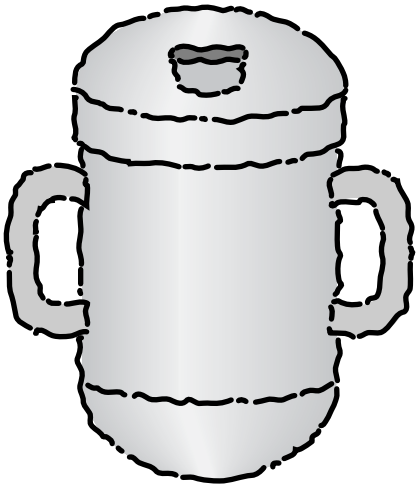
Child Development

12 Months

My name is _____ . The date is _____ .

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

The circumference of my head is _____ inches.



I am better at standing and stepping and may try to let go to stand alone.

Soon I will be taking steps. Though tentative at first, I will soon become very brave. Watch for my falls, so I don't hurt myself too badly. It is time to put objects like those on the coffee table out of my way.

I am not content to stay on the ground, and I will be climbing soon – onto and over everything imaginable.

I can try feeding myself with my hands now and could be drinking from a cup. I should be eating with the rest of the family. Discontinue the use of my bottles and pacifiers.

I can babble (say things like "da" or "gaga"), and may be able to reproduce some words with meaning. I can understand when you talk to me.

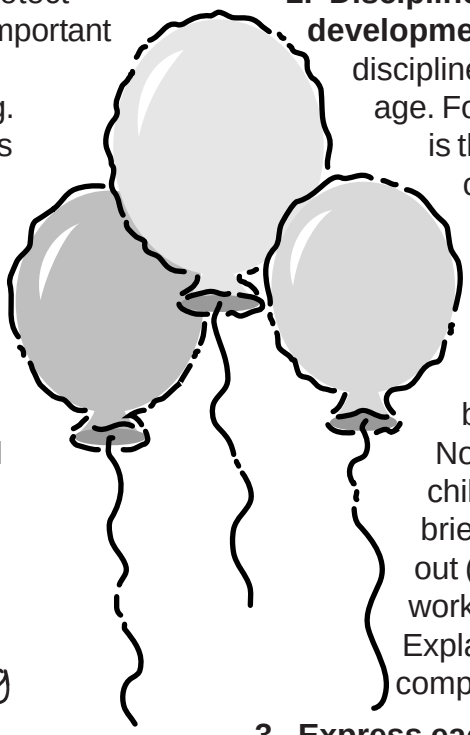
Pretty soon I will be able to wave bye-bye and point at objects I'm interested in.

Please remember to:

Use my car seat reverse-facing until I am two years old or when I have outgrown the weight or height limits on my car seat. Make sure the house is "baby-proof" and "poison-proof." Keep me out of the kitchen – there is too much danger with hot appliances and food I can choke on. Watch my ability to climb, so I don't fall too far. Never leave me unattended in the bathtub or in the yard. I am fearless and need you to teach me about safety. Talk and read to me a lot. I learn to speak by listening to you.

Discipline Basics

The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a “spoiled” child. To teach respect for the rights of others, first teach your child to respect your rights and that you respect hers. Begin external controls by six months of age. Children don’t start to develop internal controls (self-control) until three or four years of age. They usually continue to need external controls, in gradually decreasing amounts, through adolescence.



Guidelines for Setting Rules

1. Prevent discipline problems when you're able to. Routines and consistency work well for all ages to prevent bad behavior. Another technique that is especially effective for all ages is to praise good behavior ("catching" your child being good), which is often more effective than punishing bad behavior. Offering age-appropriate choices can also lead to good behavior. For example, temper tantrums and bad behavior in a toddler can often be prevented by offering the child the opportunity to choose from several acceptable choices ("Do you want to eat a banana, an apple, or a pear?"), which gives them the satisfaction of getting to choose, but also accomplishes what you want as well.

2. Discipline varies by the age and developmental level of the child. Begin discipline after six to nine months of age. For young infants, distraction is the best policy. Once infants can crawl, start setting limits and creating a few simple but important rules, like not touching the stove. For a toddler from age one to two years, discipline should be brief (for example saying "No. No hitting.") and consistent. For children two years and older, a brief explanation and a brief time out (1 minute per year of age) works well for bad behavior. Explanations can become more complex as the child gets older.

3. Express each misbehavior as a clear and concrete rule. Examples of clear rules are “Don’t push your brother” and “Don’t interrupt me on the telephone.” For a young infant or toddler, statements need to be even simpler like "No hitting" or "No biting."

4. Also state the acceptable or appropriate behavior. Your child needs to know what is expected of him or her. Examples are “Play with your brother,” “Look at books when I’m on the telephone,” or “Walk, don’t run.”

