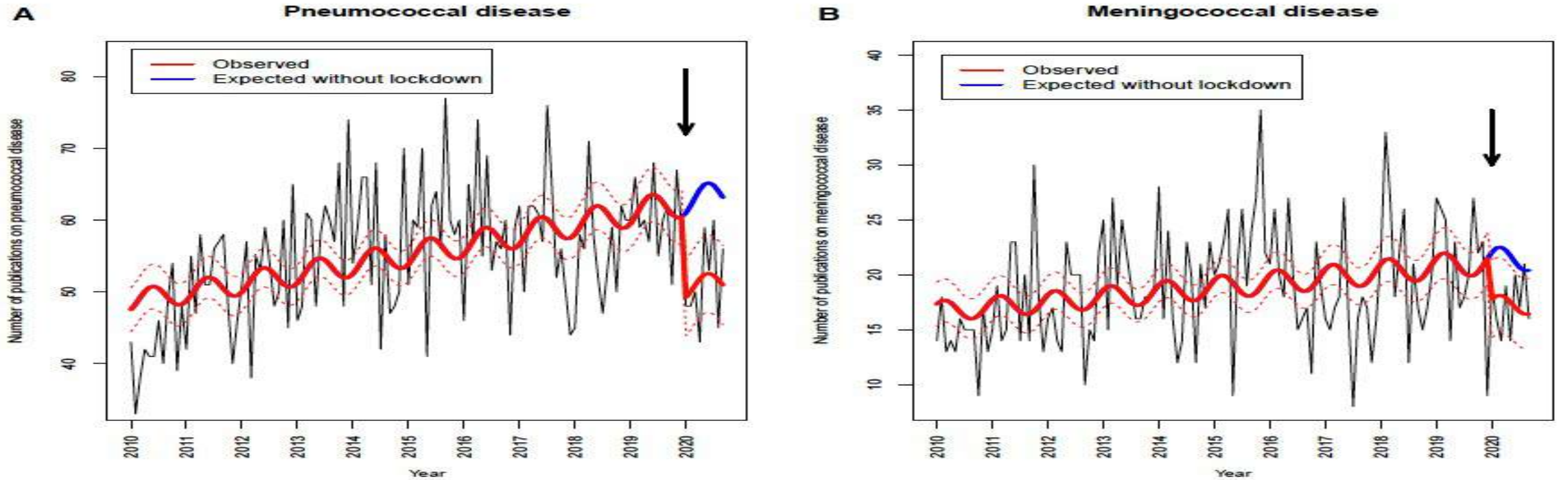


Figure. The dynamics of monthly publication rates in 2020 of **A**, pneumococcal and **B**, meningococcal disease articles in PubMed by interrupted time-series analysis with quasi-Poisson regression models, accounting for pre-existing secular trend and seasonality.

