

Adolescent Health programme and its contribution to the success of vaccination

Country: **TURKEY**

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1) Childhood vaccination schedule

Age	DTP &	OPV &&	HIB	Hep B	MMR	dT	BCG	Rubella	
At birth				I					
1 months				II					
2 months(1)	I	I	I				I		
3 months	II	II	II						
4 months	III	III	III						
12 months					I				
6 months				III					
16-24 months	Booster	Booster	Booster						
7 years		Booster			II	I			
14-15 years				I,II,III *		Booster		I	

& MOH still offer DTP whole cell instead of DTaP

&& MOH still offer OPV not IPV although the last wild polio cases was in 1998

*For the adolescents who were not vaccinated with Hep B during childhood

2.1) How are the children/adolescents reached? School medicine system.

- Mainly GPs and nurses are responsible from immunisation services working at PHCs.
- According to a new implementation Family Practitioners also responsible from the vaccination of children
- School medicine services is being implemented by Primary Health Care Centers (PHC)
- Main activity for school medicine is vaccination
- Also, Epidemic investigation, surveillance activities and time to time screening of healthy school children

2.2) How are the children/adolescents reached? Other channels

- Most of the vaccines is being sold also in private market
(DTaP- IPV-Hib combinations, HAV, Varicella, Influenza, Rota, HPV, Pn cjn, Pneumo,)
%10 of newborns is being vaccinated by private pediatricians and private hospitals

3) Who are the vaccinators?

- The vaccinators for the school children are nurses of PHC centers under supervision of GPs.
- They administer (OPV, MMR, dT, Hep B, Rubella vaccines of primary school children at 1st & 8th class (7, 14-15 years)
- Vaccinators easily reach almost all the school children, for they plan vaccination sessions as mass vaccination at school days.
- Unreached children during mass vaccination session can also be vaccinated in PHCs
- Vaccination coverages for all the vaccines above is around > 95 %
- School children can also be vaccinated by private pediatricians with HAV, Varicella, Influenza (HPV in near future) vaccines which are not in the routine program of school vaccination by MOH.

4) Training of the vaccinators?

- There are both pre-service and regular in-service training system for nurses & GPs and provincial EPI program managers.
- MOH regularly organising in-service training programs

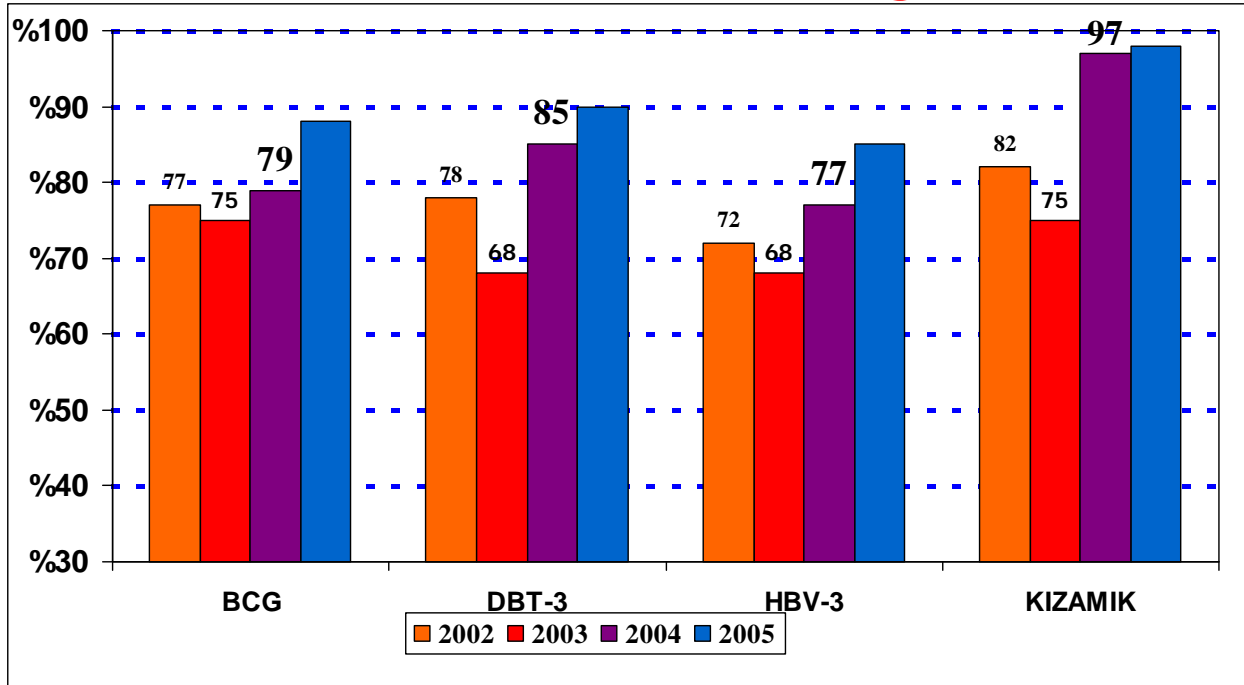
5) Financing of child and adolescent vaccination

