

Child Development

2 Months

My name is _____. The date is _____.

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

The circumference of my head is _____ inches.

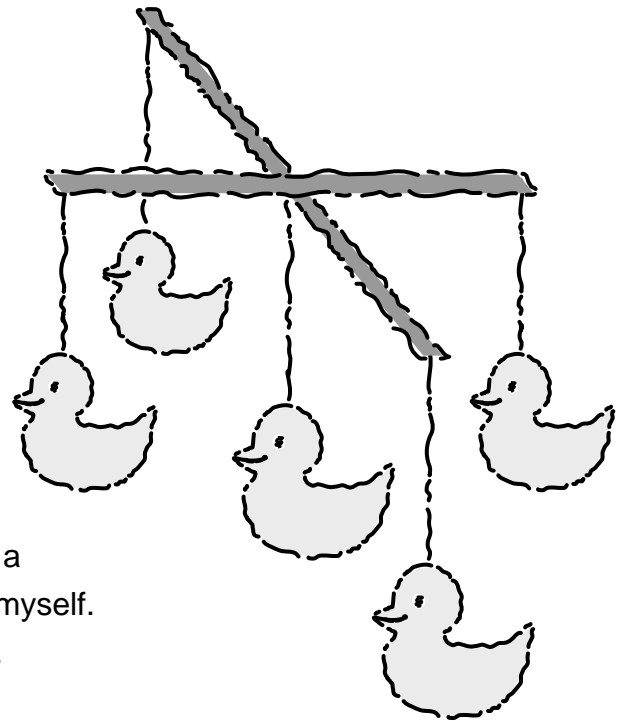
At this age I am becoming more aware of things around me. I will start to follow people and objects with my eyes and will try to localize sounds that I hear. I will usually smile and may start cooing soon. I can lift my head well and may even try to lift my shoulders to roll over.

Although at this age I still like to be held a lot, I might watch a mobile or my reflection in the mirror for a period of time by myself.

I will usually be able to sleep for four or more hours at night.

Please remember to:

Put me to sleep on my back, not on my stomach or my side. Always use my car seat and never leave me alone in the car. Don't hold me while you are drinking a hot liquid or are smoking a cigarette because I might accidentally grab it. Never leave me on a bed or changing table, even for a moment, because I might roll or scoot off a flat surface soon. Never shake me vigorously because my head and neck are fragile. Let me exercise, several times a day, by putting me on my stomach when I'm awake so I can learn how to push up. Only feed me breastmilk or formula until I am four months old.



Two Month Old Babies: Frequently Asked Questions

Is It Safe To Take My Baby Out In Public?

Yes! It's good for parents to get out of the house, and it's fine to take your baby outside for walks, errands, or to see friends. Being exposed to different environments will help stimulate your baby's development. Just make sure your baby is protected from weather, sun and infections. You can keep him protected from cold or hot weather by proper dressing. To avoid dangerous sun exposure, keep as much of his body covered by clothing as possible (though don't let him get overheated), use a sun shade on your stroller or baby carrier, and use a small amount of sunscreen on uncovered areas like the face if your baby's doctor recommends it (note that sunscreen is not studied in infants less than six months old, but many doctors recommend using it anyway to prevent dangerous sun exposure). To prevent infection, either avoid very crowded places like airports and places that are likely to have sick people there (like hospitals or children's birthday parties), or use hand sanitizer generously before you hold your baby or touch his blankets, stroller and other belongings.

Is It OK To Give My Fussy Baby Medicines For Colic?

At this point, you should not give your baby any medications (including homeopathic medicines and herbal supplements) unless your doctor recommends it. If you feel your baby is very uncomfortable or in need of medicines, please contact your baby's doctor to discuss first.

Is It Normal For My Baby To Get Fussy At Night?

Yes, unfortunately at this age, most babies have fussy periods in the evening. This peaks at about six to eight weeks of age and then starts to improve. You can try a warm bath, swaddling, rocking and shushing, and pacifiers to help calm your baby. If you feel the crying is excessive, prolonged, associated with meals or spitting up, associated with back-arching, or if you have any other concerns, talk with your doctor.

