

Child Development

5-6 Years

My name is _____ .

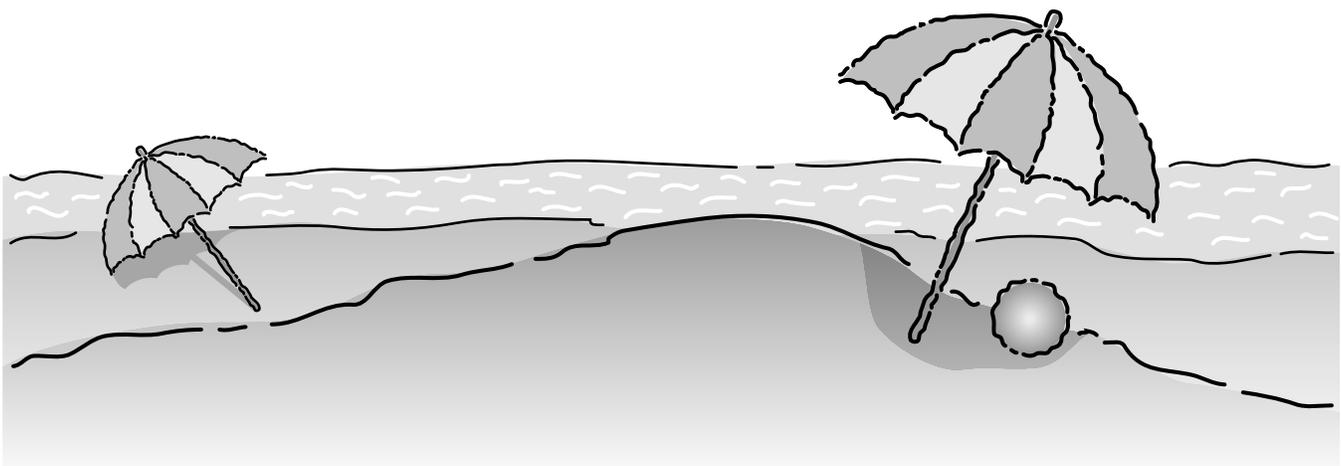
The date is _____ .

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

Development

Normally five- and six-year-olds are active and responsive children. They act in a friendly manner, and they are talkative, cooperative, proud and joyful in their play and conversation.

At these ages children are vigorous and vital and enjoy using newly developed skills in imaginative play, school, and activities with peers. They are learning to make new friends, recognize the need for rules and fair play, and are industrious. They exhibit good health and habits as well as cooperation and consideration.



Safety

Safety guidelines in preventing injuries include:

- Watch your child without interruption while in or near the water.
- Teach your child how to swim.
- Always use seat belts.
- Apply sunscreen every 2 hours when your child is outdoors. Require your child to wear a hat when outside.
- Lock up electrical tools, firearms, matches, and poisons.
- Do not allow play with fireworks.
- Do not allow your child to skate or ride a bicycle in the street, and enforce the use of a helmet while your child rides a bike, scooter or skateboard.
- Make a family plan of what to do in case of a fire in the home or in case of an earthquake.
- Have your child memorize his/her name, address, and telephone number.
- Warn your child not to go with or accept anything from strangers. Encourage your child to feel free to say "No" to strangers.

Good Parenting Practices

- Encourage your child to sleep in his/her own bed if possible.
 - Promote friendships and interaction with other children.
 - Demonstrate interest in your child's daily school activities.
 - Show affection.
 - Maintain a consistent, pleasant bedtime routine. For example, this routine can be brushing teeth, going to the bathroom, then reading or story telling.
 - Encourage good eating habits. Limit candy, soda, juice, and excessive consumption of other junk food.
 - Emphasize regular dental hygiene. Help your child brush teeth twice a day.
 - In discipline, establish a balance between your child's need for both independence and parental limit-setting.
 - Establish rules to be followed at home with respect to bedtime, television viewing, and chores.
-

Self-Esteem: 15 Ways To Help Children Like Themselves

1 **Focus on the positive things children do, not the negative.**

Give praise, recognition, a special privilege, or increased responsibility for a job well done. Be specific in your praise: instead of "You're great," tell them what they did that was great.

