

Child Development

6 Months

My name is _____ . The date is _____ .

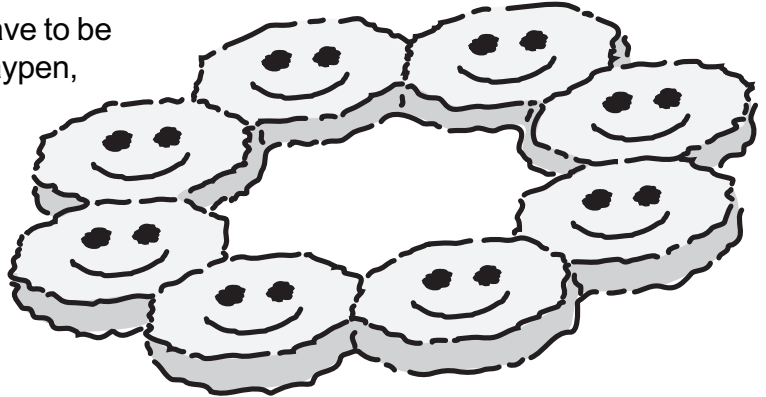
I weigh _____ pounds, and I am _____ inches long.

The circumference of my head is _____ inches.

I can roll from my stomach to my back now, and I am learning to go from back to stomach too. I am starting to learn how to sit now and may try getting on my hands and knees. I may enjoy standing with support, but please be careful to hold me above my elbows, not by my hands or forearms. Please do not use a baby walker because it is bad for my hip development and can also lead to me falling down stairs. Let me learn to stand and walk on my own.

I rarely stay in the same place for long and have to be watched. Though I may not always like my playpen, it may be the “safe-pen” when you can’t be there with me.

I put everything in my mouth, so you have to be careful I don't choke. I may be starting to teethe and love to chew on things. When I have teeth, you can brush them with water and a baby toothbrush or soft cloth.



I am also able to make a lot of different noises with my voice and may “fake” a cry or a cough.

Please remember to:

Use my car seat. Start feeding me solid foods in addition to breastmilk or formula if you have not started already. Keep small objects or hard food, such as candies, nuts, coins, and so on, out of my grasp because I can easily choke on them. Use child-safe gates to keep me from stairs. Never leave me unattended in the bathtub. “Baby-proof” the house: electrical cords and outlets, sharp objects, and table edges are special hazards. Know the number for Poison Control (1-800-222-1222) just in case I ever ingest something I shouldn't. Never shake me because my head and neck are very fragile and shaking me can cause serious brain damage.

Sun Protection

Protect Your Child From The
Number One Cause of Cancer:
The Sun!



Did You Know?

- Skin cancer is the most common type of cancer.
- Many skin cancers can be prevented.
- Ultraviolet (UV) radiation, which causes skin cancer, is present even in the shade, on cloudy days, or in the winter months when the sun isn't as strong as a bright summer day.
- Childhood sun exposure is especially important in terms of cancer. A child or adolescent who has had 5 or more sunburns is twice as likely to get melanoma.
- UV exposure is especially high in locations like San Diego, which are nearer to the equator.

Sunburn

Sunburn is caused by overexposure of the skin to the ultraviolet (UVA/UVB) rays of the sun or a sun lamp. Minor sunburn is a first degree burn which turns the skin pink or red with swelling and pain. Prolonged sun exposure can cause blistering and a second degree burn. Sunburn does not cause third degree burns or scarring. Blistering sunburns, especially in childhood, significantly increase the risk for future skin cancers including malignant melanoma.

Tips For Enjoying The Sun Safely

- **Apply sunscreen** to your baby or child anytime she will be outdoors for more than a few minutes at a time, even in the winter or if you plan to stay in the shade. If you have a family rule that everyone wears sunscreen before going outside and you start at an early age, your child is more likely to cooperate when she's older. Apply sunscreen 30 minutes before going outdoors for best absorption.
- **Pick the right sunscreen.** The higher the SPF, the more protective the sunscreen is. Sunscreen with titanium or zinc in it provides a physical as well as chemical barrier, and protects better than other sunscreen. Waterproof sunscreen is helpful, but even waterproof sunscreen needs to be reapplied after water exposure. Spray-on sunscreen is less effective than traditional lotion. Suntan lotion or oils are mainly lubricants and do not block the sun's burning rays, and may even cause more burning.