How Much Should I Feed My Baby?

There's no set amount that babies eat at any given age. A wonderful thing about infants is that they are very good at self-regulating the amount they eat, so if fed properly, they will gain enough weight but not get overweight. Breastfeeding will provide exactly as much milk as your baby needs. If you are bottle-feeding, your baby will take as much as she needs as long as it is offered; if she is emptying the entire bottle and not leaving a drop of milk, then it is time to start offering more. Make sure to feed your infant when she's acting hungry, but that doesn't mean she needs to eat every time she makes a peep. She should still only be eating breastmilk or iron-fortified formula at this age; don't start introducing solid foods until four months of age.

My Baby Prefers To Sleep In Her Bouncer or Swing. Is That OK?

Most babies prefer soft, cozy bouncers or swings to sleep in. But bouncers and swings are not as safe to sleep in as cribs or bassinets because babies can fall out of them, and there is also an increased risk of SIDS (Sudden Infant Death Syndrome, or Crib Death) in babies who are not sleeping on hard, flat mattresses like standard crib mattresses. If you are watching your baby,

it's safe for her to nap in a bouncer or swing once in awhile, but beware that doing this all the time may lead to sleep problems later. After about four months of age, babies can flip themselves out of bouncer seats or flip the seats over, and these seats are not safe to use after four months of age. While it might be difficult to get your baby to sleep without a bouncer or swing now, it will be even more difficult when she's four months old and has gotten used to it.



Firsthand Facts . . .



About Secondhand Smoke

Nonsmoking children who live in homes with smokers are exposed to cigarette smoke. This situation is called “passive smoking.” The smoke comes from two sources: secondhand smoke and sidestream smoke. Secondhand smoke is the smoke exhaled by the smoker. Sidestream smoke is the smoke that rises off the end of a burning cigarette. In 1992 the Environmental Protection Agency identified secondhand smoke as a Group A carcinogen. This category includes only the most potent cancer-causing agents, like asbestos and arsenic. Secondhand smoke is the third leading cause of preventable death in this country today. It’s time you knew the facts about secondhand smoke:

- Secondhand smoke triggers up to 1 million asthma episodes in children every year.
- Children who live in a house where someone smokes have more respiratory infections (including bronchitis and pneumonia), get more ear infections, and have twice the chance of developing lung cancer as an adult.
- The invisible, toxic particles from cigarette smoke stay in a room for hours after the cigarette has been smoked.
- A nursing mother who smokes passes nicotine and harmful chemicals in her breastmilk directly to her infant.
- Children whose parents smoke are much more likely to become smokers themselves.

If you smoke, smoke outside, away from others. If you would like to stop smoking, there are some helpful tips on the next page, as well as a phone number you can call for assistance in quitting.

8 Steps To Quitting Smoking

- 1. Think about quitting.** Make a list of your specific reasons for quitting. Talk to others about smoking and quitting, and observe how nonsmokers react to smokers. Think about the negative aspects of smoking and the positive aspects of quitting. Begin to visualize yourself as a nonsmoker.
- 2. Examine your smoking patterns.** Start a smoking journal and record each cigarette you smoke, listing the situation, who you are with and what you are feeling at the time. When you feel an urge to smoke, try to wait a moment before lighting up and think about what you could do rather than smoke in that situation.
- 3. Decide to quit.** Using your smoking journal, identify the trigger situations in which you are more likely to smoke. Try stress-reduction techniques such as deep-breathing. Postpone each cigarette by five minutes. Tell family and friends your plans to quit and ask for their help. Develop a nonsmoking support system.
- 4. Talk to your doctor** about medications to help you quit smoking. Chantix, Zyban and nicotine replacement products can all help you be more successful at quitting smoking.
- 5. Set a quit date.** Make a contract with yourself to quit. Have clear goals and make a list of rewards you can give yourself for achieving each goal. Prepare a list of coping responses to your top ten smoking triggers.
- 6. Quit for 24 hours.** Discard all smoking materials, including ashtrays and lighters. Plan your quit day activities in advance and schedule healthful events. Limit caffeine and alcohol consumption. Use your support system by phoning for help when you need it.
- 7. Complete your first week as a nonsmoker.** Reward yourself daily for achieving your goals. Have your teeth, clothes and car cleaned. Avoid smoking areas and, if necessary, smoking friends. Begin an exercise program.
- 8. Complete your first month.** Focus on your new, healthier lifestyle. Make a list of all the positive aspects of quitting (improved sense of smell and taste, greater energy and stamina levels, less coughing, etc.).
- 9. Maintain your smoke-free status.** Gradually increase your exercise level. Work on stress reduction techniques. Volunteer to help a friend quit smoking. Continue to reward yourself for a job well done.

