

6 to 24 month booklet with VIS and anticipatory guidance given to the family of

On (date)

WELL CHILD CARE 6 MONTHS to 2 YEARS

Compliments of:

Belilovsky Pediatrics
www.babydr.us

523 Oceanview Avenue
Brooklyn NY 11235
718-332-6652

690 Bay Street
Staten Island, NY 10304
718-815-7050 x2

For non-commercial distribution only under fair use provision in conjunction with patient care.

Contains copyrighted material from:
http://www.med.umich.edu/1libr/pa/pa_index.htm,
www.cdc.gov, www.immunize.org

Well Child Care at 6 Months

Feeding

If you haven't started your baby on baby foods (other than cereal), you can start now. Begin with fruits and vegetables. Start one new food at a time for a few days to make sure your baby digests it well. Do not start meats until your baby is 7 to 8 months old. Do not give foods that require chewing. Don't start eggs until age 12 months. At meals give the baby formula, or breast-feed your baby before giving baby food.

Your baby should continue having breast milk or infant formula until he is 1 year old. Your baby may soon be ready for a cup although it will be messy at first. Try giving a cup occasionally to see if your baby likes it. Don't put your baby to bed with a bottle. Your baby will start to see the bottle as a security object and this will make it difficult to wean your child from the bottle. Prolonged bottle use, especially at night will lead to tooth decay and may cause ear infections.

Make cereal with formula or breast milk only. Use a spoon to feed your baby cereal, not a bottle or an infant feeder. Sitting up while eating helps your baby learn good eating habits.

Development

At this age babies are usually rolling over and beginning to sit by themselves. Babies squeal, babble, laugh, and often cry very loudly. They may be afraid of people they do not know. Meet your baby's needs quickly and be patient with your baby.

Normal Development: 6 Months

Sleep

6-month-olds may not want to be put in bed. A favorite blanket or stuffed animal may make bedtime easier. Do not put a bottle in the bed with your baby. Develop a bedtime routine like playing a game, singing a lullaby, turning the lights out, and giving a goodnight kiss. Make the routine the same every night. Be calm and consistent with your baby at bedtime. If your baby is not sleeping through the night, ask your doctor for further information about preventing sleep problems. And remember, do not put a bottle in the bed with your baby.

Safety Tips

Avoid Choking and Suffocation

- * Cords, ropes, or strings around the baby's neck can choke him. Keep cords away from the crib.
- * Keep all small, hard objects out of reach.
- * Use only unbreakable toys without sharp edges or small parts that can come loose.
- * Avoid foods on which a child might choke (such as candy, hot dogs, peanuts, popcorn).

Prevent Fires and Burns

- * Develop and practice a fire escape plan.
- * Check your smoke detector to make sure it is working.
- * Keep a fire extinguisher in or near the kitchen.
- * Check food temperatures carefully, especially if foods have been heated in a microwave oven.
- * Keep hot foods and liquids out of reach.
- * Put plastic covers in unused electrical outlets.
- * Throw away cracked or frayed old electrical cords.
- * Turn the water heater down to 120°F (50°C).

Avoid Falls

- * Keep crib and playpen sides up.
- * Avoid using walkers.

- * Install safety gates to guard stairways.
- * Lock doors to dangerous areas like the basement or garage.
- * Check drawers, tall furniture, and lamps to make sure they can't fall over easily.

Prevent Poisoning

- * Keep all medicines, vitamins, cleaning fluids, and gardening chemicals locked away or disposed of safely.
- * Install safety latches on cabinets.
- * Keep the poison center number on all phones.

Immunizations

At the 6-month visit, your baby should have a:

- * DPT (diphtheria, tetanus, acellular pertussis) shot
- * hepatitis B shot
- * polio shot
- * pneumococcal (PCV7) shot.

Some children also receive a:

- * Hib (Haemophilus influenza type B) shot.

Some vaccines come mixed together in the same shot, so your baby will probably not have to have 5 separate shots.

Your baby may run a fever and be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling in the area where the shots were given. Acetaminophen drops (3/4 dropperful, or 0.6 ml, every 4 to 6 hours) may help to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort.

Call your child's physician if:

- * Your child has a rash or any reaction to the shots other than fever and mild irritability.
- * Your child has a fever that lasts more than 36 hours.

Next Visit

Your baby's next routine visit should be at the age of 9 months. Please bring the shot card to each visit.

Well Child Care at 9 Months

Feeding

Your baby should continue having breast milk or infant formula until he is 1 year old. Most babies now take 6 to 8 ounces of formula 4 times a day. Encourage your child to drink formula and juice from a cup now. This is a good time to begin weaning from the bottle. Never allow your baby to keep the bottle between meal times. Find something else that helps comfort your baby.

You can begin adding meat to your child's diet.

By now, many children have 2 or more teeth. After meals and before bedtime, try to wash off the teeth with a clean cloth. Don't worry too much about getting every last bit off the teeth. Try to make this a fun time for your baby.

Development and Behavior

Babies are starting to pull themselves up to stand. They love to bang things together to make sounds. Soon, they may start to say "dada" and "mama."

At this age, babies learn what "no" means. Say "no" calmly and firmly and either take away the item that your child should not be playing with or remove him from the situation. It is a good idea to be both gentle and firmly in control.

