The attitude of family physicians about non-NIS vaccines (only the question part of the survey was translated from Turkish to English)

Name:
Age:
Gender:
Active professional time as a family physician:
Working place:
Do you think you have sufficient knowledge about non-NIS vaccines administered to the pediatric age group?
YES NO
Did you undertake any courses about this subject?
YES NO
Which of the non-NIS vaccines (rotavirus, HPV, meningococcus, influenza, adult type pertussis vaccines) do you recommend to your patients?

ROTAVIRUS

1. What is the estimated rate of acute gastroenteritis related with rotavirus in your pediatric population? (%)
2. What is the estimated rate of hospitalization? (%)
3. Did you prescribe rotavirus vaccine in the preceding year?
   YES number of receipts:
   NO BECAUSE: (you can select more than one)
   a. I do not have sufficient knowledge and experience about the vaccine
   b. The vaccine is expensive
   c. I am concerned about the adverse effects
   d. I do not think that vaccination is necessary for this infection
   e. I would like to consult a pediatrician before recommendation
4. Do you think that rotavirus vaccine should be included in NIS
   YES NO
5. Do you recommend this vaccine to your own siblings or relatives?
   YES NO
HUMAN PAPILLOMA VIRUS

1. Are there any HPV(+) patients under your follow up?
2. Are there any HPV (+) patients who have malignancies related with this agent?
3. Did you prescribe HPV vaccine in the preceding year?
   YES number of receipts:
   NO BECAUSE: (you can select more than one choice)
   a. I do not have sufficient knowledge and experience about the vaccine
   b. The vaccine is expensive
   c. I am concerned about the adverse effects
   d. I do not think that vaccination is necessary for this infection
   e. I would like to consult a pediatrician before recommendation
4. Do you think that HPV vaccine should be included in NIS
   YES NO
5. Do you recommend this vaccine to your own siblings or relatives?
   YES NO

MENINGOCCAL VACCINES

1. Have you ever followed up a meningococcemia case during your education or Professional time?
2. Did you prescribe meningococcal vaccines in the preceding year?
   YES number of receipts:
   NO BECAUSE: (you can select more than one choice)
   a. I do not have sufficient knowledge and experience about the vaccine
   b. The vaccine is expensive
   c. I am concerned about the adverse effects
   d. I do not think that vaccinations is necessary for this infection
   e. I would like to consult a pediatrician before recommendation
3. Do you think that meningococcal vaccines should be included in NIS
   YES NO
4. Do you recommend these vaccines to your own siblings or relatives?
   YES NO
INFLUENZA

1. What is the estimated rate of influenza suspected cases per year?
2. What is the estimated rate of hospitalizations related with influenza?
3. Did you prescribe the influenza vaccine to pediatric age group in the preceding year?
   YES  number of receipts:  
   NO BECAUSE: (you can select more than one choice)
   a. I do not have sufficient knowledge and experience about the vaccine
   b. The vaccine is expensive
   c. I am concerned about the adverse effects
   d. I do not think that vaccination is necessary for this infection
   e. I would like to consult a pediatrician before recommendation
4. Do you think that the influenza vaccine should be included in NIS
   YES  NO
5. Do you recommend this vaccine to your own siblings or relatives?
   YES  NO

ADULT TYPE PERTUSSIS VACCINE (Tdap)

1. What is the estimated rate of lower respiratory tract infections in infants?
2. What is the estimated rate of hospitalization due to lower respiratory tract infections in infants?
3. Did you prescribe Tdap vaccine to the pediatric age group in the preceding year?
   YES  number of receipts:  
   NO BECAUSE: (you can select more than one choice)
   a. I do not have sufficient knowledge and experience about the vaccine
   b. The vaccine is expensive
   c. I am concerned about the adverse effects
   d. I do not think that vaccination is necessary for this infection
   e. I would like to consult a pediatrician before recommendation
4. Do you think that Tdap vaccine should be included in NIS?
   YES  NO
5. If “YES” who should be the target population?
   ADOLOSCENTS   PREGNANT WOMEN   BOTH
6. Do you recommend this vaccine to your own siblings or relatives?
   YES  NO

If you were a member of immunization advisory committee of the health ministry which vaccine would you recommend including in NIS? Why?