If you slip up and smoke one cigarette, begin again at Step 6. If you relapse and begin smoking again, don't despair. Most smokers quit three to five times before they are finally successful. Look at previous attempts as "rehearsals" to quitting, not as failures. Begin again and remember to take it one day at a time.

Some people need more support than others in the process of quitting. The *Second Breath* smoking cessation program at Sharp Center for Health Promotion uses the latest principles in behavior modification and relapse prevention, along with nicotine replacement medication, to help you quit smoking – and stay quit for good. Please call (858) 505-1400 for more information on *Second Breath*.

After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is _____°F or _____°C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number: _____

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Technical content reviewed by the Centers for Disease Control and Prevention

Medicines and Dosages to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child’s weight. If you don’t know your child’s weight, give the dose based on your child’s age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. Always use a proper measuring device. For example:
 - When giving acetaminophen liquid (e.g., Tylenol), use the device enclosed in the package. If you misplace the device, consult your healthcare provider or pharmacist for advice. Kitchen spoons are not accurate measures.
 - When giving ibuprofen liquid (e.g., Advil, Motrin), use the device enclosed in the package. Never use a kitchen spoon!

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don’t give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can cause an overdose.
2. When you give your child acetaminophen or ibuprofen, don’t also give them over-the-counter (OTC) cough or cold medicines. This can also cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don’t give OTC cough and cold medicines to your child unless you talk to your child’s healthcare provider first.

Acetaminophen (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD’S WEIGHT	CHILD’S AGE	OLD FORMULATIONS INFANTS’ DROPS 80 mg in each 0.8 mL or in each 1.0 mL	INFANTS’ NEW FORMULATION OR CHILDREN’S LIQUID 160 mg in each 5 mL (1 tsp) Kitchen spoons are not accurate measures.	CHILDREN’S CHEWABLES 80 mg in each tab	JUNIOR STRENGTH 160 mg in each tab
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____	Advised dose* _____		
12–17 lbs (5.5–7.7 kg)	4–11 mos	Advised dose* _____	½ teaspoon or 2.5 mL		
18–23 lbs (8.2–10.5 kg)	12–23 mos	Advised dose* _____	¾ teaspoon or 3.75 mL		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL (0.8 mL+0.8 mL)	1 teaspoon or 5 mL	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

Ibuprofen (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD’S WEIGHT	CHILD’S AGE	INFANTS’ DROPS 50 mg in each 1.25 mL	CHILDREN’S LIQUID 100 mg in each 5 mL (1 tsp) Kitchen spoons are not accurate measures.	OLD FORMULATION CHILDREN’S CHEWABLES 50 mg in each tab	CHILDREN’S CHEWABLES OR JUNIOR TABLETS 100 mg in each tab
less than 11 lbs (5 kg)	0–5 mos				
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* _____		
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		1 teaspoon or 5 mL	2 tablets	1 tablet
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	1½ tablets
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

* HEALTHCARE PROVIDER: PLEASE FILL IN THE ADVISED DOSE.

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 not 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)
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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