Give your baby a choice of toys. Talk to him about the toy he chooses and what he is doing with the toy. Peek-a-boo is a favorite game.

9-month-olds have a lot of energy and it requires a lot of energy to take care of them. Make sure you get enough rest. Ask friends and family for help so you can take a break and rest. If you are rested, you will be better able to take care of your child.

Normal Development: 9 Months

Sleep

A regular bedtime hour and routine are important. Babies enjoy looking at picture books. You may want to read one regularly with your child. A favorite blanket or stuffed animal may help your baby feel secure at bedtime. Never put your baby in bed with a bottle. Put your baby to bed awake, but drowsy. If your baby wakes up a lot at night, ask your doctor or nurse for advice.

Shoes

Shoes protect your child's feet, but are not necessary when your child is learning to walk inside. When your child finally needs shoes, choose a flexible sole tennis shoe or moccasin.

Safety Tips

Car Seat Safety

If your child reaches 20 pounds and is still riding in an infant seat, it is time for a new car seat. Some car seats can convert from a backward-facing infant seat to a forward-facing toddler seat. Carefully follow the manufacturer's instructions when installing new or converting old car seats for your child. For more information you can call the National Highway Traffic Safety Administration at 1-888-327-4236 or check the Web site (<http://www.nhtsa.dot.gov>).

Avoid Choking and Suffocation

- * Avoid foods on which a child might choke (such as candy, hot dogs, popcorn, peanuts).
- * Cut food into small pieces.
- * Store toys in a chest without a dropping lid.

Prevent Fires and Burns

- * Practice your fire escape plan.
- * Check your smoke detector to make sure it is working.
- * Put plastic covers in unused electrical outlets.
- * Keep hot appliances and cords out of reach.
- * Keep all electrical appliances out of the bathroom.
- * Don't cook when your child is at your feet.
- * Use the back burners on the stove with the pan handles out of reach.
- * Turn your water heater down to 120°F (50°C).

Prevent Drowning

- * Never leave an infant or toddler in a bathtub alone -- NEVER.
- * Continuously supervise your baby around any water, including toilets and buckets. Infants can drown in a bucket that has water in it. Empty all water and store buckets turned over.

Avoid Falls

- * Make sure windows are closed or have screens that cannot be pushed out.
- * Don't underestimate your child's ability to climb.

Prevent Poisoning

- * Keep all medicines, vitamins, cleaning fluids, and gardening chemicals locked away or disposed of safely.
- * Install safety latches on cabinets.
- * Keep the poison center number on all phones.

Avoid Cuts

- * Remove or pad furniture with sharp corners.
- * Keep sharp objects out of reach.

Next Visit

Your baby's next routine visit should be at the age of 12 months. Please bring your shot card.

Well Child Care at 12 Months

Nutrition

Now that your child is 1 year old, you can start using whole milk instead of formula. If you are ready to wean your child from breast-feeding you can now wean him to whole milk. Toddlers need the calories of whole milk (instead of low-fat or skim) until they are 2 years old. Some children have harder bowel movements at first with whole milk. Now is also the time to wean completely off the bottle and switch to the cup.

Table foods that are cut up into very small pieces are best now. Baby food is usually not needed anymore. It is important for your toddler to be eating foods from many food groups (fruits, vegetables, grains, and dairy products). Most babies have 1 to 2 snacks each day. Cheese, fruit, and vegetables are all good snacks. Serve milk at all meals.

Your child will not grow as fast during the second year of life. Your toddler may eat less. Trust his appetite.

Development

All children are different. Some have learned to walk before their first birthday. Most 1-year-olds use and know the meaning of words like "mama" and "dada." Pointing to things and saying the word helps them learn more words. Speak in a conversational voice with your child and give them lots of encouragement to use their voice. Smile and praise your child when he learns new things. Allow your child to touch things while you name them. Children enjoy knowing that you are pleased that they are learning.

As children learn to walk they will want to explore new places. This is normal. Watch your child closely.

Read to your child every day. Children who have books read to them learn more quickly. Choose books with interesting pictures and colors.

Normal Development: 12 Months

Shoes

Shoes protect your child's feet, but are not necessary when your child is learning to walk inside. When your child finally needs shoes, choose a flexible sole tennis shoe.

Safety Tips

Avoid Choking and Suffocation

- * Avoid foods on which a child might choke easily (candy, hot dogs, popcorn, peanuts).
- * Cut food into small pieces, about half the width of a pencil.
- * Store toys in a chest without a dropping lid.

Prevent Fires and Burns

- * Practice a fire escape plan.
- * Check your smoke detector. Replace the batteries if necessary.
- * Put plastic covers in unused electrical outlets.
- * Keep hot appliances and cords out of reach.
- * Keep all electrical appliances out of the bathroom.
- * Don't cook with your child at your feet.
- * Use the back burners on the stove with the pan handles out of reach.
- * Turn your water heater down to 120°F (50°C).

Prevent Drowning

- * Never leave an infant or toddler in a bathtub alone -- NEVER.

* Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.

Avoid Falls

- * Make sure windows are closed or have screens that cannot be pushed out.
- * Don't underestimate your child's ability to climb.