- **Reapply** sunscreen every 2 hours (even on cloudy days) and after swimming or sweating.
- **Put on a hat.** If you insist that your child wears a hat from the time she is a young infant, she is more likely to keep hats on when she is older.
- **Cover up.** Whenever possible, keep your child covered with long sleeves, long pants, a wide brimmed hat, and sunglasses with plastic lenses with UVA/UVB protection. Darker clothes block more sun than light clothes. Tightly woven fabric is more protective than looser weaves. UPF clothes are specially designed clothing that are more effective at blocking the sun than regular clothing.
- **Avoid being out** in the sun between 10:00 am and 4:00 pm if possible. Stay in the shade when possible.
- **Be careful at high altitude and near reflective surfaces.** Sun exposure increases at higher altitudes. Water, sand, and snow increase sun exposure through reflected rays.
- **Avoid tanning, either in the sun or in a tanning booth.**

When Sunburn Happens

Acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) can be used to reduce discomfort. Cool baths and/or wearing cool wet clothes on burned areas can be more comfortable. Drink plenty of water and keep well hydrated.

Moisturizing or aloe creams applied several times a day may reduce swelling and pain. Do not use petroleum jelly or other ointments that inhibit heat and sweat from escaping because these prolong healing. First aid creams or sprays for burns often contain benzocaine, which can cause an allergic reaction.

Call Our Office Immediately If:

- Your child becomes unable to look at lights because of eye pain.
- An unexpected fever over 102°F (38.9°C) occurs along with a sunburn.
- The sunburn becomes infected.
- An infant less than one year old sustains a second degree burn.

Call Our Office During Office Hours If:

- Several blisters break open.
 - You have other questions or concerns.
-

Secondhand Smoke & Childhood Illnesses



Did you know that...

Secondhand smoke is very harmful to infants and children. Children who are around smoke have a greater chance of getting ear infections, colds, and pneumonia.

What is Secondhand Smoke?

Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, cigar or pipe and the smoke exhaled from the lungs of smokers. Secondhand smoke can cause cancer in adults who have never smoked.

Five Reasons to Make Your Home Smoke-Free

1. Children who live in a home where someone smokes have more respiratory problems compared to children in non-smoking homes.
2. Children who live in a home where someone smokes are five times more likely to have ear infections.
3. Secondhand smoke triggers up to 1,000,000 asthma attacks in children every year.
4. Children whose parents smoke are more likely to become smokers themselves.
5. Children whose parents smoke are more likely to have behavior problems and trouble with school work.

There is no safe way to smoke.

The invisible toxic particles from cigarette smoke stay in a room for hours after the cigarette has been smoked and even if you only smoke outside, toxic particles can stay on hair, clothes, and skin.

Tips for Protecting Your Child

- Do not smoke in your home or car or allow others to do so.
- Do not smoke where children are present, especially infants and toddlers.
- Do not allow baby-sitters or others who work in your home to smoke in your house or near your children.
- Ask about your day care provider's smoking policy.

Quitting smoking isn't easy.

If you or any of your family members would like **FREE** help to quit or cut back, call the Partnership for Smoke-Free Families Helpline (toll free) at:
1-800-662-8887

Partnership for
Smoke-free Families | A Partnership Project of
Rady Children's Hospital,
Scripps, and Sharp
Health • Wellness • Community

Rady Children's Hospital San Diego | Scripps | SHARP

Speech and Language Development



Milestones for Normal Speech

AGE	SPEECH
Birth	All crying sounds the same
2 to 3 months	Crying sounds different for hunger, tiredness, pain, etc; cooing (“ooh” and “ah”) in response to something
3 to 4 months	Random cooing (“ooh” and “ah”)
5 to 6 months	Rhythmic cooing and babbling (“da,” “ma,” “ga,” etc.)
6 to 11 months	Imitative babbling (“da,” “ma,” “ga,” etc. in imitation)
12 months	1 to 2 words
18 months	5 to 20 words
24 months	2 word sentences, increasing vocabulary size

During the first 12 to 18 months of life, an infant acquires social interaction skills, the ability to make sound, and the ability to understand speech. The development of communicative behavior is reflected by an increasing responsiveness to others. Infants learn that their own behavior (smiling, making sounds) has a powerful effect upon the behavior of others.

The ability to make more sounds is due to improved muscle (motor) control. The infant becomes aware of different aspects of speech production by observing adults and becoming able to distinguish the subtleties of speech and language.

At 18 to 24 months, children frequently show a large vocabulary spurt from five to ten words to over 50 words. Children begin to use single words to communicate and eventually combine

words to express different relationships. Comprehension (understanding) shows dramatic development in the second and third years of life. Children generally understand more of language than they can express during their early years.

Ways to Stimulate Speech/ Language Development

Talk to your child to stimulate language development.

Children learn words and the rules for using them by listening to others talk. They model their language behavior after you. Therefore, what you say and how you say it is important. Dialogue is a natural part of many daily routines such as mealtime, bath time, and dressing. Your child can expect certain language to be used over and over again within familiar routines.

Encourage your child to ask for items, make choices, and answer questions at his/her language level.

Teach your child to use language instead of crying or pointing to satisfy basic wants or needs.

Listen to your child.

Encourage storytelling and sharing of information. Even babbling infants can have “conversations,” learning to take turns talking and listening.