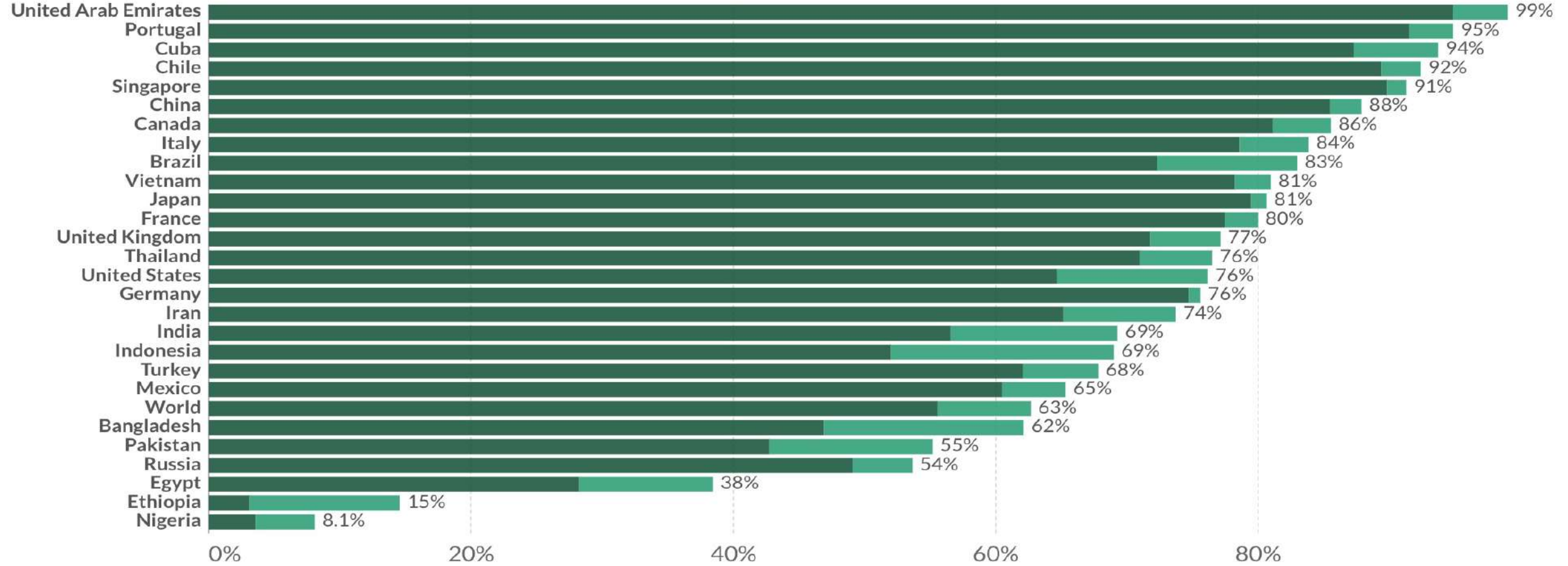
COVID-19 AŞILAMASI

EŞİT VE ADİL DAĞITIM

Our World
in Data

Share of people vaccinated against COVID-19, Feb 26, 2022

■ Share of people with a complete initial protocol ■ Share of people only partly vaccinated