Prevent Poisoning

- * Keep all medicines, vitamins, cleaning supplies, and gardening chemicals locked away or disposed of safely.
- * Install safety latches on cabinets.
- * Keep the poison center number on all phones.

Immunizations

At the 12-month visit, your child may receive shots. Your child may run a fever and be irritable for about 1 day and may also have soreness, redness, and swelling in the area where the shots were given. You may give your child acetaminophen drops (1 dropperful, or 0.8 ml, every 4 to 6 hours) to help to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed for comfort.

Call your child's physician if:

- * Your child has a rash or any reaction to the shots other than fever and mild irritability.
- * Your child has a fever that lasts more than 36 hours.

If your child received either the measles-mumps-rubella (MMR) or the varicella vaccine, please note: A small number of children get a rash and fever 7 to 14 days after these shots. The rashes usually appear on the main body area and last 2 to 3 days.

Call your child's physician immediately if:

- * The rash changes to purple spots.

Call your child's physician within 24 hours if:

- * The rash becomes itchy.
- * The rash lasts more than 3 days.

Next Visit

Your child's next visit should be at the age of 15 months. Bring your child's shot card to all visits.

Well Child Care at 15 Months

Nutrition

Your child should be learning to feed himself. He will use his fingers and maybe start using a spoon. This will be messy. Make sure to cut the food up into small pieces so your child won't choke. Children need nutritious snacks like cheese, fruit, and vegetables. Do not use food as a reward.

By now, most toddlers should be using a cup only. If your child is still using a bottle, it will soon start to cause problems with his teeth and might cause ear infections. A child at this age will be sad to give up a bottle, so try to replace it with another treasured item - perhaps a teddy bear or blanket. Never let a baby take a bottle to bed.

Development

Toddlers are very curious and want to be the boss. This is normal. If they are safe, this is a time to let your child explore new things. As long as you are there to protect your child, let him satisfy his curiosity. Stuffed animals, toys for pounding, pots, pans, measuring cups, empty boxes, and Nerf balls are some examples of toys your child may enjoy.

Toddlers start to have temper tantrums at about this age. Trying to reason with or punish your child may actually make the tantrum last longer. It is best to make sure your toddler is in a safe place and then ignore the tantrum. You can best ignore by not looking directly at him and not speaking to him or about him to others when he can hear what you are saying.

Toddlers may want to imitate what you are doing. Sweeping, dusting, or washing play dishes can be fun for children.

Normal Development: 15 months

Reading to your child should be a part of every day. Children that have books read to them learn more quickly. Choose books with interesting pictures and colors.

Safety Tips

Avoid Choking and Suffocation

- * Keep plastic bags, balloons, and small hard objects out of reach.
- * Use only unbreakable toys without sharp edges or small parts that can come loose.
- * Cut foods into small pieces. Avoid foods on which a child might choke (popcorn, peanuts, hot dogs, chewing gum).

Prevent Burns and Fires

- * Keep lighters and matches out of reach.
- * Don't let your child play near the stove.
- * Use the back burners on the stove with the pan handles out of reach.
- * Turn the water heater down to 120°F (49°C).

Car Safety

- * Never leave your child alone in the car.
- * Use an approved toddler car seat correctly and wear your seat belt.

Pedestrian Safety

- * Hold onto your child when you are around traffic.
- * Supervise outside play areas.

Prevent Drowning

- * Never leave an infant or toddler in a bathtub alone -- NEVER.
- * Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.

Poisons

- * Keep all medicines, vitamins, cleaning fluids, etc. locked away.
- * Put the poison center number on all phones.
- * Ask your doctor about syrup of Ipecac. Use it only if you are told to do so.
- * Purchase all medicines in containers with safety caps.
- * Do not store poisons in drink bottles, glasses, or jars.

Immunizations

At the 15-month visit, your child may receive shots. Your child may run a fever and be irritable for about 1 day and may have soreness, redness, and swelling in the area where the shots were given. You may give acetaminophen drops (1 dropperful, or 0.8 ml, every 4 to 6 hours) to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort.

Call your child's physician if:

- * Your child has a rash or any reaction to the shots other than fever and mild irritability.
- * Your child has a fever that lasts more than 36 hours.

If your child just got either the measles-mumps-rubella (MMR) or the varicella vaccine, please note: A small number of children get a rash and fever 7 to 14 days after the shots. The rash usually occurs on the main body area and lasts 2 to 3 days.

Call your child's physician immediately if:

- * The rash changes to purple spots.

Call your physician within 24 hours if:

- * The rash becomes itchy.
- * The rash lasts more than 3 days.

Next Visit

Your child's next visit should be at the age of 18 months. Bring your child's shot card to all visits.

Well Child Care at 18 Months Nutrition

Family meals are important for your baby. Let him eat with you. This helps him learn. Don't make mealtime a battle. Let your baby feed himself. Your child should use a spoon and drink from a cup now.
Development and Discipline

Children at this age should be learning many new words. You can help your child's vocabulary grow by showing and naming lots of things. Children have many different feelings and behaviors such as pleasure, anger, joy, curiosity, warmth, and assertiveness. It is important at this age to praise your child for doing things that you like.