Encourage play.

Provide objects and toys appropriate to your child’s level of play. Use the toys yourself and show your child how you use them. Set aside a special time each day to play with your child. Provide opportunities for your child to play with other children.

Sing to or provide music for your child.

Helping your child learn new songs encourages language development. While singing, a child learns new words and sentence patterns, memory skills, listening skills, imitation and expression of thoughts and feelings through words.

Plan family trips and outings.

Language is based on ideas and experiences. Talk about the new experiences.

Read to your child.

Ask a librarian for books appropriate for your child’s age. Reading provides an opportunity to teach and review words and ideas.

Referral for Speech/Language Evaluation and Therapy

Successful intervention depends upon identifying problems early. When your doctor suspects your child has a speech or language disorder, he or she will refer your child to a qualified speech/language therapist.

Call Our Office During Regular Hours If Your Child:

- Does not understand his/her name, “no,” a few words, or simple commands by age one year.
- Is not saying words by 14 to 16 months of age.
- Cannot answer basic “wh” questions (what, where, who) by age three years.
- Has difficulty being understood by people outside the family after age three.
- Has any unusual facial, vocal, or respiratory behaviors associated with speech.
- Has noticeable hesitations or repetitions in speech past age five years.
- Is chronically hoarse without having a cold.
- Cannot tell a simple sequential story by age five.
- Cannot tell a more involved story by age seven.
- Shows limited development of vocabulary.
- Shows poor school performance.
- Demonstrates a significant gap between non-verbal and verbal abilities.

For More Information, Write or Call:

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5700

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VACCINE INFORMATION STATEMENT

Your Baby's First Vaccines

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 <http://www.immunize.org/vis>

Your baby will get these vaccines today:

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> PCV13 |

(Provider: Check appropriate boxes.)

Ask your doctor about "combination vaccines," which can reduce the number of shots your baby needs.

Combination vaccines are as safe and effective as these vaccines when given separately.



These vaccines protect your baby from **8 serious diseases**:

- diphtheria
- tetanus
- pertussis (whooping cough)
- *Haemophilus influenzae* type b (Hib)
- hepatitis B
- polio
- rotavirus
- pneumococcal disease

ABOUT THIS VACCINE INFORMATION STATEMENT

Please read this Vaccine Information Statement (VIS) before your baby gets his or her immunizations, and take it home with you afterward. Ask your doctor if you have any questions.

This VIS tells you about the benefits and risks of six routine childhood vaccines. It also contains information about reporting an adverse reaction and about the National Vaccine Injury Compensation Program, and how to get more information about vaccines and vaccine-preventable diseases. (Individual VISs are also available for these vaccines.)

HOW VACCINES WORK

Immunity from Disease: When children get sick with an infectious disease, their immune system usually produces protective "antibodies," which keep them from getting the same disease again. But getting sick is no fun, and it can be dangerous or even fatal.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause disease, but they have been weakened or killed – or only parts of them are used – to make them safe. A child's immune system produces antibodies, just as it would after exposure to the actual disease. This means the child will develop immunity in the same way, but without having to get sick first.

VACCINE BENEFITS: WHY GET VACCINATED?

Diseases have injured and killed many children over the years in the United States. **Polio** paralyzed about 37,000 and killed about 1,700 every year in the 1950s. **Hib disease** was once the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people died each year from **diphtheria** before there was a vaccine. Up to 70,000 children a year were hospitalized because of **rotavirus** disease. **Hepatitis B** can cause liver damage and cancer in 1 child out of 4 who are infected, and **tetanus** kills 1 out of every 5 who get it.

Thanks mostly to vaccines, these diseases are not nearly as common as they used to be. But they have not disappeared, either. Some are common in other countries, and if we stop vaccinating they will come back here. This has already happened in some parts of the world. When vaccination rates go down, disease rates go up.



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

Vaccine Information
Statement (Interim)
42 U.S.C. § 300aa-26
11/16/2012

Office Use
Only



Childhood vaccines can prevent these 8 Diseases

1. DIPHTHERIA

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

Diphtheria can lead to breathing problems, and heart failure.

2. TETANUS (Lockjaw)

Signs and symptoms include painful tightening of the muscles, usually all over the body.

Tetanus can lead to stiffness of the jaw so victims can't open their mouth or swallow.

3. PERTUSSIS (Whooping Cough)

Signs and symptoms include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for weeks.

Pertussis can lead to pneumonia, seizures, and brain damage.

4. HIB (*Haemophilus influenzae type b*)

Signs and symptoms can include trouble breathing. There may not be any signs or symptoms in mild cases.

Hib can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; and deafness.

5. HEPATITIS B

Signs and symptoms can include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.

Hepatitis B can lead to liver damage, and liver cancer.

