

**0 to 6 month booklet with VIS and
anticipatory guidance given to the family
of**

On (date)

WELL CHILD CARE BIRTH TO 6 MONTHS

Compliments of:

Belilovsky Pediatrics
www.babydr.us

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Well Child Care at 2 Weeks

Feeding

Your baby is growing! At this age, a baby only needs breast milk or infant formula. Most babies take 2 to 3 ounces of formula every 2 to 3 hours now. Breast-fed babies should usually feed about 10 minutes at each breast during each feeding. Breast-fed babies may want to nurse as often as every 2 hours. Babies usually wake up at night to feed. This is normal. Cereal or baby food is not needed yet. Babies can have food allergies if solids are started too early. If your baby wants to feed more often, try a pacifier. Your baby may need to suck but not feed.

It is important to hold your baby during feeding. This is a good time to talk and play. Hold the bottle and do not prop it up.

Mixing formula: If you use concentrated liquid formula, always mix 1 can of formula with 1 can of tap water. Keep the mixture in the refrigerator. If you get powdered formula, mix 2 ounces of water per 1 scoop of formula.

Development

Babies are learning to use their eyes and ears. Smiling faces and gentle, pleasant voices are interesting for babies at this age.

Many mothers find that the baby brings a lot of new work. Help from fathers, friends, and relatives is often very important at this time.

Sleep

Babies usually sleep 16 or more hours a day. Healthy babies should be placed in bed on their backs. Sleeping on the back reduces the risk of sudden infant death syndrome (SIDS).

Bowel and Bladder

Most babies will strain to pass bowel movements. As long as the bowel movement is soft, there is no need to worry. Ask your doctor about bowel movements that are hard (constipation). Babies usually wet the diaper at least 6 times each day.

Safety Tips

Car seats are the safest way for babies to travel in cars and are required by law. Infant car seats should be placed in a back seat with the infant facing backwards. Never leave your baby alone in a car or unsupervised with young brothers, sisters, or pets.

If you use a crib for your baby, be sure to pick a safe location. It should not be too near a heater. Make sure the sides are always completely up. Crib slats more than 2 and 3/8 inches apart can lead to injury. Mesh netting of playpens should always be in the upright position.

Call Your Child's Physician If:

- Your baby develops a fever.
- Your child is very irritable and you cannot calm him.

Well Child Care at 2 Months

Feeding

Your baby still needs only breast milk or infant formula to grow healthy and strong. It is not time to start cereal or baby foods yet. Cereal can be started at 4 to 6 months of age. At this age most babies take about 4 to 5 ounces of formula every 3 to 4 hours.

Even if you only give your baby breast milk, it is a good idea to sometimes feed your baby with pumped milk that you put in a bottle. Then your baby will learn another way to drink milk and other people can enjoy feeding your baby.

Always hold your baby during feeding time. Then your baby learns that you are there to meet his needs. This is an important and special time.

Development

Babies start to lift their heads briefly. They reach for things with their hands. They enjoy smiling faces and sometimes smile in return. Cooing sounds are in response to people speaking gentle, soothing words.

Sleep

Many babies wake up every 3 to 4 hours, while others sleep through the night. Every baby is different. Feeding your baby a lot just before bedtime doesn't have much to do with how long your baby will sleep. Place your baby in the crib when he's drowsy but still awake. Never put your baby in bed with a bottle. Ask your health care provider for ideas about ways to keep your baby alert and awake during the day and sound asleep at night.

Safety Tips

Never leave your child alone, except in a crib.

Avoid Suffocation and Choking

- Use a crib with slats not more than 2 and 3/8 inches apart.
- Place your baby in bed on his back.
- Use a mattress that fits the crib snugly.
- Keep plastic bags, balloons, and baby powder out of reach.

Prevent Fires, Burns, Scalds

- Never eat, drink, or carry anything hot near the baby or while you are holding the baby.
- Turn your water heater down to 120°F (50°C).
- Install smoke detectors.
- Keep a fire extinguisher in or near the kitchen.
- Do not smoke inside the house or near the baby. Try to cut back on cigarettes and set a quit date. Tell your friends you are quitting.