Normal Development: 18 months

Toddlers often seem out of control, or overly stubborn or demanding. At this age, children often say "no" or refuse to do what you want them to do. Here are some good methods for helping children learn about rules and to keep them safe:

1. Child-proof the home. Go through every room in your house and remove anything that is either valuable, dangerous, or messy. Preventive child-proofing will stop many possible discipline problems. Don't expect a child not to get into things just because you say no.
2. Divert and substitute. If a child is playing with something you don't want him to have, replace it with another object or toy that he enjoys. This approach avoids a fight and does not place children in a situation where they'll say "no."
3. Teach and lead. Have as few rules as necessary and enforce them. These rules should be rules important for the child's safety. If a rule is broken, after a short, clear, and gentle explanation, immediately find a place for your child to sit alone for 1 minute. It is very important that a "time-out" comes immediately after a rule is broken.
4. Make consequences as logical as possible. For example, if you don't stay in your car seat, the car doesn't go. If you throw your food, you don't get any more and may be hungry.
5. Be consistent with discipline. Don't make threats that you cannot carry out. If you say you're going to do it, do it.

At 18 months, most toddlers are not yet showing signs that they are ready for toilet training. When toddlers report to parents that they have wet or soiled their diaper, they are beginning to be aware that they prefer dryness. This is a good sign and you should praise your child. Toddlers are naturally curious about the use of the bathroom by other people. Let them watch you or other family members use the toilet. It is important not to put too many demands on a child or shame the child during toilet training.

Safety Tips

Avoid Choking and Suffocation

- * Keep plastic bags, balloons, and small hard objects out of reach.
- * Cut foods into small pieces.
- * Store toys in a chest without a dropping lid.

Prevent Fires and Burns

- * Keep hot appliances and cords out of reach.
- * Don't cook with your child at your feet.
- * Keep hot foods and liquids out of reach.
- * Keep matches and lighters out of reach.
- * Turn your water heater down to 120°F (50°C).

Pedestrian Safety

- * Hold onto your child when you are near traffic.
- * Provide a play area where balls and riding toys cannot roll into the street.

Prevent Drowning

- * Never leave an infant or toddler in a bathtub alone -- NEVER.
- * Continuously watch your child around any water, including toilets and buckets. Keep toilet seats down, never leave water in an unattended bucket, and store buckets upside down.

Avoid Falls

- * Check the stability of drawers, furniture, and lamps. Avoid placing furniture (on which children may climb) near windows or on balconies.
- * Install window guards on windows above the first floor (unless this is against your local fire codes.)
- * Make sure windows are closed or have screens that cannot be pushed out.
- * Don't underestimate your child's ability to climb.

Poisons

- * Keep all medicines, vitamins, cleaning fluids, etc. locked away.
- * Put the poison center number on all phones.
- * Purchase all medicines in containers with safety caps.
- * Do not store poisons in drink bottles, glasses, or jars.

Immunizations

At the 18-month visit, your baby may receive shots. Your baby may run a fever and be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling in the area where the shots were given. You may give your child acetaminophen drops (1 and 1/2 dropperfuls, or 1.2 ml, every 4 to 6 hours) to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed for comfort.

Call your child's physician if:

- * Your child has a rash or any reaction to the shots other than fever and mild irritability.
- * Your child has a fever that lasts more than 36 hours.

Next Visit

Your child's next visit should be at the age of 2 years. Please remember to bring your shot card.

Well Child Care at 2 Years

Nutrition

Family meals are important for your child. Letting your child eat with you makes her feel like part of the family. Let your child feed herself. Your toddler will continue to improve using the spoon, with fewer and fewer spills. It is good to let your child help choose what foods to eat. Be sure to give her only nutritious foods to choose from. For many children, now is the time to switch from whole milk to 2% milk.

It is very important for your child to be completely off a bottle. Ask your doctor for help if she is still using one.

Development and Discipline

At this age, children often say "no" or refuse to do what you want them to do. This normal phase of development involves testing the rules that parents make. Parents need to be consistent in following through with reasonable rules. Your rules should not be too strict or too lenient. Enforce the rules fairly every time. Be gentle but firm with your child even when the child wants to break a rule. Many parents find this age difficult, so ask your doctor for advice on managing behavior.

Here are some good methods for helping children learn about rules and to keep them safe:

1. Child-proof the home. Go through every room in your house and remove anything that is either valuable, dangerous, or messy. Preventive child-proofing will stop many possible discipline problems. Don't expect a child not to get into things just because you say no.
2. Divert and substitute. If a child is playing with something you don't want him to have, replace it with another object or toy that he enjoys. This approach avoids a fight and does not place children in a situation where they'll say "no."
3. Teach and lead. Have as few rules as necessary and enforce them. These rules should be rules important for the child's safety. If a rule is broken, after a short, clear, and gentle explanation, immediately find a place for your child to sit alone for 2 minutes. It is very important that a "time-out" comes immediately after a rule is broken.
4. Make consequences as logical as possible. Remember that encouragement and praise are more likely to motivate a young child than threats and fear. Do not threaten a consequence that you do not carry out. If you say there is a consequence for misbehavior and the child misbehaves, carry through with the consequence gently, but firmly.
5. Be consistent with discipline. Don't make threats that you cannot carry out. If you say you're going to do it, do it.

