

CORE PEDIATRIC AND ADOLESCENT MEDICINE

4 Month Handouts

212 Calef Highway, Epping NH 03042

603-693-2100

Core Pediatrics Vaccination and Screening Schedule

WCC visit	Recommended Vaccines	Recommended Screening Tests
Birth/Hospital	Hepatitis B	Hearing screening, State Metabolic screening, Congenital Heart Disease screening
2 Week	Hepatitis B (if not given in hospital)	
6 Week	Pentacel*, Hepatitis B, Prevnar, Rotateq	
4 Month	Pentacel*, Prevnar, Rotateq (Hepatitis B if not received at birth)	
6 Month	Pentacel*, Hepatitis B, Prevnar, Rotateq	
9 Month		Developmental screening (ASQ) and Hemoglobin (optional)
12 Month	MMR*, Varivax, Hepatitis A	Photoscreening, Lead, Hemoglobin, Fluoride
15 Month	Pentacel*, Prevnar	
18 Month	Hepatitis A	Developmental screening (ASQ and MCHAT)
2 Year	Hepatitis A (if not given at 18 months)	Developmental screening (MCHAT), Lead, Hemoglobin, Photoscreening, Fluoride
2 ½ Year		Developmental screening (ASQ)
3 Year		Photoscreening
4 Year	Kinrix*, Proquad*	Vision and Hearing
5-6 Year		Vision and Hearing
7 Year		
8 Year		Vision and Hearing
9 Year		
10 Year	TDaP	Vision and Hearing, Cholesterol
11 Year	Menactra, HPV#	
12 Year	(HPV see schedule below)	Depression screening (PHQ-9 or Ipad), Vision
13 Year		Depression screening (PHQ-9 or Ipad)
14 Year		Depression screening (PHQ-9 or Ipad), Urine STI screening
15 Year		Depression screening (PHQ-9 or Ipad), Urine STI screening, Vision
16 Year	Menactra, Men B-Bexsero	Depression screening (PHQ-9 or Ipad), Urine STI screening
17 Year		Depression screening (PHQ-9 or Ipad), Urine STI screening
18 Year		Depression Screening (PHQ-9 or Ipad), Urine STI screening, Cholesterol, HIV, Vision (optional)
19-20 Year	Tdap Booster	Depression screening (PHQ-9 or Ipad), Urine STI screening
21 Year		Depression screening (PHQ-9 or Ipad), Urine STI screening, Pap smear

If clinically indicated:

Influenza (6 months plus), Pneumovax 23, Prevnar 13, PPD, Typhoid, Men B

#HPV Dosing Interval:

- If received first dose **before 15th birthday** : 0 and 6 months
- If received first dose **after 15th birthday**: 0, 2 and 6 months

***Combination Vaccines**

Pentacel- DTaP, Hib, IPV
 MMR- Measles, Mumps, Rubella
 Kinrix- DTaP, IPV
 Proquad- MMR, Varicella
 Pediarix- DTaP, Hepatitis B, IPV



Bright Futures Parent Handout 4 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

FAMILY FUNCTIONING

How Your Family Is Doing

- Take time for yourself.
- Take time together with your partner.
- Spend time alone with your other children.
- Encourage your partner to help care for your baby.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.
- Hold, cuddle, talk to, and sing to your baby each day.
- Massaging your infant may help your baby go to sleep more easily.
- Get help if you and your partner are in conflict. Let us know. We can help.

NUTRITION

- Leaning back
- Turning away
- Ask us about programs like WIC that can help get food for you if you are breastfeeding and formula for your baby if you are formula feeding.

Safety

SAFETY

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Always wear a seat belt and never drive after using alcohol or drugs.
- Keep small objects and plastic bags away from your baby.
- Keep a hand on your baby on any high surface from which she can fall and be hurt.
- Prevent burns by setting your water heater so the temperature at the faucet is 120°F or lower.
- Do not drink hot drinks when holding your baby.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- The kitchen is the most dangerous room. Don't let your baby crawl around there; use a playpen or high chair instead.
- Do not use a baby walker.