2 **Take children's ideas, emotions and feelings seriously. Listen**

to what they have to say and don't belittle them by making light of their concerns.

3 **Define limits and rules clearly, and enforce them. But do**

allow some leeway for your children within these limits.

4 **Be a good role model. Show your children that you feel good about**

yourself but also that you too can make mistakes and can learn from them.

5 **Teach your children how to deal with money. Help them to**

budget their money carefully and allow them to make their own spending decisions.

6 **Have reasonable expectations for your children. Help them to set**

reachable goals so they can achieve success.

7 **Help your children develop tolerance towards those with different values, backgrounds and norms by showing your own**

appreciation for others. Point out other people's strengths.

8 **Give your children specific responsibilities. They will feel**

useful and valued.

9 Show children that what they do is important to you. Spend time talking about their interests and participating in their activities.

10 Be available and give support when your children need it.

11 Spend time together. Share favorite activities and have fun together.

12 Express your values by describing the experiences that determined your values, the decisions you made to accept certain beliefs, and the reasons behind your feelings.

13 Use positive phrases like “Thank you for helping” or “That was an excellent idea!” Avoid negative phrases like “Why are you so stupid?” or “How many times have I told you?”

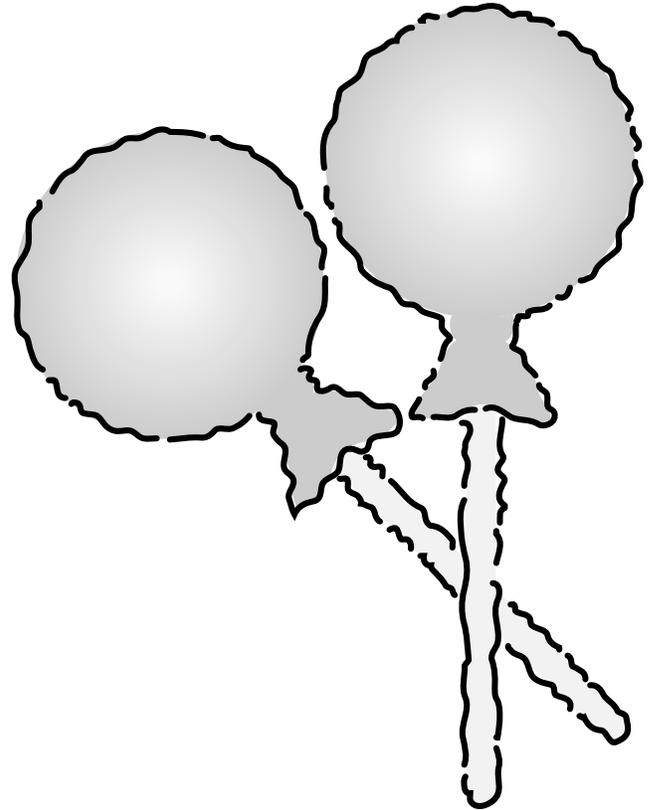
14 Discuss problems without placing **blame**. When children don’t feel attacked, they are more likely to help look for a solution.

15 Hug them and tell them that you love them.

Encouraging Your Child's Development

There are many simple things that parents can do at home every day to help promote intellectual and emotional development for children of all ages.