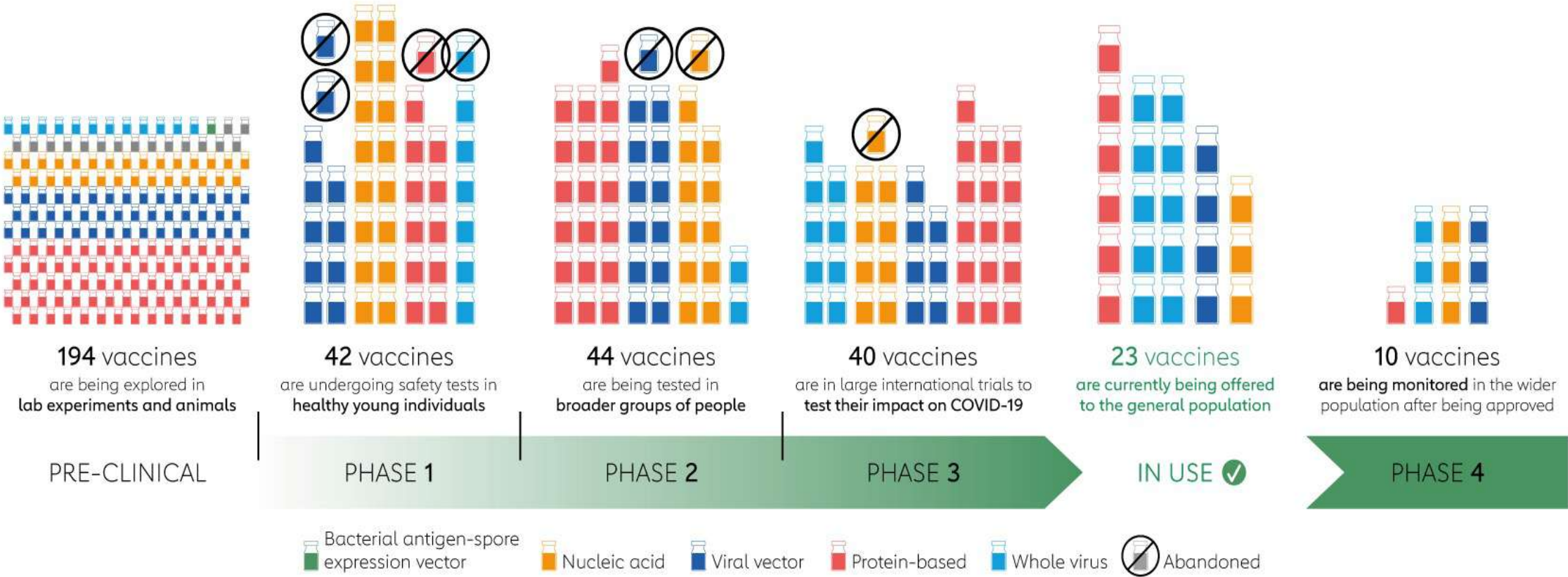
COVID-19 AŞILAMASI

	Incentive Type			
	Guaranteed cash payment	Guaranteed non-cash reward	Lottery with cash prize	Lottery with non-cash prize
Example	\$25 payment	T-shirt	Chance to win \$1 million	Chance to win a truck
Principles				
Receipt is certain	●	●	○	○
Delivered immediately	●	●	○	○
Valued by recipient	●	⊙	●	⊙
Likely impact	●	⊙	⊙	○

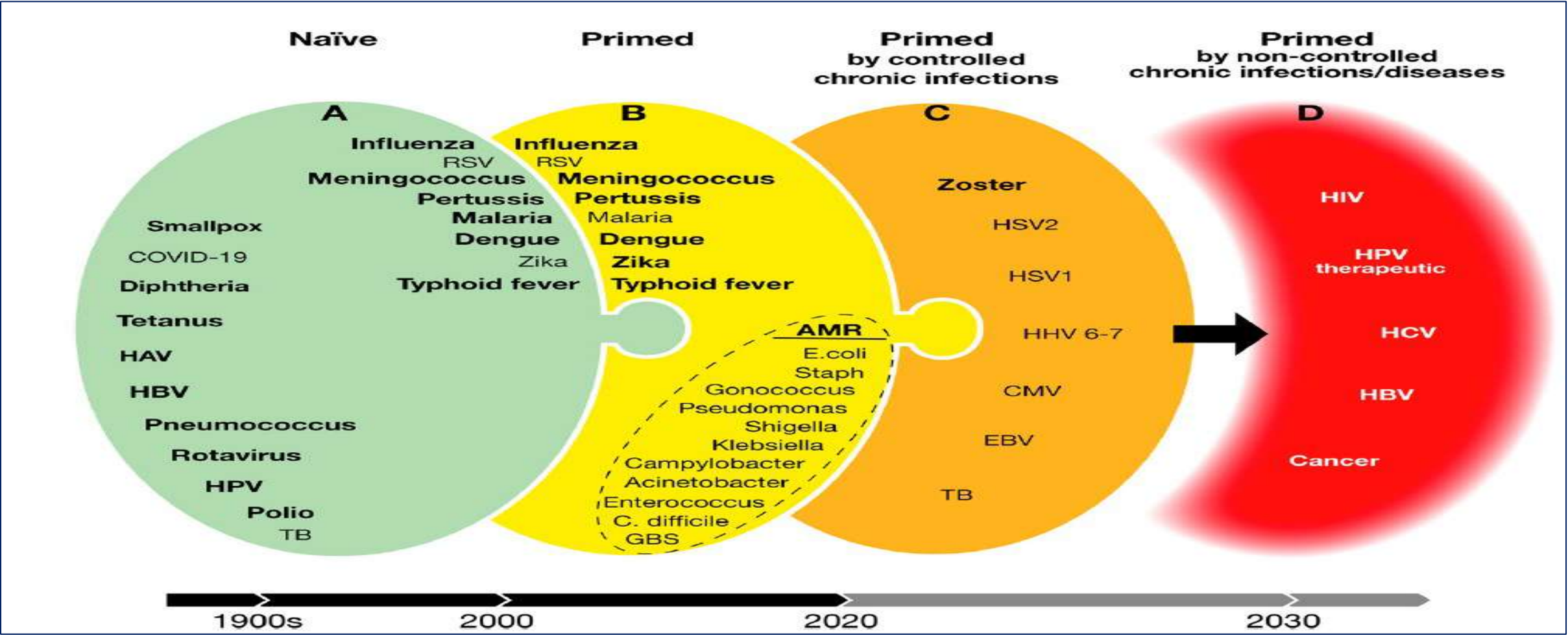
Table 1: Behavioral principles for effective vaccination incentives.
● = Stronger if program is implemented well; ⊙ = Moderate; ○ = Weaker.