Your Changing Baby

INFANT DEVELOPMENT

- Keep routines for feeding, nap time, and bedtime.
- Put your baby to sleep on her back.
 - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2³/₈ inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
 - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.

NUTRITIONAL ADEQUACY AND GROWTH

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.

If Breastfeeding

- If you are still breastfeeding, that's great!
- Plan for pumping and storage of breast milk.

If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Do not give your baby a bottle in the crib.

Solid Food

- You may begin to feed your baby solid food when your baby is ready.
- Some of the signs your baby is ready for solids
 - Opens mouth for the spoon.
 - Sits with support.
 - Good head and neck control.
 - Interest in foods you eat.
- Avoid foods that cause allergy—peanuts, tree nuts, fish, and shellfish.
- Avoid feeding your baby too much by following the baby's signs of fullness

INFANT DEVELOPMENT

ORAL HEALTH

- Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
- Lower your baby's mattress.
- If using a mesh playpen, make sure the openings are less than ¼ inch apart.

Playtime

- Learn what things your baby likes and does not like.
- Encourage active play.
 - Offer mirrors, floor gyms, and colorful toys to hold.
 - Tummy time—put your baby on his tummy when awake and you can watch.
- Promote quiet play.
 - Hold and talk with your baby.
 - Read to your baby often.

Crying

- Give your baby a pacifier or his fingers or thumb to suck when crying.

Healthy Teeth

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so that you don't pass bacteria that causes tooth decay on to your baby.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby has sore gums with teething.

What to Expect at Your Baby's 6 Month Visit

We will talk about

- Introducing solid food
- Getting help with your baby
- Home and car safety
- Brushing your baby's teeth
- Reading to and teaching your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



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Activities for Infants 4 - 8 Months Old



<p>Put a windup toy beside or behind your baby. Watch to see if your baby searches for the sound.</p>	<p>Give your baby a spoon to grasp and chew on. It's easy to hold and feels good in the mouth. It's also great for banging, swiping, and dropping.</p>	<p>While sitting on the floor, place your baby in a sitting position inside your legs. Use your legs and chest to provide only as much support as your baby needs. This allows you to play with your baby while encouraging independent sitting.</p>	<p>Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.</p>	<p>Let your baby see herself in a mirror. Place an unbreakable mirror on the side of your baby's crib or changing table so that she can watch. Look in the mirror with your baby, too. Smile and wave at your baby.</p>
<p>Common household items such as measuring spoons and measuring cups make toys with interesting sounds and shapes. Gently dangle and shake a set of measuring spoons or measuring cups where your baby can reach or kick at them. Let your baby hold them to explore and shake, too.</p>	<p>Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by him. Place your baby so that you are face to face—your baby will watch as you make sounds.</p>	<p>Fill a small plastic bottle (empty medicine bottle with child-proof cap) with beans or rice. Let your baby shake it to make noise.</p>	<p>Make another shaker using bells. Encourage your baby to hold one in each hand and shake them both. Watch to see if your baby likes one sound better than another.</p>	<p>Place your baby on her tummy with favorite toys or objects around but just slightly out of reach. Encourage her to reach out for toys and move toward them.</p>
<p>Fill an empty tissue box with strips of paper. Your baby will love pulling them out. (Do not use colored newsprint or magazines; they are toxic. Never use plastic bags or wrap.)</p>	<p>Safely attach a favorite toy to a side of your baby's crib, swing, or cradle chair for him to reach and grasp. Change toys frequently to give him new things to see and do.</p>	<p>Place your baby in a chair or car seat, or prop her up with pillows. Bounce and play with a flowing scarf or a large bouncing ball. Move it slowly up, then down or to the side, so that your baby can follow movement with her eyes.</p>	<p>With your baby lying on his back, place a toy within sight but out of reach, or move a toy across your baby's visual range. Encourage him to roll to get the toy.</p>	<p>Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage her to play. Take turns.</p>
<p>Place your baby in a chair or car seat to watch everyday activities. Tell your baby what you are doing. Let your baby see, hear, and touch common objects. You can give your baby attention while getting things done.</p>	<p>Place your baby on your knee facing you. Bounce him to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his hands together to clap to the rhythm.</p>	<p>Your baby will like to throw toys to the floor. Take a little time to play this "go and fetch" game. It helps your baby to learn to release objects. Give baby a box or pan to practice dropping toys into.</p>	<p>Once your baby starts rolling or crawling on her tummy, play "come and get me." Let your baby move, then chase after her and hug her when you catch her.</p>	<p>Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.</p>



A program of the American Academy of Pediatrics



BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger air bag.



Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.



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Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

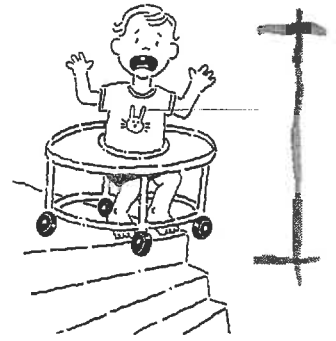
Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

Baby walkers are very dangerous!



- Baby walkers send more than 14,000 children to the hospital every year.
- 34 children have died since 1973 because of baby walkers.

Children in baby walkers can:

- Roll down the stairs—which can cause broken bones and head injuries. This is how most children get hurt in baby walkers.
- Get burned—a child can reach higher when in a walker. A cup of hot coffee on the table, pot handles on the stove, a radiator, fireplace, or space heater are all now in baby's reach.
- Drown—a child can fall into a pool, bathtub, or toilet while in a walker.
- Be poisoned—reaching high objects is easier in a walker.
- Pinch fingers and toes—by getting them caught between the walker and furniture.

There are no benefits to baby walkers

You may think a walker can help your child learn to walk. But, in fact, walkers do not help children walk sooner. Also, some babies may get sore leg muscles from spending too much time in a walker.

Most walker injuries happen while adults are watching. Parents and other caregivers simply cannot respond quickly enough. A child in a walker can move more than 3 feet in 1 second! Therefore, walkers are never safe to use, even with close adult supervision. Make sure there are no walkers at home or wherever your child is being cared for. Child care facilities should not allow the use of baby walkers. If your child is in child care at a center or at someone else's home, make sure there are no walkers.

Throw out your baby walkers!

Try something just as enjoyable but safer, like:

- "Stationary walkers"—have no wheels but have seats that rotate and bounce.
- Play pens—great safety zones for children as they learn to sit, crawl, or walk.
- High chairs—older children often enjoy sitting up in a high chair and playing with toys on the tray.

As of July 1, 1997, new safety standards were implemented for baby walkers. Walkers are now made wider so they cannot fit through most doorways and can stop at the edge of a step. But these new walker designs will not prevent all-injuries from walkers. They still have wheels, so children can still move fast and reach higher.

The American Academy of Pediatrics and the National Association for Children's Hospitals and Related Institutions (NACHRI) have called for a ban on the manufacture and sale of baby walkers with wheels. *Keep your child safe... throw away your baby walker.*

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From your doctor

American Academy
of Pediatrics



The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Division of Publications
PO Box 747
Elk Grove Village, IL 60009-0747
Web site — <http://www.aap.org>

Starting Solid Foods



Rice, oatmeal, or barley? What infant cereal or other food will be on the menu for your baby's first solid meal? And have you set a date?

At this point, you may have a plan or are confused because you have received too much advice from family and friends with different opinions. To help you prepare for your baby's transition to solid food, read on for more information from the American Academy of Pediatrics (AAP).

When can my baby begin solid foods?

The following are some guidelines from the AAP book *Nutrition: What Every Parent Needs to Know*. Remember that each child's readiness depends on his own rate of development.

- **Can he hold his head up?** Your baby should be able to sit in a high chair, feeding seat, or infant seat with good head control.
- **Does he open his mouth when food comes his way?** Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.
- **Can he move food from a spoon into his throat?** If you offer a spoon of rice cereal and he pushes it out of his mouth and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. It's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times, then gradually thicken the texture. You may also want to wait a week or two and try again.
- **Is he big enough?** Generally, when infants double their birth weight (typically at about 4 months) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

Check with your child's doctor about vitamin D and iron supplements during the first year.

How do I feed my baby?

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is?"). Your baby may not know what to do at first. She may look confused, wrinkle her nose, roll the food around her mouth, or reject it altogether.