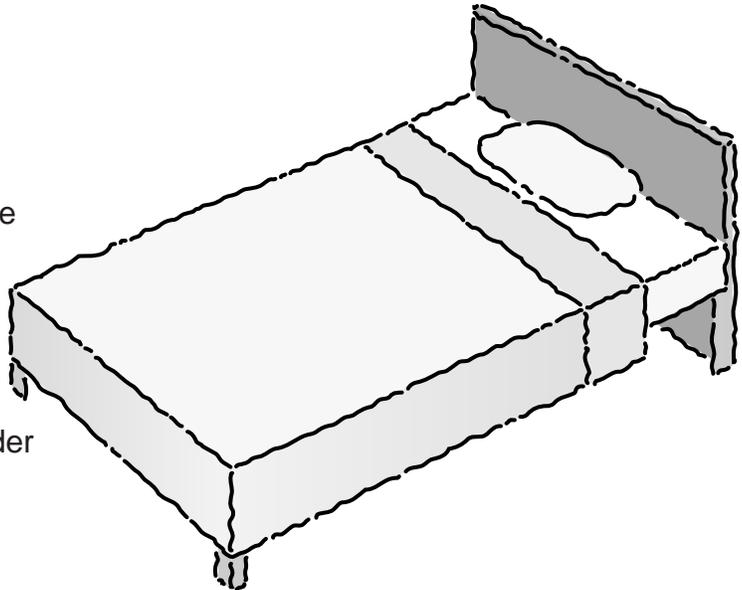
- Talk with your children about school and other events of the day.
- Read with your children every day if possible. Encourage them to read for fun and discuss what they have read.
- Monitor the television programs that your children watch. Talk about the programs they see and limit the amount of time they spend watching television or otherwise in front of a screen to 2 hours or less per day.
- Be affectionate with your children and express an interest in their school progress and their development as individuals.
- Supervise your children's homework. Make sure they have a place to work.
- Encourage exercise and good nutrition; be a good role model.
- Encourage your children to write.
- Provide learning experiences outside of school: trips to museums, parks, libraries, zoos, historical sites, etc. These are fun, too!
- Communicate that education is important and encourage your children to do well in school.
- Promote good discipline: clearly define rules, limits, and consequences, and enforce them.



Bedwetting

Definition

Enuresis (bedwetting) is the term used for the involuntary passage of urine during sleep. It is a very common problem that affects 40 percent of three-year-olds, 15 percent of five-year-olds, 13 percent of six-year-olds, and 3 percent of twelve-year-olds. Enuresis may be hereditary. We consider it normal until at least age five.



Causes

Most children who wet the bed are deep sleepers who may, in addition, have inherited small bladders. When the bladder fills, the child often is too deeply asleep to respond to the signal. The kidneys are normal. Physical causes are very rare, and your physician can easily detect them. Emotional problems do not cause initial bedwetting, but emotional problems can occur if bedwetting is mishandled. If a child has stopped bedwetting for some time and then starts bedwetting again, a physical or emotional problem may be causing this type of bedwetting.

Expected Course

Most children who wet the bed overcome the problem between ages six and ten. Even without treatment, all children eventually get over it. Therefore, treatments that might have harmful complications should not be used. On the other hand, treatments without side effects can be started as soon as your child has had complete bladder control during the daytime for one year.

Home Care for a Child Five Years or Older Who Is Bedwetting

1. Encourage your child to get up to urinate during the night.

This advice is more important than any other. Tell your child at bedtime, "Try to get up when you have to pee." Leaving a light on in the bathroom may help. Some preschoolers prefer to use a potty chair left next to the bed.

2. Encourage postponing urination.

If your child urinates often during the daytime, sometimes encourage waiting, but don't make an issue of it. Don't remind your child to use the bathroom except at bedtime.

3. Encourage daytime fluids.

Encourage your child to drink a lot during the morning and early afternoon. The more your child drinks, the more urine your child will produce, and more urine leads to larger bladders.

4. Discourage evening fluids.

Discourage your child from drinking more than two ounces during the two hours before bedtime. Give gentle reminders about this, but don't worry about a few extra swallows of water.

5. Protect the bed from urine.

Diapers should no longer be used by age five. Your child should wear extra thick underwear in addition to pajamas. This keeps much of the urine from getting through to the sheets. Odor becomes a problem if urine soaks into the mattress or blankets. Protect the mattress with a plastic mattress cover.

6. Establish a morning routine for wet pajamas and wet bedding.

On wet mornings, your child can rinse the pajamas and underwear in the sink until the odor is gone. If your child smells of urine, he/she will need to take a quick rinse in the shower to avoid being teased at school. You can cut down on the laundry by placing a dry towel under your child's bottom each night. The towel can also be rinsed in the morning. If a wet bed is left open to the air, the wet sheets will usually be dry by noon. Because of odor, sheets may need to be washed a few times a week.