Some children at this age are showing signs that they are ready for toilet training. When your child starts reporting wet or soiled diapers to you, this is a sign that your child prefers to be dry. Praise your child for telling you. Toddlers are naturally curious about other people using the bathroom. If your child seems curious, let him go to the bathroom with you. Buy a potty chair and leave it in a room in which your child usually plays. It is important not to put too many demands on the child or shame the child about toilet training. When your child does use the toilet, let him know how proud you are.

Spend time teaching your child how to play. Encourage imaginative play and sharing of toys, but don't be surprised that 2-year-olds usually do not want to share toys with anyone else.

Mild stuttering is common at this age. It usually goes away on its own by the age of 4 years. Do not hurry your child's speech. Ask your doctor about your child's speech if you are worried.

It is important to set rules about television watching. Limit total TV time to 1 hour per day. Watch television shows with your child. Ask your child questions about what the characters were doing and how they were feeling. Children should not be allowed to watch shows with violence or sexual behaviors. Find other activities you can do with your child. Reading, hobbies, and physical activities are good alternatives to TV.

Normal Development: 2 Years

Safety Tips

Prevent Fires and Burns

- * Practice a fire escape plan.
- * Check smoke detectors. Replace the batteries if necessary.
- * Check food temperatures carefully. They should not be too hot.
- * Don't smoke near children.
- * Keep hot appliances and cords out of reach.
- * Keep electrical appliances out of the bathroom.
- * Keep matches and lighters out of reach.
- * Don't allow your child to use the stove, microwave, hot curlers, or iron.
- * Turn your water heater down to 120°F (50°C).

Car Safety

- * Use an approved toddler car seat correctly.
- * Sometimes toddlers may not want to be placed in car seats. Gently but consistently put your child into the car seat every time you ride in the car.
- * Give the child a toy to play with once in the seat.
- * Parents wear seat belts.
- * Never leave your child alone in a car.

Pedestrian Safety

- * Hold onto your child when you are near traffic.
- * Provide a play area where balls and riding toys cannot roll into the street.

Prevent Drowning

- * Continuously watch your child around any water.

Avoid Falls

- * Teach your child not to climb on furniture or cabinets. Avoid placing furniture (on which children may climb) near windows or on balconies.
- * Install window guards on windows above the first floor (unless this is against your local fire codes.)
- * Lock doors to dangerous areas like the basement.

Poisons

- * Keep all medicines, vitamins, cleaning fluids, etc., locked away.
- * Put poison center number on all phones.
- * Purchase all medicines in containers with safety caps.
- * Do not store toxic substances in drink bottles, glasses, or jars.

Immunizations

Routine infant vaccinations are usually completed before this age. However some children may need to catch up on recommended shots at this visit. In some areas of the United States hepatitis A vaccination is given to children at age 2. Ask your doctor if you have any questions about whether your child needs any vaccines.

Next Visit

A once-a-year check-up is recommended. Before starting school your child will need more vaccinations.

Diphtheria, Tetanus, and Pertussis Vaccines: What You Need to Know

1. Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria.

Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in about 1 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2. Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- 2 months
- 4 months
- 6 months
- 15 to 18 months
- 4 to 6 years

DTaP may be given at the same time as other vaccines.

3. Some children should not get DTaP vaccine or should wait

Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.

Talk with your doctor if your child:

- had a seizure or collapsed after a dose of DTaP

- cried non-stop for 3 hours or more after a dose of DTaP
- had a fever over 105 degrees Fahrenheit after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis, but may get a vaccine without pertussis, called DT.

4. Older children and adults

DTaP should not be given to anyone 7 years of age or older because pertussis vaccine is only licensed for children under 7.

But older children, adolescents and adults still need protection from tetanus and diphtheria. A booster shot called Td is recommended at 11 to 12 years of age, and then every 10 years. There is a separate Vaccine Information Statement for Td vaccine.

5. What are the risks from DTaP vaccine?

Getting diphtheria, tetanus or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

Mild Problems (Common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses.

Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, for 1 to 7 days (up to about 1 child in 30).

Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1 to 3 days after the shot.

Moderate Problems (Uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105 degrees Fahrenheit (about 1 child out of 16,000)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine.

These include:

- Long-term seizures, coma, or lowered consciousness
- Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures.

You can reduce fever and pain by giving your child an aspirin-free pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

6. What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

What should I do?

Call a doctor or get the person to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>

Hepatitis A Vaccine: What you need to know.

1. What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (H.A.V.). H.A.V. is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing H.A.V.

Hepatitis A can cause:
mild “flu-like” illness,
jaundice (yellow skin or eyes),
severe stomach pains and diarrhea.

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Sometimes, hepatitis A causes death (about 100 per year in the U.S.).

A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A vaccine can prevent hepatitis A.

2. Who should get hepatitis A vaccine and when?

Who?

Some people should be routinely vaccinated with hepatitis A vaccine:

- Persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, the Caribbean, Mexico, Asia (except Japan), Africa, and eastern Europe.
- Children and adolescents who live in states or communities where routine vaccination has been recommended.
- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor concentrates.
- Persons who work with H.A.V. infected primates or who work with H.A.V. in research laboratories.