5. Ignore unimportant or irrelevant misbehavior. Avoid constant criticism. Behaviors such as swinging the legs, poor table manners, or normal negativism (saying "no") are unimportant during the early years and will go away on their own.

6. Use rules that are fair and attainable. A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet training accidents.

7. Concentrate on two or three rules initially. Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).

8. Avoid trying to change "no-win" behavior through punishment. Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, nose picking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he or she behaves as you'd like.

9. Apply the rules consistently. After the parents agree on the rules, it may be helpful to write them down and post them so that parents and all other caregivers can offer consistent rules.

Discipline Techniques (Including Consequences)

Techniques to use for different ages are summarized here. The techniques mentioned here are further described after this list.

- **From birth to six months:** no discipline necessary.
- **From six months to three years:** structuring the home environment to prevent problems, distracting, ignoring bad behavior, verbal and nonverbal disapproval, physically moving or escorting, and temporary time-out (one minute per year of age).
- **From three years to five years:** the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences.
- **From five years to adolescence:** the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences.
- **Adolescence:** logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance can be discontinued.

1. **Structure the home environment.** You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are using gates, locks, and fences, or keeping "tempting" items (like breakable items or the remote control) out of sight and out of reach.

2. **Distracting your child from misbehavior.** Distracting a young child from temptation by attracting his or her attention to something else is especially helpful when the child is in someone else's house or a store (for example, distract with toys or games).

3. **Ignore the misbehavior.** Ignoring helps to stop unacceptable behavior that is harmless, such as tantrums, sulking, whining, quarreling or interrupting. Getting a response (even a negative one) often reinforces a behavior.

4. **Use verbal and nonverbal disapproval.** Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, make eye contact, look disappointed or stern, and give a brief "No" or "Stop."

5. **Physically move or escort ("manual guidance").** "Manual guidance" means that you move a child from one place to another (for example, to the car or time-out chair) against his will and help him as much as needed (for example, carrying).

6. **Use temporary time-out.** Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about one minute per year of age and not more than five minutes.

7. **Restrict places where a child can misbehave.** This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.

8. **Use natural consequences.** Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet, or breaking a toy means it isn't fun to play with it anymore.

9. **Use logical consequences.** These should be logically related to the misbehavior, making your child accountable for his or her problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.

10. **Delay a privilege.** Examples of work before play are, "After you clean your room, you can go and play," or "When you finish your homework, you can watch television."

11. **Use "I" messages.** When your child misbehaves, tell your child how you feel. Say "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.

12. **Negotiate and hold family conferences.** As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"

13. **Discontinue any physical punishment.** Most out-of-control children are already too aggressive. Physical punishment like spanking or hitting a child's hands teaches them that it's acceptable to be aggressive (for example, hit or hurt someone else) to solve problems.

14. **Discontinue any yelling.** Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.

15. **Don't forget to reward desired behaviors.** Don't take good behavior for granted. Watch for behavior you like ("catch" your child being good), and then praise your child. At these times, move close to your child, look at him or her, smile, and be affectionate. Specifically praise the good behavior by saying something like, "Thank you for picking up your toys!" A parent's attention is the favorite reward of most children.

Guidelines for Giving Consequences (Punishments)

1. **Be unambivalent**. Mean what you say and follow through immediately or as soon as possible.

2. **Correct with love.** Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with “I’m sorry I can’t let you...”

3. **Apply the consequence immediately.** Delayed punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

4. **Make a one-statement comment about the rule when you punish your child.** For example, "No pulling the cat's tail." Also restate the preferred behavior ("Please be gentle."), but avoid making a long speech.

5. **Ignore your child’s arguments while you are correcting him or her.** This is the child’s way of delaying punishment. Have a discussion with your child at a later, more pleasant time.

6. **Make the punishment brief.** Take toys out of circulation for no more than one or two days. Time-outs should last no longer than one minute per year of the child’s age and five minutes maximum.

7. **Follow the consequence with love and trust.** Welcome your child back into the family circle and do not comment upon the previous misbehavior or require an apology for it.

8. **Direct the punishment against the misbehavior, not the person.** Avoid degrading comments such as “You never do anything right," or "You're so bad."

Call Our Office During Regular Hours If:

- Your child’s misbehavior is dangerous.
- The instances of misbehavior seem too numerous to count.
- Your child is also having behavior problems at school.
- Your child doesn’t seem to have many good points.
- Your child seems depressed.
- The parents can’t agree on discipline.
- You can’t give up physical punishment. (NOTE: Call immediately if you are afraid you might hurt your child.)
- The misbehavior does not improve after one month of using this approach.

Recommended Reading

Edward R. Christophersen: *Little People.* Westport Publishers, Kansas City, MO, 1988.