7. Respond positively to dry nights.

Give praise on the mornings when your child wakes up dry. A calendar with gold stars or happy faces for dry nights may also help.

8. Respond gently to wet nights.

Your child does not like being wet. Most children feel quite guilty and embarrassed about this problem. They need sympathy, not blame or punishment. Siblings should not be allowed to tease them. Punishment or pressure will delay a cure and cause secondary emotional problems.

Additional Intervention for When Your Child Reaches Age Seven

Follow the previous recommendations. Talk with your child's doctor about possibly using alarms or medications as well, as described below:

1. Bedwetting alarms

Alarms are used to teach a child to awaken when he/she needs to urinate during the night. They have the highest cure rate (about 70 percent) of any available approach and often result in a cure within a couple of weeks. They are the treatment of choice for children with small bladders who can't otherwise train themselves to awaken at night. The new transistorized alarms are small, lightweight, sensitive to a few drops of urine, not too expensive (about \$50), and easy for children to set up by themselves. Children using alarms still need to work on the self-awakening program.

2. Alarm clock

If your child is unable to awaken at night and you can't afford or choose not to use a bedwetting alarm, teach your child to use an alarm clock or clock radio. Set it for three or four hours after your child goes to bed. Put it beyond arm's reach. Encourage your child to practice responding to the alarm during the day while lying on the bed with eyes closed. Have your child set the alarm each night. Praise your child for getting up at night, even if he/she isn't dry in the morning.

3. Medications

Most children who wet the bed need extra help with staying dry during slumber parties, camping trips, vacations, or other overnights. Some take an alarm clock with them and stay dry by awakening once at night. Some are helped by temporarily taking a medicine at bedtime.

One medicine (given by nasal spray) decreases urine production at night and is quite safe. Another older medicine (taken as a pill) temporarily increases bladder capacity. These are safe at the correct dosage, but dangerous if too much is taken or if a younger sibling gets into it. If you do use a medicine, be careful about the amount you use and where you store it, and be sure to keep the safety cap on the bottle. The drawback of these medicines is that when they are stopped, the bedwetting usually returns. They do not cure bedwetting. Therefore, children taking medications for bedwetting should also be using an alarm and learning to get up at night.

Call Our Office During Office Hours If:

- Urination causes pain or burning.
- The stream of urine is weak or dribbly.
- Your child also wets during the daytime.
- Your child also drinks excessive fluids.
- Bedwetting is a new problem (your child used to stay dry).
- Your child is over 12 years old.
- Your child is over six years old and is not better after three months of following this treatment program.

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CAR SAFETY SEATS

The major killer andcrippler of children in the United States is motor vehicle crashes. Improper use of child safety seats causes death or injury in thousands of children each year. Seven out of ten children in child safety seats are not properly buckled in.

Important safety rules

- Always use a car safety seat, starting with your baby's first ride home from the hospital.
- Never place a child in a rear-facing car safety seat in the front seat of a vehicle that has an airbag.
- The safest place for all small children to ride is in the back seat.
- Set a good example: always wear your seat belt. Help your child form a lifelong habit of buckling up.
- Remember that each car safety seat is different. Read and keep the instructions that came with your seat.
- Read the owner's manual that came with your car on how to correctly install car safety seats.

CHOOSING A CAR SEAT

Choose a car safety seat that is right for your child's age and size.

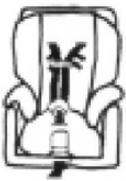
<u>AGE GROUP</u>	<u>TYPE OF SEAT</u>	<u>GENERAL GUIDELINES</u>
Infants/Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a Rear-Facing Car Seat until they are 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer.
Toddlers/Preschoolers	Convertible seats and forward-facing seats with harness	All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car seat, should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat's manufacturer.
School-Aged Children	Booster seats	All children whose weight or height is above the forward-facing limit for their car seat should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly across their shoulder, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older Children	Seat belts	When children are old enough and large enough to use the vehicle seat belt alone, they should always use Lap and Shoulder Seat Belts for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

Infant-Only Seats

- These are small and portable (sometimes come as part of a stroller system).
- These have a 3-point or 5-point harness.
- They can only be used for infants up to 20 - 35 pounds, depending on the model.
- Many come with detachable base, which can be left in the car. The seat clicks in and out of the base, which means you don't have to install it each time you use it.
- Most have carrying handles.