Other people might get hepatitis A vaccine in special situations:

- Hepatitis A vaccine might be recommended for children or adolescents in communities where outbreaks of hepatitis A are occurring.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

When?

The hepatitis A vaccine series may be started whenever a person is at risk of infection.

For travelers, the vaccine series should be started at least one month before traveling.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

Hepatitis A vaccine may be given at the same time as other vaccines.

3. Some people should not get hepatitis A vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.

- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. Tell your doctor if you have any severe allergies. Some hepatitis A vaccine contains alum and 2-phenoxyethanol.

- Anyone who moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a mild illness can usually get the vaccine.

- Tell your doctor if you are pregnant. The safety of hepatitis A vaccine for pregnant women has not been determined. But there is no evidence that it is harmful to either pregnant women or their unborn babies. The risk, if any, is thought to be very low.

4. What are the risks from hepatitis A vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given (about 1 out of 2 adults, and up to 1 out of 5 children)
- headache (about 1 out of 6 adults and 1 out of 20 children)
- loss of appetite (about 1 out of 12 children)
- tiredness (about 1 out of 14 adults)

If these problems occur, they usually last for 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours of the shot (very rare).

5. What if there is a moderate or severe problem?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [w.w.w. dot v.a.e.r.s. dot o.r.g.](http://www.vaers.org), or by calling 1-800-822-7967.

VAERS does not provide medical advice.

6. How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

- Call your local or state health department.

- Contact the Centers for Disease Control and Prevention (C.D.C.):

Call 1-800-232-2522 (English)

Call 1-800-232-0233 (Español)

Visit C.D.C. websites at: [w.w.w. dot c.d.c. dot g.o.v. slash hepatitis](http://www.cdc.gov/hepatitis), or [w.w.w. dot c.d.c. dot g.o.v. slash n.i.p.](http://www.cdc.gov/nip)

Department of Health and Human Services
Centers for Disease Control and Prevention
National Immunization Program

Hepatitis A (1/9/06) Vaccine Information Statement (Interim)

Hepatitis B Vaccine: What You Need to Know

1. Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About one third of people who are infected with hepatitis B in the United States don't know how they got it.

3. Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months

- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care workers and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic hepatitis B virus infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

For an infant whose mother is infected with HBV:

- First Dose: Within 12 hours of birth
- Second Dose: 1 to 2 months of age
- Third Dose: 6 months of age

For an infant whose mother is not infected with HBV:

- First Dose: Birth to 2 months of age
- Second Dose: 1 to 4 months of age (at least 1 month after the first dose)
- Third Dose: 6 to 18 months of age

For an older child, adolescent, or adult:

- First Dose: Any time
- Second Dose: 1 to 2 months after the first dose
- Third Dose: 4 to 6 months after the first dose

For anyone:

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should not be given to infants younger than 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4 to 6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.

4. Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare)

6. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>

8. How can I learn more?

Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

Call your local or state health department's immunization program.

Contact the Centers for Disease Control and Prevention (CDC):

- Call 1-800-232-2522 or 1-888-443-7232 (English)
- Call 1-800-232-0233 (Español)
- Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

U.S. Department of Health & Human Services
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Hepatitis B
7/11/01
42 U.S.C. Section 300aa-26

Haemophilus Influenzae Type b (Hib) Vaccine: What you Need to Know

1. What is Hib disease?

Haemophilus influenzae type b (Hib) disease is a serious disease caused by a bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart

- death

Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

Hib vaccine can prevent Hib disease.

Many more children would get Hib disease if we stopped vaccinating.

2. Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- 2 months of age
- 4 months of age
- 6 months of age
- 12 to 15 months of age

Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor or nurse will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

Hib vaccine may be given at the same time as other vaccines.

Older Children and Adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor or nurse for details.

3. Some people should not get Hib vaccine or should wait

People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.

Children less than 6 weeks of age should not get Hib vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor or nurse for more information.

4. What are the risks from Hib vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

Mild Problems

- Redness, warmth, or swelling where the shot was given (up to one fourth of children)
- Fever over 101 degrees Fahrenheit (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination. They may last 2 to 3 days.

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness within a few minutes to a few hours after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

6. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.dhhs.gov/osp/vicp>

Inactivated Influenza Vaccine: What You Need to Know 2006-07

1. Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which spreads from person to person through coughing or sneezing.

Other illnesses have the same symptoms and are often mistaken for influenza. But only the influenza virus can cause influenza.

Anyone can get influenza. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

Influenza vaccine can prevent influenza.

2. Inactivated influenza vaccine

There are two types of influenza vaccine:

An inactivated (killed) vaccine, or “flu shot,” has been used in the United States for many years. It is given by injection.

A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

Influenza viruses are always changing. Therefore, influenza vaccines are updated every year, and an annual vaccination is recommended.

For most people influenza vaccine prevents serious influenza-related illness. It will not prevent “influenza-like” illnesses caused by other viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection can last up to a year.

Inactivated influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine.