YENİ COVID-19 AŞILARI

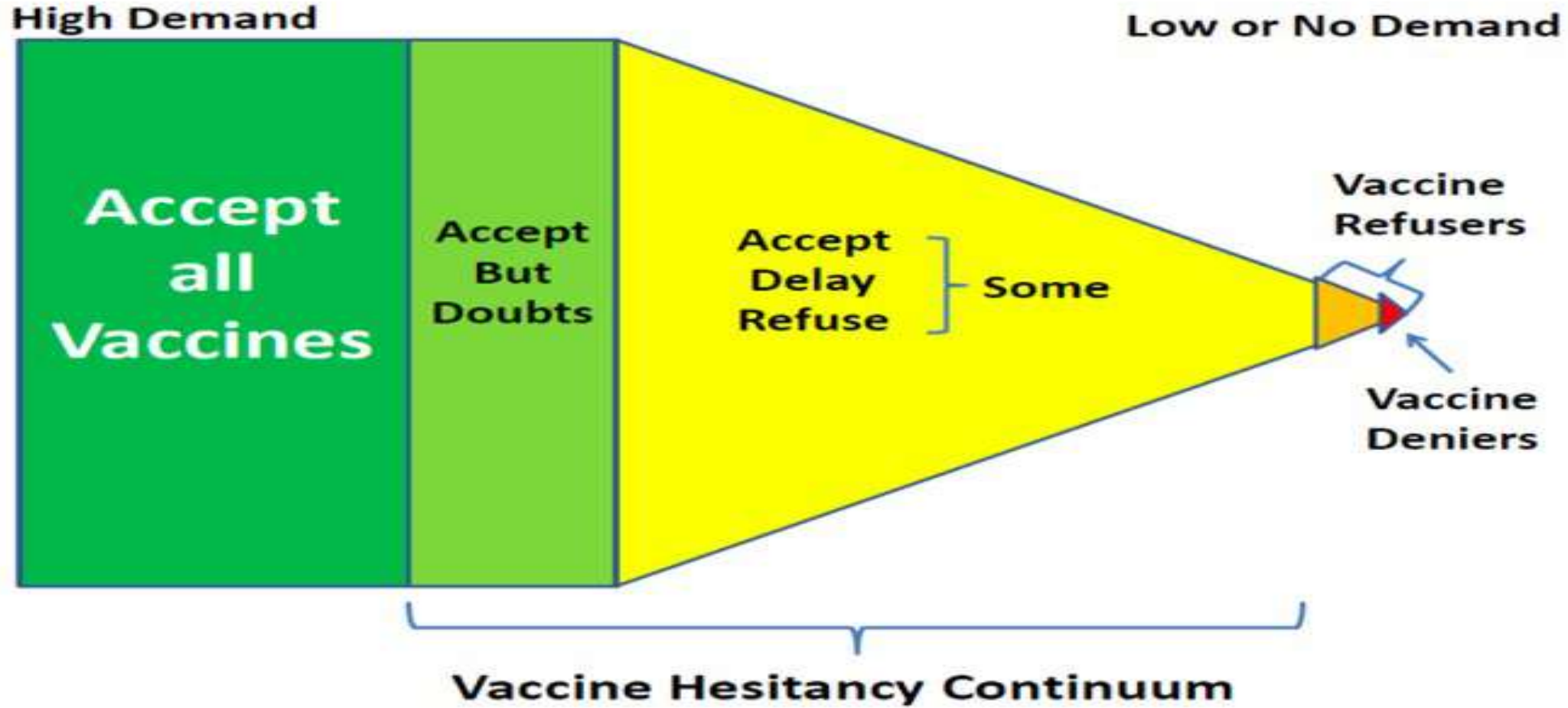
COVID-19 VACCINES IN DEVELOPMENT



YENİ AŞILAR



AŞI KARARSIZLIĞI/AŞI REDDİ



COVID-19 PANDEMİSİ MİTLER...

