



Questions on Immunization and Vaccination and Short Answers

Bağışıklama ve Aşı ile İlgili Sorular ve Kısa Cevaplar

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Question 1: What are the conditions to be mindful of in administering meningococcus vaccine concurrently with other vaccines?

Answer 1: There are some conditions to be mindful of regarding the administration of Men ACWY-D (MenactraR), which is one of the 4-valent meningococcus vaccines;

Both pneumococcus and meningococcus vaccines are indicated in individuals with anatomic or functional asplenia/hyposplenia. However, when KPA13 vaccine and Menactra™ (4-valent Men ACWY-D conjugated meningococcus vaccine) are administered concurrently in this patient group, it is known that response to pneumococcus serotype 3 is slightly decreased. Therefore, if Menactra™ (4-valent Men ACWY-D conjugated meningococcus vaccine) is to be administered in patients with anatomic or functional asplenia/hyposplenia, it should be administered at least 4 weeks after the completion of KPA13 series. In this risk group, there is no need for such a duration for the vaccines commercially known as Nimenrix and Menveo. They can concurrently or without any time interval be administered with the KPA13 vaccine.

Menactra™ (4-valent Men ACWY-D conjugated meningococcus vaccine) can be previously or concurrently administered with the 5-in-1 combination vaccine (Pentavalent vaccine, DaBT-IPA-Hib) and 4-in-1 combination vaccine (DaBT-IPA). However, if Menactra™ (4-valent Men ACWY-D conjugated menin-

gococcus vaccine) is administered within the first 30 days after the 5-in-1 combination vaccine (Pentavalent vaccine, DaBT-IPA-Hib) and 4-in-1 combination vaccine (DaBT-IPA), the response to each 4 meningococcus serotypes is diminished. Therefore, Menactra™ (4-valent Men ACWY-D conjugated meningococcus vaccine) should be previously or concurrently administered with these vaccines. If not, then it should be administered after 30 days, the earliest.

Moreover, since meningococcus serogroup B vaccine (Bexsero) causes higher fever when administered concurrently with any of the other vaccines, it is recommended that paracetamol (first dose 30 min. before the vaccine and afterwards once in every 6 hours, three doses in total) be given with the vaccine. Conjugated meningococcus vaccines (Menveo™, Nimenrix™ or Menactra™) and meningococcus serogroup B vaccine can be administered on the same day or without observing a specific interval.

Question 2: When adolescent dose hepatitis A vaccine cannot be supplied, how should vaccination be performed?

Answer 2: In Hepatitis A and B vaccines, adolescent dose is twofold the adult dose. Therefore, depending on the age limits of the manufacturing company, adult dose is higher, with 16 years of age in some and 18 and 21 years of age in some other manufacturers. Hence, in the event that the adolescent form cannot be supplied, double pediatric dose can be prepared and

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drawn into the same injector. Short product information needs to be reviewed for age limit. If it cannot be reached, the generally-accepted approach is as such: pediatric dose to those aged under 16 years and adult dose to those aged 16 years and over.

Question 3: What should the approach be in circumstances in which it is not known whether BCG vaccine has already been administered or not?

Answer 3: In the presence of BCG scar in children aged under 6 years with no known vaccination history, BCG vaccine does not

have to be administered. However, BCG scar may not develop in every vaccination, so its presence nor absence is significant (Absence of BCG scar does not mean that the child is unvaccinated).

- In cases with BCG indication, it is administered performing Tuberculin Skin Test (TST) in children aged 3 months to 6 years.
- BCG vaccine does not have to be administered in individuals aged over 6 years (except for healthcare workers).