Convertible Seats

- These are bigger than infant-only seats.
- These can also be used forward-facing for older and larger children, therefore these seats can be used longer.
- Many have higher rear-facing weight limits than infant-only seats. These are ideal for bigger babies.
- They may have the following types of harnesses:



5-Point Harness

5 Straps:
2 at the shoulders
2 at the hips
1 at the crotch



T-Shield

A padded T-shaped or triangle-shaped shield attached to the shoulder straps.



Overhead Shield

A padded tray-like shield that swings.

Booster Seats

Your child should stay in a car seat with a harness as long as possible (i.e. as long as they fit the weight and height limits of the car seat) and then ride in a belt-positioning booster seat. You can tell when your child is ready for a booster seat when one of the following is true:

- He reaches the top weight or height allowed for the seat.
- His shoulders are above the harness slots.
- His ears have reached the top of the seat.

Booster seats are designed to raise your child so that the lap/shoulder belt fits properly. This means the lap belt is across your child's pelvis and the shoulder belt crosses the middle of your child's chest and shoulder. Correct belt fit helps protect the stomach, spine, and head from injury. Both high-backed and backless models are available. Booster seats should be used until your child can correctly fit in a lap/shoulder belt, which is typically when a child is at least 4'9" and 8-12 years old.

Government safety standards

Since January 1981, all manufacturers of child safety seats have been required to meet stringent government safety standards, including crash-testing. Choose a seat that has met Federal Motor Vehicle Safety Standard 213, with 1981 or later as the year of manufacture. When in doubt or if you have questions about installing your car safety seat, Child Passenger Safety (CPS) Technicians can help you. A list of inspection stations is available at www.seatcheck.org. You can also get this information by calling the National Highway Traffic Safety Administration (NHTSA) Auto Safety Hot Line at 888-327-4236.

The American Academy of Pediatrics also publishes a list of infant/child safety seats that is updated yearly. To obtain this list, go to <http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/CAR-Safety-Seats-Product-Listing.aspx>.

California Law

California law (as of 1/1/2012) states that each child must be properly restrained in a child safety seat or booster seat in the back seat of the car until the child is 8 years old or at least 4'9" in height. The law specifically states that:

- Children under the age of 8 must be secured in a car seat or booster seat in the back seat.
- Children under the age of 8 who are 4'9" or taller may be secured by a safety belt in the back seat.
- Children who are 8 years and over shall be properly secured in an appropriate child passenger restraint system or safety belt.
- Passengers who are 16 years of age and over are subject to California's Mandatory Seat Belt law.

Exceptions to the law are:

- A. There is no rear seat.
- B. The rear seats are side-facing jump seats.
- C. The Child Passenger Restraint System cannot be installed properly in the rear seat.
- D. All rear seats are already occupied by children under the age of 7 years.
- E. Medical reasons necessitate that the child or ward not ride in the rear seat. The court may require satisfactory proof of the child's medical condition.

A child may NOT ride in the front seat with an active passenger airbag if:

- A. The child is under one year of age,
- B. The child weighs less than 20 pounds, or
- C. The child is riding in a rear-facing Child Passenger Restraint System.



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.
-

DIPHTHERIA TETANUS & PERTUSSIS VACCINES

WHAT YOU NEED TO KNOW

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

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

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

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

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

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

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

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

2 Who should get DTaP vaccine and when?

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

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

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

3

Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
 - had a seizure or collapsed after a dose of DTaP,
 - cried non-stop for 3 hours or more after a dose of DTaP,
 - had a fever over 105°F after a dose of DTaP.

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

4

Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

Diphtheria/Tetanus/Pertussis

5/17/2007

5 What are the risks from DTaP vaccine?

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

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

Mild Problems (Common)

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

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1-7 days (up to about 1 child in 30).