- DTwcP, OPV, Hib, Hep B, MMR, BCG vaccines for infants are free of charge in PHCs.
- OPV, dT, Rubella and Hep B vaccines for school children are free of charge at schools and PHCs
- Administering all the vaccines is also free of charge at schools and PHCs.
- All the costs for vaccines and administering are covered by Ministry of Health.

6) Decisions on introduction of new vaccines

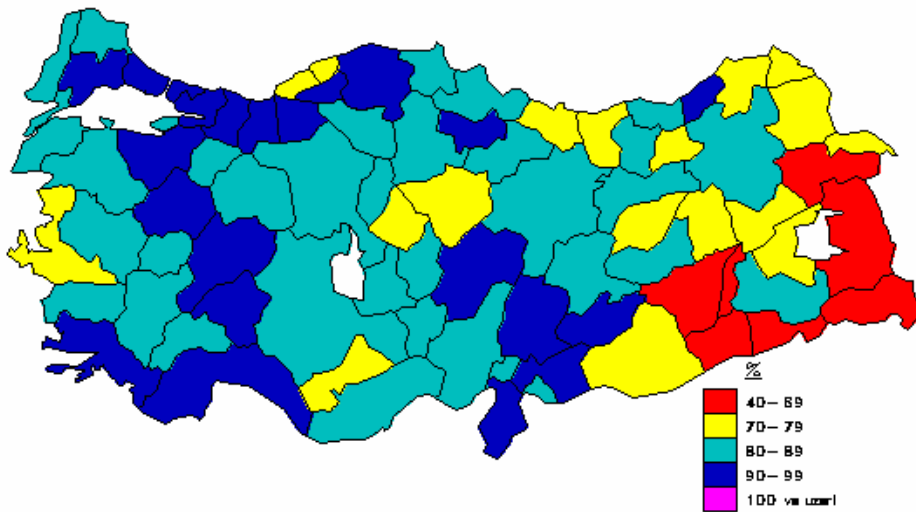
- Recommendation is made by “National Immunisation Advisory Board” composed by KOLs but the last decision maker is MOH.
- The main challenge to introduce new/additional vaccines for adolescents is cost.
- As incidence of Pertussis in adolescents and adults increasing all around the world, the first new vaccine may be dTap instead of dT. Then HAV-VZV-HPV??

7) Coverage data



Coverage data 2005

DBT/OPV3 90%
MMR2 98%*
HBV3 85%
BCG 88%
 *National Immunisation Days conducted



Vaccination coverages are continuously increasing since 2003, But as Turkey is a very large country, there is some differences between the provinces

8) Strengths of the immunization programmes

- Strengths and Benefits of school vaccination system

STRENGTHS	BENEFITS
Free of Charge (Vaccine and administering)	Easy access to the vaccination for parents
Mass vaccination sessions (at school and school days)	High coverage
Easy follow up	Easy monitoring for coverage and side effects

9) Challenges of the immunization programmes

- Although immunisation services are being implemented very well by MOH, there is not a complete “school medicine system”
- There aren't “Adolescent Health Centers”
- Common adolescents problems such as school performance problems, weight management, nutrition, smoking, alcohol and drug use, sexual behaviors, youth violence can not be managed properly.

10) Conclusions

- Although it is not diffused all over the country, Turkey has an effective infrastructure for immunisation services.
- Mainly GPs and nurses are responsible from immunisation services working at PHCs
- Vaccination services for both children and school children are free of charge and easy to access to the services
- Mass vaccination system at schools provides high coverage
- At first step, some new vaccines such as DTaP, IPV and dTap should be introduced to the routine vaccination program
- School medicine system is not well established rather than immunisation
- Common adolescent problems can not be managed properly.