Car Safety

- Never leave a child alone in a car.
- Use an approved infant car safety seat and follow the instructions for proper use.
- Parents should always wear seat belts.

Avoid Falls

- Never step away when the baby is on a high place, even on a changing table.
- Keep the crib sides up.

Immunizations

At the 2-month visit, your baby should have a:

- DPaT (diphtheria, acellular pertussis, tetanus) shot
- Hib (Haemophilus influenza type B) shot
- hepatitis B shot
- polio shot
- pneumococcal (PCV7) shot.

Some of these vaccines are mixed together in the same shot, so your baby will not have to have 5 separate shots.

Your baby may run a fever and be irritable for about 1 day after getting shots. Your baby may also have some soreness, redness, and swelling where the shots were given. Acetaminophen drops (1/2 dropperful, or 0.4 ml, every 4 to 6 hours) may help to prevent the fever and irritability. For swelling or soreness put a wet, warm washcloth on the area of the shots as often and as long as needed for comfort.

Call your child's physician if:

- Your child has a rash or any reaction other than fever and mild irritability.
- You are concerned about the fever.

Well Child Care at 4 Months

Feeding

Your baby should still be taking breast milk or infant formula. Most babies now take about 6 to 7 ounces every 4 to 5 hours. You can start juice at the age of 4 to 6 months but should limit it to a few ounces each day.

If you give your baby breast milk, it is a good idea to sometimes feed your baby with pumped milk that you put in a bottle. Then your baby will learn another way to drink milk and other people can enjoy feeding your baby.

Some babies are now ready to start cereal. A baby is ready for cereal when he is able to hold his head up enough to eat from a spoon. Use a spoon to feed your baby cereal, not a bottle or an infant feeder. Sitting up while eating helps your baby learn good eating habits. When you start cereal, start with rice cereal mixed with breast milk or formula. You may want to start with a thin mix of cereal and then thicken it gradually. Pureed fruits and vegetables can also be started between 4 and 6 months. Start a new food or juice no more often than every 5 days to make sure your baby is not allergic to the new food.

Babies will respond gleefully when they see a bottle, but don't give your baby a bottle just to quiet him when he really isn't hungry. Babies who spend too much time with a bottle in their mouth start to use the bottle as a security object, which makes weaning more difficult. They are also more likely to have ear infections and tooth decay problems. Find another security object like a stuffed animal or a blanket.

Development

Babies are starting to roll over from stomach to back. Your baby's voice may become louder. He may squeal when happy or cry when he wants food or to be held. In both cases, gentle, soothing voices are the best way to calm your baby. Babies at this age enjoy toys that make noise when shaken.

It is normal for babies to cry. At this age you can't spoil a baby. Meeting your baby's needs quickly is still a good idea.

Sleep

Many babies are sleeping through the night by 4 months of age and will also nap 4 to 6 hours during the daytime. If your baby's sleeping patterns are different than this you may want to ask your doctor for ideas about ways to keep your baby alert and awake during the day and sound asleep at night.

Remember to place your baby in bed on her back.

Teething

Your baby may begin teething. While getting teeth, your baby may drool and chew a lot. A teething ring may be useful.

Safety Tips

Avoid Suffocation and Choking

- Remove hanging mobiles or toys before the baby can reach them.
- Keep cords, ropes, or strings away from your baby, especially near the crib. Ropes and strings around the baby's neck can choke him.
- Keep plastic bags and balloons out of reach.
- Use only unbreakable toys without sharp edges or small parts that can come loose.

Avoid Fires and Burns

- Never eat, drink, or carry anything hot near the baby or while you are holding the baby.

- Turn down your water heater to 120°F (50°C).
- Check your smoke detectors to make sure they work.
- Check formula temperature carefully. Formula should be warm or cool to the touch.
- Don't smoke in the house or near the baby.