MYTH

The ingredients in COVID-19 vaccines are dangerous



FACT

- “Nearly all the ingredients in COVID-19 vaccines are also ingredients in many foods – fats, sugars, and salts.”
- “COVID-19 vaccines do NOT contain ingredients like preservatives, tissues (like aborted fetal cells), antibiotics, food proteins, medicines, latex, or metals.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Updated by CDC Dec. 15, 2021. Accessed by ACG Jan. 20, 2022.

MYTH

COVID-19 vaccines contain microchips



FACT

- “COVID-19 vaccines do not contain microchips. Vaccines are developed to fight against disease and are not administered to track your movement.”
- “Vaccines work by stimulating your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Updated by CDC Dec. 15, 2021. Accessed by ACG Jan. 20, 2022.

COVID-19 PANDEMİSİ MİTLER...

MYTH

Natural immunity from the actual infection is better than immunity from the COVID-19 vaccination



FACT

- “Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.”
- “Getting a COVID-19 vaccination is also a safer way to build protection than getting sick with COVID-19. COVID-19 vaccination helps protect you by creating an antibody response without you having to experience sickness. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

MYTH

Receiving a COVID-19 vaccine can make me magnetic



FACT

- “Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm.”
- “COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection. All COVID-19 vaccines are free from metals.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

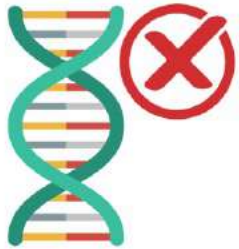
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Updated by CDC Dec. 15, 2021. Accessed by ACG Jan. 20, 2022.

COVID-19 PANDEMİSİ MİTLER...

MYTH

COVID-19 vaccines can alter my DNA



FACT

- “COVID-19 vaccines do not change or interact with your DNA in any way.”
- “COVID-19 vaccines work by delivering instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19.”
- “After the body produces an immune response, it discards all the vaccine ingredients just as it would discard any information that cells no longer need. This process is a part of normal body functioning.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Updated by CDC Dec. 15, 2021. Accessed by ACG Jan. 20, 2022.

MYTH

COVID-19 vaccines will affect my fertility



FACT

- “Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men.”
- “COVID-19 vaccination is recommended for people who are pregnant, trying to get pregnant now, or might become pregnant in the future, as well as their partners.”

SOURCE CDC U.S. Centers for Disease Control and Prevention, “Myths and Facts about COVID-19 Vaccines”

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

Updated by CDC Dec. 15, 2021. Accessed by ACG Jan. 20, 2022.

AŞILAMADA EBEVEYN-ERİŞKİN



#GAMEOFTHRONES

“YOU KNOW NOTHING, JON SNOW.”

YGRITTE



DENGE



SÜRDÜRÜLEBİLİRLİK



Cambridge
Dictionary

restoration

noun [C or U]