Other mild problems include:

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

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

Moderate Problems (Uncommon)

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

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage.

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

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

6 What if there is a moderate or severe reaction?

What should I look for?

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

What should I do?

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

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice

7 The National Vaccine Injury Compensation Program

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

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit the National Immunization Program's website at www.cdc.gov/vaccines



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

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

1 What is polio?

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

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

2 Why get vaccinated?

Inactivated Polio Vaccine (IPV) can prevent polio.

History: A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 25,000 cases of polio reported each year. Polio vaccination was begun in 1955. By 1960 the number of reported cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries has sparked a world-wide effort to eliminate polio.

Today: Polio has been eliminated from the United States. But the disease is still common in some parts of the world. It would only take one person infected with polio virus coming from another country to bring the disease back here if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

3 Who should get polio vaccine and when?

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

Children

Children get 4 doses of IPV, at these ages:

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

Some "combination" vaccines (several different vaccines in the same shot) contain IPV.

Children getting these vaccines may get one more (5th) dose of polio vaccine. This is not a problem.

Adults

Most adults 18 and older do not need polio vaccine because they were vaccinated as children. But some adults are at higher risk and should consider polio vaccination:

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

Adults in these three groups:

- who have **never been vaccinated against polio** should get 3 doses of IPV:
 - Two doses separated by 1 to 2 months, and
 - A third dose 6 to 12 months after the second.
- who have had **1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses.



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It doesn't matter how long it has been since the earlier dose(s).

- who have had **3 or more doses** of polio vaccine in the past may get a booster dose of IPV.

Your doctor can give you more information.

4

Some people should not get IPV or should wait.

These people should not get IPV:

- Anyone with a life-threatening allergy to any component of IPV, including the antibiotics neomycin, streptomycin or polymyxin B, should not get polio vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a severe allergic reaction to a previous polio shot should not get another one.

These people should wait:

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

Ask your doctor for more information.

5

What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. IPV has not been known to cause serious problems, and most people don't have any problems at all with it.

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

6

What if there is a moderate or severe problem?

What should I look for?

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

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours

after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor 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.

Persons 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/vaccines

Vaccine Information Statement (Interim)
Polio Vaccine

11/8/2011

42 U.S.C. § 300aa-26

Office Use
Only



MMR (Measles, Mumps, & Rubella) 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 <http://www.immunize.org/vis>

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

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

Mumps

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

Rubella (German Measles)

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

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose:** 12-15 months of age
- **Second Dose:** 4-6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

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

Children between 1 and 12 years of age can get a “combination” vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

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

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.



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- Tell your doctor if the person getting the vaccine:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids
 - Has any kind of cancer
 - Is being treated for cancer with radiation or drugs
 - Has ever had a low platelet count (a blood disorder)
 - Has gotten another vaccine within the past 4 weeks
 - Has recently had a transfusion or received other blood products
- Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

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

Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate Problems

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

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness

- Permanent brain damage
- These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

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

Persons 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.

7 How can I learn more?

- Ask your doctor.
- 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)

MMR Vaccine

4/20/2012

42 U.S.C. § 300aa-26



CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

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

1 Why get vaccinated?

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

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

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

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Chickenpox

3/13/08

Catch-Up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

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

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
 - Has HIV/AIDS or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
 - Has any kind of cancer
 - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your provider for more information.

4

What are the risks from chickenpox vaccine?

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

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate Problems

- Seizure (jerking or staring) caused by fever (very rare).

Severe Problems

- Pneumonia (very rare)

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

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider 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.

6

The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

7

How can I learn more?

- Ask your provider. 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)**
 - Visit CDC website at: www.cdc.gov/vaccines



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Vaccine Information Statement (Interim)
Varicella Vaccine (3/13/08) 42 U.S.C. §300aa-26

MMRV (MEASLES, MUMPS, RUBELLA & VARICELLA) VACCINE

WHAT YOU NEED TO KNOW

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

1

Measles, Mumps, Rubella & Varicella

Measles, Mumps, Rubella, and Varicella (chickenpox) can be serious diseases:

Measles

- Causes rash, cough, runny nose, eye irritation, fever.
- Can lead to ear infection, pneumonia, seizures, brain damage, and death.