Don Dinkmeyer and Gary D. McKay: *Parenting Young Children.* American Guidance Service, Circle Pines, Minn., 1989.

Michael Popkin: *Active Parenting.* Harper and Row Publishers, San Francisco, 1987.

Jerry Wyckoff and Barbara C. Unell: *Discipline Without Spanking or Shouting.* Meadowbrook, Deephaven, Minn., 1984

Discipline: Time-Out Technique

Definition

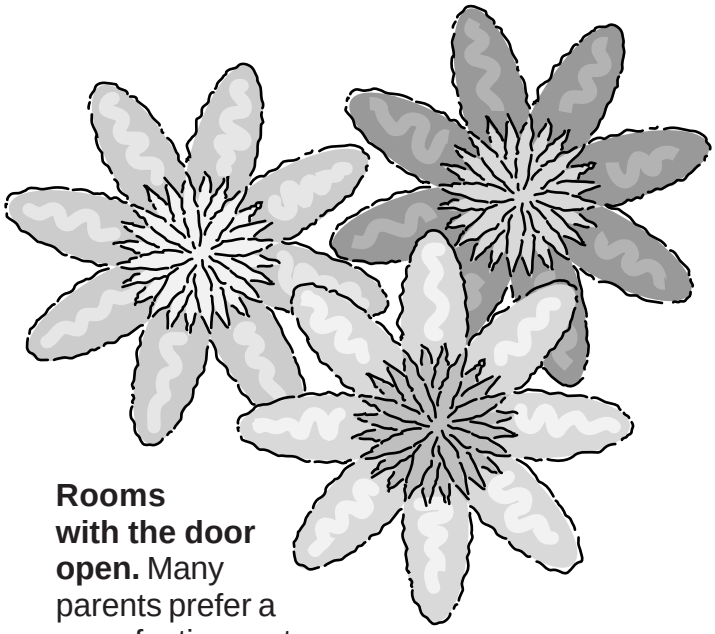
Time-out is a form of discipline used to interrupt unacceptable behavior by isolating a child in a chair or room for a brief period of time. Time-out has the advantage of providing a cooling-off period for both the child and the parent. It gives a child over two or three years old a chance to think about his misbehavior and feel a little guilty about it. When a child is less than two years old, time-out mainly establishes who is in charge.

Misbehaviors that respond best to time-out are aggressive, harmful, or disruptive behaviors that cannot be ignored. Time-out is much more effective than spanking, threatening, or shouting at your child. Time-out is the best form of discipline for many of the irrational behaviors of toddlers. As a child grows older, use of time-outs can gradually be replaced with logical consequences.

Choosing a Place for Time-Out

Playpens. Playpens are a convenient place for time-out for older infants. A playpen near a parent is preferable to isolation in another room because most infants are frightened if they are not in the same room as their parent. Cribs are not an ideal location for time-out because this can lead to sleep problems.

Chairs or corners. An older child can be told to sit in a chair. The chair can be placed facing a corner. Some parents prefer to have their child stand facing the corner.



Rooms with the door open. Many parents prefer a room for time-out because it offers more confinement than a chair. The most convenient and safest room for time-out is the child's bedroom, though making the bedroom a place of punishment can cause sleep issues. Until two years of age, most children become frightened if they are put in a room with a closed door. Other ways to confine your child in a room without completely closing him off are a gate or a piece of plywood that covers the bottom half of the door.

Rooms with the door closed. Some children will come out of the room just as soon as they are put in. If you cannot devise a barricade, then the door must be closed. You can hold the door closed for the three to five minutes it takes to complete the time-out period. If you don't want to hold the door, you can put a latch on the door that allows it to be temporarily locked. Be sure not to forget your child. The time-out should not last longer than a few minutes (one minute per year of age).

How to Administer Time-Out

Deciding the length of time-out. The time-out should be long enough for your child to think about his misbehavior and learn the acceptable behavior. A good rule of thumb is one minute per year of the child's age, with a maximum of five minutes. A kitchen timer can be set for the required number of minutes. If your child leaves time-out early ("escapes"), he should be returned to time-out and the timer should be reset. By the age of six years, most children can be sent to their room and asked to stay there until they feel ready to behave.

Putting your child in time-out. If your child misbehaves, briefly explain the rule she has broken and send her to the time-out chair or room. If your child doesn't go immediately, lead or carry her there. Expect your child to cry, protest, or have a tantrum on the way to time-out. Don't lecture or spank her on the way.