UK  /,res.tə'rei.jən/ US  /,res.tə'rei.jən/



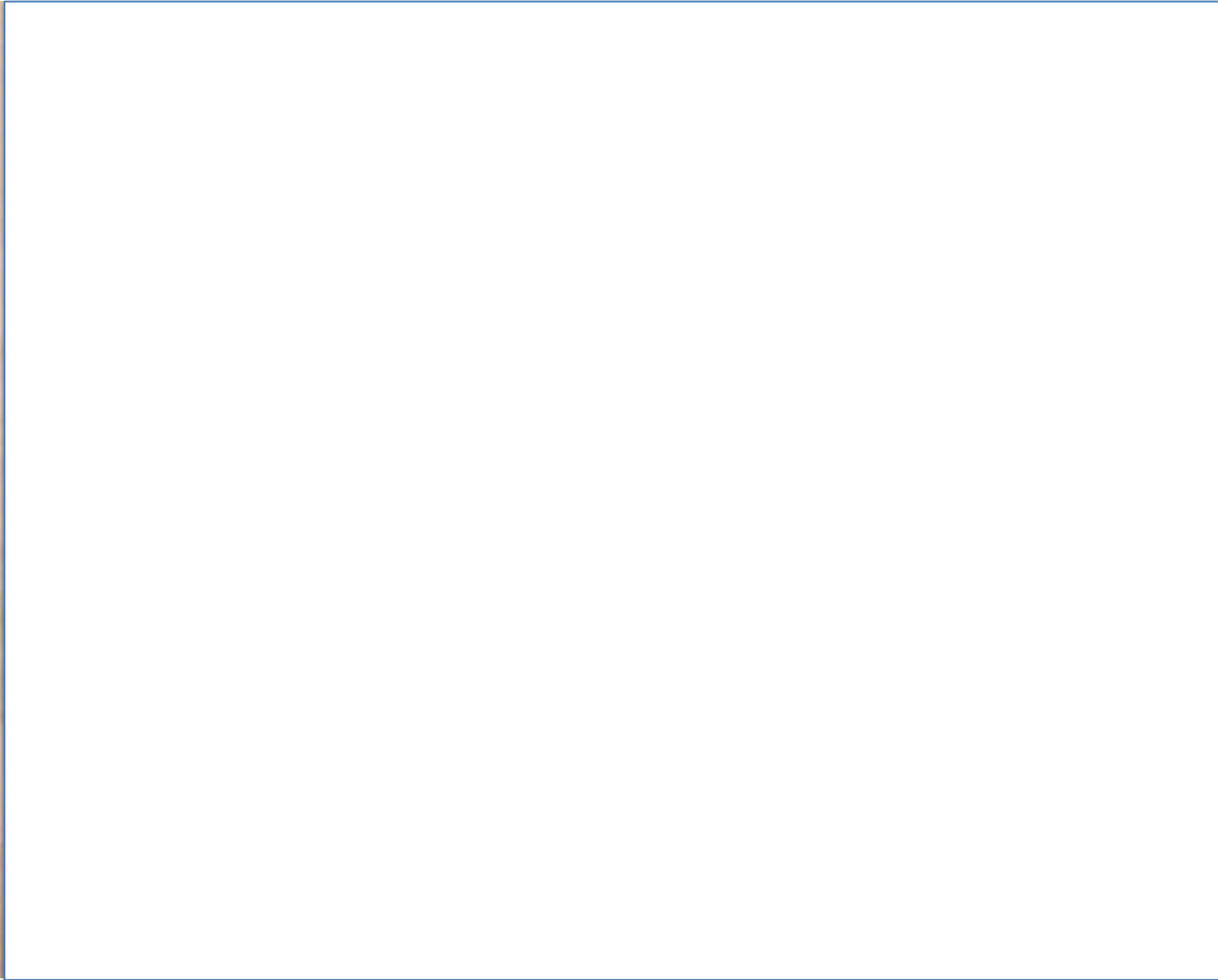
the act or process of returning something to its earlier good condition or position, or to its owner:

- The first task following the disaster was the restoration **of** clean water supplies.
- Restoration **work** on the Sistine Chapel ceiling is now complete.
- A large majority of the population is demanding the restoration **of** the former government.

Eş anlamlılar

restitution formal

return (GIVING BACK)







One of the ancient Buddhist frescos in Yunjie Temple in Chaoyang, northeast China, that has now been covered by cartoon-like paintings as part of a restoration. Photo courtesy of STR/AFP/Getty Images.