6. POLIO

Signs and symptoms can include flu-like illness, or there may be no signs or symptoms at all.

Polio can lead to paralysis (can't move an arm or leg).

7. PNEUMOCOCCAL DISEASE

Signs and symptoms include fever, chills, cough, and chest pain.

Pneumococcal disease can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, and brain damage.

8. ROTAVIRUS

Signs and symptoms include watery diarrhea (sometimes severe), vomiting, fever, and stomach pain.

Rotavirus can lead to dehydration and hospitalization.

Any of these diseases can lead to death.

How do babies catch these diseases?

Usually from contact with other children or adults who are already infected, sometimes without even knowing they are infected. A mother with **Hepatitis B** infection can also infect her baby at birth. **Tetanus** enters the body through a cut or wound; it is not spread from person to person.

Routine Baby Vaccines

Vaccine	Number of Doses	Recommended Ages	Other Information
DTaP (diphtheria, tetanus, pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children should not get pertussis vaccine. These children can get a vaccine called DT.
Hepatitis B	3	Birth, 1-2 months, 6-18 months	Children may get an additional dose at 4 months with some "combination" vaccines.
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	
Hib (<i>Haemophilus influenzae</i> type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are 2 types of Hib vaccine. With one type the 6-month dose is not needed.
PCV13 (pneumococcal)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain chronic diseases may also need this vaccine.
Rotavirus	2 or 3	2 months, 4 months, (6 months)	Not a shot, but drops that are swallowed. There are 2 types of rotavirus vaccine. With one type the 6-month dose is not needed.

Annual **flu vaccination** is also recommended for children 6 months of age and older.

Precautions

Most babies can safely get all of these vaccines. But some babies should not get certain vaccines. Your doctor will help you decide.

- A child who has ever had a serious reaction, such as a life-threatening allergic reaction, after a vaccine dose should not get another dose of that vaccine. *Tell your doctor if your child has any severe allergies, or has had a severe reaction after a prior vaccination.* (Serious reactions to vaccines and severe allergies are rare.)
- A child who is sick on the day vaccinations are scheduled might be asked to come back for them.

Talk to your doctor . . .

- . . . before getting **DTaP vaccine**, if your child ever had any of these reactions after a dose of DTaP:
 - A brain or nervous system disease within 7 days,
 - Non-stop crying for 3 hours or more,
 - A seizure or collapse,
 - A fever of over 105°F.
- . . . before getting **Polio vaccine**, if your child has a life-threatening allergy to the antibiotics neomycin, streptomycin or polymyxin B.
- . . . before getting **Hepatitis B vaccine**, if your child has a life-threatening allergy to yeast.
- . . . before getting **Rotavirus Vaccine**, if your child has:
 - SCID (Severe Combined Immunodeficiency),
 - A weakened immune system for any other reason,
 - Digestive problems,
 - Recently gotten a blood transfusion or other blood product,
 - Ever had intussusception (bowel obstruction that is treated in a hospital).
- . . . before getting **PCV13** or **DTaP** vaccine, if your child ever had a severe reaction after any vaccine containing diphtheria toxoid (such as DTaP).

Risks

Vaccines can cause side effects, like any medicine.

Most vaccine reactions are **mild**: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen to about 1 child in 4. They appear soon after the shot is given and go away within a day or two.

Other Reactions: Individual childhood vaccines have been associated with other mild problems, or with moderate or serious problems:

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious problems: Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported. These problems happen so rarely that it is hard to tell whether they were actually caused by the vaccination or just happened afterward by chance.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with other mild problems, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of the vaccine.

Serious Problems: Studies in Australia and Mexico have shown a small increase in cases of intussusception within a week after the first dose of rotavirus vaccine. So far, this increase has not been seen in the United States, but it can't be ruled out. If the same risk were to exist here, we would expect to see 1 to 3 infants out of 100,000 develop intussusception within a week after the first dose of vaccine.

What if my child has a serious problem?

What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give medical advice.

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

For More Information

- Ask your doctor or other healthcare professional.
- 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

Influenza Vaccine

Inactivated

What You Need to Know

2012 - 2013

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 <http://www.immunize.org/vis>

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- fatigue
- cough
- headache
- muscle aches
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from seasonal influenza and even more require hospitalization.

By getting vaccinated you can protect yourself from influenza and

may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, or the “flu shot” is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent illness caused by other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to



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develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

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

4 Some people should not get inactivated influenza vaccine or should wait

- Tell your doctor if you have any **severe** (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.
- 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 about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5

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 inactivated 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
- headache
- itching
- fatigue
- hoarseness; sore, red or itchy eyes; cough

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

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS 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.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
and

www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

6**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 severe 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** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7**The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8**How can I learn more?**

- Ask your doctor. 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 (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)

Influenza Vaccine

(Inactivated)

7/2/2012



42 U.S.C. §300aa-26