3. Who should get inactivated influenza vaccine?

Inactivated influenza vaccine can be given to people 6 months of age and older. It is recommended for people who are at risk of complications from influenza, and for people who can spread influenza to those at high risk (including all household members):

People at high risk for complications from influenza:

- People 65 years of age and older.
- Residents of long-term care facilities housing persons with chronic medical conditions.
- People who have long-term health problems with:
 - heart disease
 - kidney disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- People with certain muscle or nerve disorders (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.
- People with a weakened immune system due to:
 - H.I.V. AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on long-term aspirin treatment (these people could develop Reye Syndrome if they got influenza).
- Women who will be pregnant during influenza season.
- All children 6-59 months of age.

People who can spread influenza to those at high risk:

- Household contacts and out-of-home caretakers of infants from 0 through 59 months of age.
- Physicians, nurses, family members, or anyone else in close contact with people at risk of serious influenza.

Influenza vaccine is also recommended for adults 50 through 64 years of age and anyone else who wants to reduce their chance of getting influenza.

A yearly influenza vaccination should be considered for:

- People who provide essential community services.
- People living in dormitories or under other crowded conditions, to prevent outbreaks.
- People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

4. When should I get influenza vaccine?

The best time to get influenza vaccine is in October or November.

Influenza season usually peaks in February, but it can peak any time from November through May. So getting the vaccine in December, or even later, can be beneficial in most years.

Some people should get their flu shot in October or earlier:

- people 50 years of age and older,
- younger people at high risk from influenza and its complications (including children 6 through 59 months of age),
- household contacts of people at high risk,
- health care workers, and
- children younger than 9 years of age getting influenza vaccine for the first time.

Most people need one flu shot each year. Children younger than 9 years of age getting influenza vaccine for the first time should get 2 doses, given at least one month apart.

5. Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called G.B.S.). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

6. What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1 to 2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.

- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (G.B.S.). Since then, flu vaccines have not been clearly linked to G.B.S. However, if there is a risk of G.B.S. from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7. What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [w.w.w. dot v.a.e.r.s. dot h.h.s. dot g.o.v.](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8. The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [w.w.w. dot h.r.s.a. dot g.o.v. slash vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

MEASLES, MUMPS, AND RUBELLA VACCINES

WHAT YOU NEED TO KNOW

1. Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2. Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- The first at 12-15 months of age
- and the second at 4-6 years of age.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some adults should also get MMR vaccine:

Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

Ask your doctor or nurse for more information.

MMR vaccine may be given at the same time as other vaccines.

3. Some people should not get MMR vaccine or should wait

- * People should not get MMR vaccine who have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or to a previous dose of MMR vaccine.
- * People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- * Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- * Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
 - Has ever had a low platelet count (a blood disorder)
- * People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your doctor or nurse for more information.

4. What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)

- Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 or 2 weeks after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>

6. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>

Pneumococcal Conjugate Vaccine: What You Need to Know

1. Why get vaccinated?

Infection with *Streptococcus pneumoniae* bacteria can cause serious illness and death. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under 5 years old. It is the leading cause of bacterial meningitis in the United States. (Meningitis is an infection of the covering of the brain).

Each year pneumococcal infection causes severe disease in children under five years old. Before a vaccine was available, pneumococcal infection each year caused:

- over 700 cases of meningitis
- 13,000 blood infections, and
- about 5 million ear infections

It can also lead to other health problems, including:

- pneumonia,
- deafness,
- brain damage.

Children under 2 years old are at highest risk for serious disease.

Pneumococcus bacteria are spread from person to person through close contact.

Pneumococcal infections can be hard to treat because the bacteria have become resistant to some of the drugs that have been used to treat them.

This makes prevention of pneumococcal infections even more important.

Pneumococcal conjugate vaccine can help prevent serious pneumococcal disease, such as meningitis and blood infections. It can also prevent some ear infections. But ear infections have many causes, and pneumococcal vaccine is effective against only some of them.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine is approved for infants and toddlers.

Children who are vaccinated when they are infants will be protected when they are at greatest risk for serious disease.

Some older children and adults may get a different vaccine called pneumococcal polysaccharide vaccine. There is a separate

Information Statement for people getting this vaccine.

3. Who should get the vaccine and when?

Children under 2 years of age:

- 2 months
- 4 months
- 6 months
- 12 to 15 months

Children who weren't vaccinated at these ages can still get the vaccine. The number of doses needed depends on the child's age. Ask your health care provider for details.

Children between 2 and 5 years of age:

Pneumococcal conjugate vaccine is also recommended for children between 2 and 5 years old who have not already gotten the vaccine and are at high risk of serious pneumococcal disease. This includes children who:

- have sickle cell disease,
- have a damaged spleen or no spleen,
- have HIV/AIDS,
- have other diseases that affect the immune system, such as diabetes, cancer, or liver disease, or who
- take medications that affect the immune system, such as chemotherapy or steroids, or
- have chronic heart or lung disease.

The vaccine should be considered for all other children under age 5 years, especially those at higher risk of serious pneumococcal disease.

This includes children who:

- are under 3 years of age,
- are of Alaska Native, American Indian or African American descent, or
- attend group day care.

The number of doses needed depends on the child's age. Ask your health care provider for more details.

Pneumococcal conjugate vaccine may be given at the same time as other vaccines.