Ocakli Ada Castle (ca. 100)
Sile, Turkey



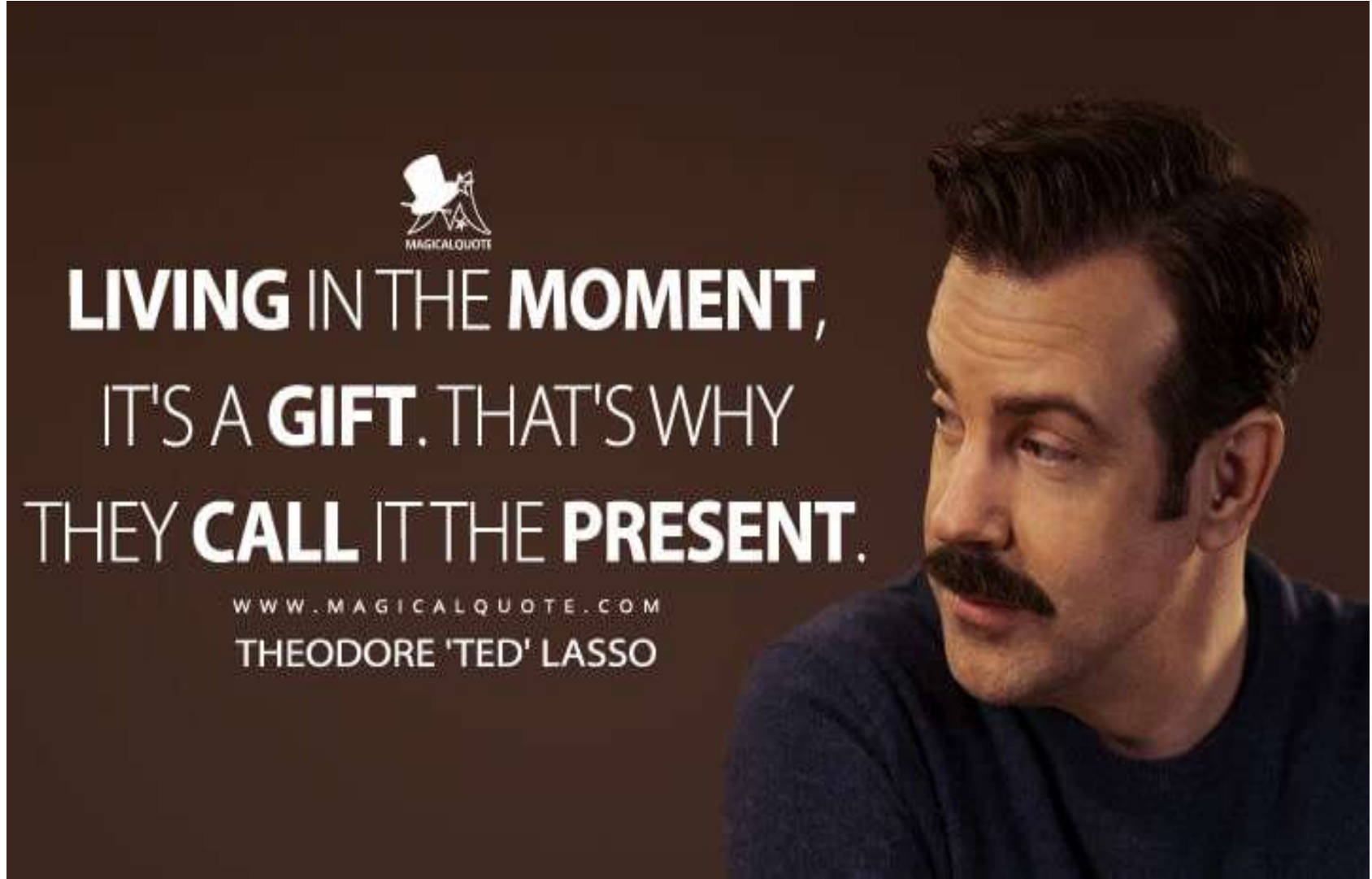
Photo 1931



Before restoration



After restoration





*Excellence is a road, not a destination
Cont'd, 2022. Ener Cagri Dinleyici*