Mumps

- Causes fever, headache, swollen glands.
- Can lead to deafness, meningitis (infection of the brain and spinal cord covering), infection of the pancreas, painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

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

Varicella (Chickenpox)

- Causes rash, itching, fever, tiredness.
- Can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- Can re-emerge years later as a painful rash called shingles.

These diseases can spread from person to person through the air. Varicella can also be spread through contact with fluid from chickenpox blisters.

Before vaccines, these diseases were very common in the United States.

2

MMRV Vaccine

MMRV vaccine may be given to children from 1 through 12 years of age to protect them from these four diseases.

Two doses of MMRV vaccine are recommended:

- The first dose at **12 through 15 months of age**
- The second dose at **4 through 6 years of age**

These are *recommended* ages. But children can get the second dose up through 12 years as long as it is at least 3 months after the first dose.

Children may also get these vaccines as 2 separate shots: **MMR** (measles, mumps and rubella) and **varicella** vaccines.

1 Shot (MMRV) or 2 Shots (MMR & Varicella)?

- Both options give the same protection.
- One less shot with MMRV.
- Children who got the first dose as MMRV have had more fevers and fever-related seizures (about 1 in 1,250) than children who got the first dose as separate shots of MMR and varicella vaccines on the same day (about 1 in 2,500).

Your health-care provider can give you more information, including the Vaccine Information Statements for MMR and Varicella vaccines.

Anyone 13 or older who needs protection from these diseases should get MMR and varicella vaccines as separate shots.

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

3

Some children should not get MMRV vaccine or should wait

Children should not get MMRV vaccine if they:

- Have ever had a life-threatening allergic reaction to a previous dose of MMRV vaccine, or to either MMR or varicella vaccine.
- Have ever had a life-threatening allergic reaction to any *component* of the vaccine, including gelatin or the antibiotic neomycin. Tell the doctor if your child has any severe allergies.
- Have HIV/AIDS, or another disease that affects the immune system.
- Are being treated with drugs that affect the immune system, including high doses of oral steroids for 2 weeks or longer.
- Have any kind of cancer.
- Are being treated for cancer with radiation or drugs.

Check with your doctor if the child:

- Has a history of seizures, or has a parent, brother or sister with a history of seizures.
- Has a parent, brother or sister with a history of immune system problems.
- Has ever had a low platelet count, or another blood disorder.
- Recently had a transfusion or received other blood products.
- Might be pregnant.

Children who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMRV vaccine. Children who are only mildly ill may usually get the vaccine.

Ask your provider for more information.

4 What are the risks from MMRV vaccine?

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

Getting MMRV vaccine is much safer than getting measles, mumps, rubella, or chickenpox.

Most children who get MMRV vaccine do not have any problems with it.

Mild Problems

- Fever (about 1 child out of 5).
- Mild rash (about 1 child out of 20).
- Swelling of glands in the cheeks or neck (rare).

If these problems happen, it is usually within 5-12 days after the first dose. They happen less often after the second dose.

Moderate Problems

- Seizure caused by fever (about 1 child in 1,250 who get MMRV), usually 5-12 days after the first dose. *They happen less often when MMR and varicella vaccines are given at the same visit as separate shots (about 1 child in 2,500 who get these two vaccines), and rarely after a 2nd dose of MMRV.*
- Temporary low platelet count, which can cause a bleeding disorder (about 1 child out of 40,000).

Severe Problems (Very Rare)

Several severe problems have been reported following MMR vaccine, and might also happen after MMRV. These include severe allergic reactions (fewer than 4 per million),

and problems such as:

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

Because these problems occur so rarely, we can't be sure whether they are caused by the vaccine or not.

5 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 provider 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.

6 The National Vaccine Injury Compensation Program

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

Persons who believe they may have been injured by a vaccine may file a claim with VICP by calling **1-800-338-2382** or visiting their website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

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Vaccine Information Statement (Interim)
MMRV Vaccine (5/21/10) 42 U.S.C. §300aa-26