ÖZEL DURUMLARDA AŞI UYGULAMALARI

28. BÖLÜM

Kübra ÇELEĞEN[1]

GİRİŞ

Aşılama, hastalıklardan korunmada en etkili ve ucuz yöntemlerden biridir. Ancak bazı özel durumların varlığında aşı uygulamalarındaki farklılıkların hatırlanması ve bireye özgü olarak aşılama programının düzenlenmesi gerekmektedir. Bunlar; aşı veya bileşenlerine karşı alerjik reaksiyon varlığı, prematüre bebek aşılaması, gebelikte ve emzirme döneminde aşılama, immün yetmezlik ve kronik hastalıkların varlığında aşılamadır.

AŞI BİLEŞENLERİNE KARŞI ALERJİ

Aşı uygulaması ile oluşan ciddi alerjik reaksiyon nadirdir ve aşının hangi bileşenine karşı oluştuğunu saptamak oldukça güçtür. Aşıdan sonra saatler içinde gelişen reaksiyonlar, IgE aracılı reaksiyonlardır ve anafilaksi, anjioödem gibi hayatı tehdit eden klinik tablolara yol açabilir. Gecikmiş tipteki reaksiyonlar ise genellikle ateş, lokal şişlik şeklindedir ve daha nadiren serum hastalığı tablosu gelişebilir.

Alerjik reaksiyonlar, aşı antijeni, artık hayvan proteini, antimikrobiyal ajanlar, koruyucular, stabilizatörler veya diğer aşı bileşenleri nedeniyle oluşabilir. Aşıya karşı şiddetli alerjik reaksiyon göstermiş olan çocuklar, sorumlu alerjenin belirlenmesi ve daha sonraki aşı uygulamaları açısından bir alerji uzmanı tarafından değerlendirilmelidir [(1)].

Yumurta Proteini Alerjisi

En yaygın olarak kullanılan ve alerjik olabilen hayvansal proteindir. İnfluenza ve sarıhumma aşılarında embriyonlu tavuk yumurtası kullanılmaktadır. Yumurta yiyebilen bireyde alerji olmadığı söylenebilir; ancak yumurta alerjisi olan bireylerin fırınlanmış ürünlere karşı reaksiyon göstermeyebileceği akılda tutulmalıdır.

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larda KKK ve suçiçeği aşılarının geciktirilmesi önerilmez. Ailede nöbet öyküsünün olması aşılama için kontrendikasyon oluşturmaz ve aşılamayı geciktirmeye gerek yoktur [60].

KANAMA DİYATEZİ OLAN HASTALARDA AŞILAMA

Kanama diyatezi olan hastalarda hematom riski nedeniyle intramusküler enjeksiyondan kaçınılmalı ya da alternatif yol seçilmelidir. Hepatit B ve diğer intramusküler uygulanan aşılar kanama diyatezi olan hastalarda uygulanacaksa, uzman gözetiminde uygulanmalıdır. Antihemofilik faktör ya da benzer tedaviler alan hastalarda, tedaviden kısa süre sonra aşılama yapılması önerilmektedir. Antikoagülan tedavi alan hastalar pıhtılaşma faktörü bozuklukları olan hastalar ile aynı kanama riskine sahiptir ve kas içi uygulama için aynı yönergeleri izlemelidir. Mümkünse, bu ilaçların kullanılmaya başlamasından önce aşılama uygulanması önerilmektedir [6].

SONUÇ

Aşılamadaki özel durumlar, pediatri pratiğinde sıklıkla karşılaşılan ve hatalı uygulamanın doğurabileceği riskli sonuçlar nedeniyle iyi bilinmesi gereken bir konudur. Aşılama ile bireye sağlanacak fayda ve zararlar uzman hekim tarafından değerlendirilmeli ve gereğinde sosyal pediatri/immünoloji/enfeksiyon hastalıkları bölümlerinden destek alınmalıdır.

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