Keeping your child in time-out. Once children understand time-out, most of them will stay in their chair, corner, or room until the time is up. However, you will have to keep an eye on your child. If he gets up from a chair, put him back gently but quickly without spanking him and reset the timer. If your child comes out of the room, direct him back into the room and reset the timer. Threaten to close the door if he comes out a second time. If your child is a strong-willed two- or three-year-old and you are just beginning to use time-outs, you may initially need to hold him in the chair with one hand on his shoulder for the entire two minutes. Don't be discouraged; this does teach him that you mean what you say. If your child yells or cries during time-out, ignore it. The important thing is that he remain in time-out for a certain amount of time. Your child will not be able to understand the need for quietness during time-out until at least three years of age, so don't expect this of him before then.

Ending the time-out. Make it clear that you are in charge of when time-out ends. When the time is up, go to your child and state, "Time-out is over. You can get up (or come out) now." Then treat your child normally. Don't review the rule your child broke. Try to notice when your child does something that pleases you and praise her for it as soon as possible.

Practicing time-out with your child. If you have not used time-out before, explain it to your child in advance. Tell him it will replace spanking, yelling, and other such forms of discipline. Talk to him about the misbehaviors that will lead to time-outs. Also discuss with him the good behavior that you would prefer to see. Then pretend with your child that he has broken one of the rules. Take him through the steps of time-out so that he will understand your directions when you send him to time-out in the future. Also teach your baby-sitter about time-outs.

CAR SAFETY SEATS

The major killer and crippler 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.

AGE GROUP	TYPE OF SEAT	GENERAL GUIDELINES
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.

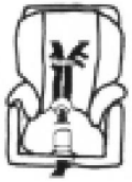
Information obtained from AAP, http://www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Information-for-families.aspx

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.

SHARP Rees-Stealy Medical Centers

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.

VACCINE INFORMATION STATEMENT

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.

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

SHC-PE-3696-NS (5-21-13)

- 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

Office Use Only

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.

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.

SHC-PE-3697-NS (5-21-13)

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

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, **M**umps, **R**ubella, and **V**aricella (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?

- 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's website at **www.cdc.gov/vaccines**

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

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

VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate 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

☑ **Your doctor recommends that you, or your child, get a dose of PCV13 vaccine today.**

1 Why get vaccinated?

Pneumococcal conjugate vaccine (called PCV13 or Prevnar 13) is recommended to protect infants and toddlers, and some older children and adults with certain health conditions, from **pneumococcal disease**.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis.

Meningitis is an infection of the covering of the brain. Pneumococcal meningitis is fairly rare (less than 1 case per 100,000 people each year), but it leads to other health problems, including deafness and brain damage. In children, it is fatal in about 1 case out of 10.

Children younger than two are at higher risk for serious disease than older children.

People with certain medical conditions, people over age 65, and cigarette smokers are also at higher risk.

Before vaccine, pneumococcal infections caused many problems each year in the United States in children younger than 5, including:

- more than 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths.

About 4,000 adults still die each year because of pneumococcal infections.

Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes **prevention through vaccination** even more important.

2 PCV13 Vaccine

There are more than 90 types of pneumococcal bacteria. PCV13 protects against 13 of them. These 13 strains cause most severe infections in children and about half of infections in adults.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. Children in this age range are at greatest risk for serious diseases caused by pneumococcal infection.

PCV13 vaccine may also be recommended for some older children or adults. Your doctor can give you details.

A second type of pneumococcal vaccine, called PPSV23, may also be given to some children and adults, including anyone over age 65. There is a separate Vaccine Information Statement for this vaccine.

3 Precautions

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7 (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell

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

SHC-PE-3699-NS (5-21-13)

your doctor if the person being vaccinated has any severe allergies.

If the person scheduled for vaccination is sick, your doctor might decide to reschedule the shot on another day.

Your doctor can give you more information about any of these precautions.

4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Reported problems associated with PCV13 vary by dose and age, but generally:

- About half of children became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Adults receiving the vaccine have reported redness, pain, and swelling where the shot was given. Mild fever, fatigue, headache, chills, or muscle pain have also been reported.

Life-threatening allergic reactions from any vaccine are very rare.

5 What if there is a serious reaction?

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 heart beat, 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, get the person to the nearest hospital or call 9-1-1. 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.

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)

PCV13 Vaccine

2 / 27 / 2013

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

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

Hojas de Informacián Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite http://www.immunize.org/vis

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- "flu-like" illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

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

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3-6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

WHO?

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see www.cdc.gov/travel.
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.
- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

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

WHEN?

For children, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For others at risk, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

For travelers, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

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

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

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

SHC-PE-3700-NS (5-21-13)

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

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. **Tell your doctor if you have any severe allergies,** including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

4 What are the risks from hepatitis A vaccine?

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

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

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 6 children)*
- headache *(about 1 out of 6 adults and 1 out of 25 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

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

Severe problems

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

5 What if there is a moderate or severe 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, 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.

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. 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)

Hepatitis A Vaccine

10/25/2011

42 U.S.C. § 300aa-26

Office Use Only