Car Safety

- Use an approved infant car seat correctly in the back seat.
- Never leave your baby alone in a car.
- Wear your safety belt.

Avoid Falls

- Never leave the baby alone on a high place.
- Keep crib and playpen sides up.
- Do not put your baby in a walker.

Immunizations

At the 4-month visit, your baby should have a:

- DPT (diphtheria, acellular pertussis, tetanus) shot
- Hib (Haemophilus influenza type B) shot
- polio shot
- pneumococcal (PCV7) shot.

Some babies also receive a hepatitis B shot at this age.

Some of these vaccines come mixed together in the same shot, so your baby will not have to have 4 or 5 separate shots.

Your baby may run a fever and be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling where the shots were given. Acetaminophen drops (1/2 dropperful, or 0.4 ml, every 4 to 6 hours) may help to prevent the fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed for comfort.

Call your child's physician if:

- Your child has a rash or any other than reaction besides fever and mild irritability.
- Your child has a fever that lasts more than 36 hours.

Well Child Care at 6 Months

Feeding

If you haven't started your baby on baby foods (other than cereal), you can start now. Begin with fruits and vegetables. Start one new food at a time for a few days to make sure your baby digests it well. Do not start meats until your baby is 7 to 8 months old. Do not give foods that require chewing. Don't start eggs until age 12 months. At meals give the baby formula, or breast-feed your baby before giving baby food.

Your baby should continue having breast milk or infant formula until he is 1 year old. Your baby may soon be ready for a cup although it will be messy at first. Try giving a cup occasionally to see if your baby likes it. Don't put your baby to bed with a bottle. Your baby will start to see the bottle as a security object and this will make it difficult to wean your child from the bottle. Prolonged bottle use, especially at night will lead to tooth decay and may cause ear infections.

Make cereal with formula or breast milk only. Use a spoon to feed your baby cereal, not a bottle or an infant feeder. Sitting up while eating helps your baby learn good eating habits.

Development

At this age babies are usually rolling over and beginning to sit by themselves. Babies squeal, babble, laugh, and often cry very loudly. They may be afraid of people they do not know. Meet your baby's needs quickly and be patient with your baby.

Sleep

6-month-olds may not want to be put in bed. A favorite blanket or stuffed animal may make bedtime easier. Do not put a bottle in the bed with your baby. Develop a bedtime routine like playing a game, singing a lullaby, turning the lights out, and giving a goodnight kiss. Make the routine the same every night. Be calm and consistent with your baby at bedtime. If your baby is not sleeping through the night, ask your doctor for further information about preventing sleep problems. And remember, do not put a bottle in the bed with your baby.

Safety Tips

Avoid Choking and Suffocation

- Cords, ropes, or strings around the baby's neck can choke him. Keep cords away from the crib.
- Keep all small, hard objects out of reach.
- Use only unbreakable toys without sharp edges or small parts that can come loose.
- Avoid foods on which a child might choke (such as candy, hot dogs, peanuts, popcorn).

Prevent Fires and Burns

- Develop and practice a fire escape plan.
- Check your smoke detector to make sure it is working.
- Keep a fire extinguisher in or near the kitchen.
- Check food temperatures carefully, especially if foods have been heated in a microwave oven.
- Keep hot foods and liquids out of reach.
- Put plastic covers in unused electrical outlets.
- Throw away cracked or frayed old electrical cords.
- Turn the water heater down to 120°F (50°C).

Avoid Falls

- Keep crib and playpen sides up.
- Avoid using walkers.
- Install safety gates to guard stairways.

- Lock doors to dangerous areas like the basement or garage.
- Check drawers, tall furniture, and lamps to make sure they can't fall over easily.

Prevent Poisoning

- Keep all medicines, vitamins, cleaning fluids, and gardening chemicals locked away or disposed of safely.
- Install safety latches on cabinets.
- Keep the poison center number on all phones.

