



Questions on Immunization and Vaccination and Short Answers

Bağışıklama ve Aşı ile İlgili Sorular ve Kısa Cevaplar

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Cite this article as: Kara A. Questions on immunization and vaccination and short answers. J Pediatr Inf 2025;19(2):e127-e128.

Question 1: What are the application rules of the hexavalent vaccine, which started to be used instead of the pentavalent vaccine as of April 2025 in the National Vaccination Calendar of Türkiye?

Diphtheria, tetanus, pertussis (acellular, component), hepatitis B (rDNA), poliomyelitis (inactivated) and Haemophilus influenzae type b conjugate vaccine

- Available in a single-dose ready-to-use vial with syringe and two separate needles.
- **Shake well** before use to obtain a homogeneous, off-white, turbid suspension.
- Inspect the suspension visually and do not use if any foreign particles and/or changes in physical properties are observed.
- In syringes without an attached needle, the needle must be tightly inserted into the syringe by rotating it with a quarter turn.
- One dose is 0.5 ml.
- 0.5 ml is administered intramuscularly at a 90° angle.
- The recommended injection site is preferably the antero-lateral region of the thigh and the deltoid muscle in older children (preferably over 15 months of age).

- When the six-valent combination vaccine was administered with the following vaccines, no clinically relevant interaction in the antibody response to each of the antigens was demonstrated:
 - Pneumococcal polysaccharide conjugate vaccine
 - Measles-mumps-rubella vaccines
 - Chickenpox vaccines
 - Rotavirus vaccines
 - Meningococcal C conjugate vaccine and meningococcal group A, C, W-135 and Y conjugate vaccine
- When administered together with another vaccine, vaccination should be given at different injection sites.
- The six-mixed vaccine should not be mixed with any other vaccine or other medicinal products administered parenterally.
- The baby to be vaccinated should be lying down or on the caregiver's lap. After the vaccine is administered, the caregiver should be informed about common adverse effects that may occur after vaccination, and necessary recommendations should be made. In the

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Received: 03.06.2025 Accepted: 26.06.2025

Available Online Date: 27.06.2025

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Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.
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event of any side effects in the following period, the caregiver should be told to contact the nearest health institution.

- The QR code must be scanned before vaccine administration. Information on vaccination will be recorded by accessing the "VACCINE" mobile application.
- Early and late adverse effects that may occur after the administration of the six-valent mixed vaccine will be reported through the Public Health Management System (HSYS), Family Medicine Information System (FIMIS) or Hospital Information Management System (HIMS).
- For the steps of vaccine administration, please refer to the attached Checklist of Six Mixed Vaccine (DTaP-IPV-HB-Hib) Administration.

Question 2: Are there any situations where the administration of the hexavalent vaccine should be postponed?

As with any vaccine, there are contraindications and situations where the administration of the vaccine should be postponed.

Contraindications:

- History of allergy/anaphylaxis to any ingredient in the vaccine.
- History of allergy/anaphylaxis after previous administration of the six-valent mixed vaccine.
- Encephalopathy of unknown etiology within seven days after administration of a pertussis-containing vaccine (whole-cell or acellular pertussis vaccines) in the infant.
- Infants with an uncontrolled neurologic disorder or uncontrolled epilepsy should not be vaccinated with the six-mixed vaccine containing pertussis antigen until treatment for the disorder has been identified, the disorder has stabilized, and the benefit clearly outweighs the risk.

Conditions in which vaccination should be postponed (temporary Contraindications):

- Immunization should be postponed in infants with moderate to severe acute febrile illness. The presence of a mild infection and/or low-grade fever should not lead to a delay in immunization.
- Immunization should be postponed during acute illnesses that have not yet been definitively diagnosed and during acute attacks of chronic diseases.
- A history of febrile convulsions, a family history of convulsions or Sudden Infant Death Syndrome (SIDS) is not a contraindication for the administration of the six-mixed vaccine. Infants with a history of febrile convulsions should be closely monitored.
- In infants with a diagnosis of uncontrolled epilepsy and neurologic diseases that can be exacerbated by infection and vaccination, such as Guillain-Barre Syndrome and transverse myelitis, the decision to vaccinate is made based on the evaluation to be made by the follow-up clinician.
- In immunosuppressed infants, vaccination should be administered depending on the evaluation of the follow-up clinician in order to determine the time interval in which the vaccine response may be the best.
- Intramuscular injection may cause bleeding in infants with thrombocytopenia and bleeding disorders; the vaccine should be administered with caution.

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