4. Some children should not get pneumococcal conjugate vaccine or should wait.

Children should not get pneumococcal conjugate vaccine if they had a severe (life-threatening) allergic reaction to a previous dose of this vaccine, or have a severe allergy to a vaccine component. Tell your health-care provider if

your child has ever had a severe reaction to any vaccine, or has any severe allergies.

Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting the vaccine.

5. What are the risks from pneumococcal conjugate vaccine?

In studies (nearly 60,000 doses), pneumococcal conjugate vaccine was associated with only mild reactions:

Up to about 1 infant out of 4 had redness, tenderness, or swelling where the shot was given.

Up to about 1 out of 3 had a fever of over 100.4 degrees Fahrenheit, and up to about 1 in 50 had a higher fever (over 102.2 degrees Fahrenheit).

Some children also became fussy or drowsy, or had a loss of appetite.

So far, no moderate or severe reactions have been associated with this vaccine. However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. The risk of this vaccine causing serious harm, or death, is extremely small.

6. What if there is a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include:

- difficulty breathing
- hoarseness or wheezing
- hives
- paleness
- weakness
- a fast heart beat
- dizziness
- swelling of the throat

What should I do?

Call a doctor or get the person to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

Ask your health care provider to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967, or visit their web site at <http://www.vaers.org>.

7. The Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at <http://www.hrsa.gov/osp/vicp>

Vaccine Information Statement

POLIO VACCINE

WHAT YOU NEED TO KNOW

1. What is polio?

Polio is a disease caused by a virus. It enters a child's (or adult's) body through the mouth. Sometimes it does not cause serious illness. But sometimes it causes paralysis (can't move arm or leg). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine for it.

2. Why get vaccinated?

Inactivated Polio Vaccine (IPV) can prevent polio.

History: A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 20,000 cases of polio each year. Polio vaccination was begun in 1955. By 1960 the number of cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries sparked a world-wide effort to eliminate polio.

Today: No wild polio has been reported in the United States for over 20 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

3. Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. Polio vaccine may be given at the same time as other vaccines.

Children

Most people should get polio vaccine when they are children. Children get 4 doses of IPV, at these ages:

- A dose at 2 months
- A dose at 4 months
- A dose at 6-18 months
- A booster dose at 4-6 years

Adults

Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and should consider polio vaccination:

- (1) people traveling to areas of the world where polio is common,
- (2) laboratory workers who might handle polio virus, and
- (3) health care workers treating patients who could have polio.

Adults in these three groups who have never been vaccinated against polio should get 3 doses of IPV:

- The first dose at any time,
- The second dose 1 to 2 months later,
- The third dose 6 to 12 months after the second.

Adults in these three groups who have had 1 or 2 doses of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).

Adults in these three groups who have had 3 or more doses of polio vaccine (either IPV or OPV) in the past may get a booster dose of IPV.

Ask your health care provider for more information.

Oral Polio Vaccine: No longer recommended

There are two kinds of polio vaccine: IPV, which is the shot recommended in the United States today, and a live, oral polio vaccine (OPV), which is drops that are swallowed.

Until recently OPV was recommended for most children in the United States. OPV helped us rid the country of polio, and it is still used in many parts of the world.

Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. However, for a few people (about one in 2.4 million), OPV actually causes polio. Since the risk of getting polio in the United States is now extremely low, experts believe that using oral polio vaccine is no longer worth the slight risk, except in limited circumstances which your doctor can describe. The polio shot (IPV) does not cause polio. If you or your child will be getting OPV, ask for a copy of the OPV supplemental Vaccine Information Statement.

4. Some people should not get IPV or should, wait.

These people should not get IPV:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotics neomycin, streptomycin or polymyxin B should not get the polio shot.
- Anyone who has a severe allergic reaction to a polio shot should not get another one.

These people should wait:

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, may be vaccinated.

Ask your health care provider for more information.

5. What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. The vaccine used today has never been

known to cause any serious problems, and most people don't have any problems at all with it.

However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. The risk of a polio shot causing serious harm, or death, is extremely small.

6. What if there is a serious reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call the VAERS toll-free number yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>

Reporting reactions helps experts learn about possible problems with vaccines.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, there is a federal program that can help pay for the care of those who have been harmed.

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

1. Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- A person who has had chickenpox can get a painful rash called shingles years later.
- About 12,000 people are hospitalized for chickenpox each year in the United States.
- About 100 people die each year in the United States as a result of chickenpox.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer spots, are less likely to have a fever, and will recover faster.

2. Who should get chickenpox vaccine and when?

* Children should get 1 dose of chickenpox vaccine between 12 and 18 months of age, or at any age after that if they have never had chickenpox.

People who do not get the vaccine until 13 years of age or older should get 2 doses, 4-8 weeks apart.

Ask your doctor or nurse for details.

Chickenpox vaccine may be given at the same time as other vaccines.

3. Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or (for those needing a second dose) a previous dose of chickenpox vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until

they recover before getting chickenpox vaccine.

- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
 - Has HIV/AIDS or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your doctor or nurse for more information.

4. What are the risks from chickenpox vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease.

Most people who get chickenpox vaccine do not have any problems with it.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 20, or less). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate Problems

- Seizure (jerking or staring) caused by fever (less than 1 person out of 1,000).

Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain

reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 to 6 weeks after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>.

6. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's website at <http://www.hrsa.gov/osp/vicp>