One way to make eating solids for the first time easier is to give your baby a little breast milk and/or formula first, then switch to very small half-spoonfuls of food, and finish with more breast milk and/or formula. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

Do not make your baby eat if she cries or turns away when you feed her. Go back to nursing or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process and at first your baby will still be getting most of her nutrition from breast milk and/or formula.

NOTE: Do not put baby cereal in a bottle because your baby could choke. It also may increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child's doctor.

Which food should I give my baby first?

For most babies it does not matter what the first solid foods are. By tradition, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby. Though many pediatricians will recommend starting vegetables before fruits, there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this. If your baby has been mostly breastfeeding, he may benefit from baby food made with meat, which contains more easily absorbed sources of iron and zinc that are needed by 4 to 6 months of age. Check with your child's doctor.

Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water. Whichever type of cereal you use, make sure that it is made for babies and iron-fortified.

When can my baby try other food?

Once your baby learns to eat one food, gradually give him other foods. Give your baby one new food at a time, and wait at least 2 to 3 days before starting another. After each new food, watch for any allergic reactions such as diarrhea, rash, or vomiting. If any of these occur, stop using the new food and consult with your child's doctor.

Generally, meats and vegetables contain more nutrients per serving than fruits or cereals. Many pediatricians recommend against giving eggs and fish in the first year of life because of allergic reactions, but there is no evidence that introducing these nutrient-dense foods after 4 to 6 months of age determines whether your baby will be allergic to them.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods each day that may include the following: breast milk and/or formula, meats, cereal, vegetables, fruits, eggs, and fish.

NOTE: If you make your own baby food, be aware that home-prepared spinach, beets, green beans, squash, and carrots are not good choices during early infancy. They may contain large amounts of nitrates. Nitrates are chemicals that can cause an unusual type of anemia (low blood count) in young babies. Commercially prepared vegetables are safer because the manufacturers test for nitrates. Peas, corn, and sweet potatoes are better choices for home-prepared baby foods.

VACCINE INFORMATION STATEMENT

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

DTaP vaccine can prevent diphtheria, tetanus, and pertussis.

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

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2 DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

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

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your child’s health care provider may decide to postpone DTaP vaccination to a future visit.

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

Your child’s health care provider can give you more information.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
DTaP (Diphtheria, Tetanus,
Pertussis) Vaccine



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04/01/2020 | 42 U.S.C. § 300aa-26

Hepatitis B Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

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



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hepatitis B Vaccine



Office use only

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Polio Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Polio vaccine can prevent polio.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called post-polio syndrome.

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2 Polio vaccine

Children should usually get 4 doses of polio vaccine, at 2 months, 4 months, 6–18 months, and 4–6 years of age.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- people traveling to certain parts of the world,
- laboratory workers who might handle poliovirus, and
- health care workers treating patients who could have polio.

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of polio vaccine, or has any severe, life-threatening allergies.**

In some cases, your health care provider may decide to postpone polio vaccination to a future visit.



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

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

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7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines



Haemophilus influenzae type b (Hib) Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) disease.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age, but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection, also called invasive Hib disease, requires treatment in a hospital and can sometimes result in death.

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 lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection 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.

2 Hib vaccine

Hib vaccine is usually given as 3 or 4 doses (depending on brand). Hib vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Infants will usually get their first dose of Hib vaccine at 2 months of age, and will usually complete the series at 12-15 months of age.

Children between 12-15 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults with asplenia or sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 to 18 years old with HIV.

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of Hib vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone Hib vaccination to a future visit.

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

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Redness, warmth, and swelling where shot is given, and fever can happen after Hib vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines



Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Pneumococcal conjugate vaccine (PCV13) can prevent pneumococcal disease.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines



Rotavirus Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any severe, life-threatening allergies.
- Has a **weakened immune system**.

- Has **severe combined immunodeficiency (SCID)**.
- Has had a type of bowel blockage called **intussusception**.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

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

Your child's health care provider can give you more information.

4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



5**What if there is a serious problem?**

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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7**How can I learn more?**

- Ask your health care provider.
- Call your local or state health department.
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Vaccine Information Statement (Interim)
Rotavirus Vaccine



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