Immunizations

At the 6-month visit, your baby should have a:

- DPT (diphtheria, tetanus, acellular pertussis) shot
- hepatitis B shot
- polio shot
- pneumococcal (PCV7) shot.

Some children also receive a:

- Hib (Haemophilus influenza type B) shot.

Some vaccines come mixed together in the same shot, so your baby will probably not have to have 5 separate shots.

Your baby may run a fever and be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling in the area where the shots were given. Acetaminophen drops (3/4 dropperful, or 0.6 ml, every 4 to 6 hours) may help to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort.

Call your child's physician if:

- Your child has a rash or any reaction to the shots other than fever and mild irritability.
- Your child has a fever that lasts more than 36 hours.

Diphtheria, Tetanus, and Pertussis Vaccines: What You Need to Know

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 about 1 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 to 18 months
- 4 to 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.

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 degrees Fahrenheit after a dose of DTaP.

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

4. Older children and adults

DTaP should not be given to anyone 7 years of age or older because pertussis vaccine is only licensed for children under 7.

But older children, adolescents and adults still need protection from tetanus and diphtheria. A booster shot called Td is recommended at 11 to 12 years of age, and then every 10 years. There is a separate Vaccine Information Statement for Td vaccine.

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, for 1 to 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 to 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 degrees Fahrenheit (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 file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

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 you 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 <http://www.hrsa.gov/osp/vicp>

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):

Hepatitis B Vaccine: What You Need to Know

1. Why get vaccinated?

Hepatitis B is a serious disease.

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About one third of people who are infected with hepatitis B in the United States don't know how they got it.

3. Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs

- health care workers and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic hepatitis B virus infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

For an infant whose mother is infected with HBV:

- First Dose: Within 12 hours of birth
- Second Dose: 1 to 2 months of age
- Third Dose: 6 months of age

For an infant whose mother is not infected with HBV:

- First Dose: Birth to 2 months of age
- Second Dose: 1 to 4 months of age (at least 1 month after the first dose)
- Third Dose: 6 to 18 months of age

For an older child, adolescent, or adult:

- First Dose: Any time
- Second Dose: 1 to 2 months after the first dose
- Third Dose: 4 to 6 months after the first dose

For anyone:

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should not be given to infants younger than 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4 to 6 months. Ask your health care provider for details.

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

4. Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?

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

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare)

6. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, 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 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.

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 file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

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 you 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 <http://www.hrsa.gov/osp/vicp>

8. How can I learn more?

Ask your doctor or nurse. 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 1-800-232-2522 or 1-888-443-7232 (English)
- Call 1-800-232-0233 (Español)
- Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

U.S. Department of Health & Human Services
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Hepatitis B

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Haemophilus Influenzae Type b (Hib) Vaccine: What you Need to Know

1. What is Hib disease?

Haemophilus influenzae type b (Hib) disease is a serious disease caused by a bacteria. It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart

- death

Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

Hib vaccine can prevent Hib disease.

Many more children would get Hib disease if we stopped vaccinating.

2. Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- 2 months of age
- 4 months of age
- 6 months of age
- 12 to 15 months of age

Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor or nurse will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

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

Older Children and Adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor or nurse for details.

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

People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.

Children less than 6 weeks of age should not get Hib vaccine.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor or nurse for more information.

4. What are the risks from Hib vaccine?

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

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

Mild Problems

- Redness, warmth, or swelling where the shot was given (up to one fourth of children)
- Fever over 101 degrees Fahrenheit (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination. They may last 2 to 3 days.

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever 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 within a few minutes to a few hours 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 file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

6. 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 you 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 <http://www.hrsa.dhhs.gov/osp/vicp>

7. How can I learn more?

Ask your doctor or nurse. 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 1-800-232-2522 (English)
- Call 1-800-232-0233 (Español)
- Visit the National Immunization Program's website at <http://www.cdc.gov/nip>

Pneumococcal Conjugate Vaccine: What You Need to Know

1. Why get vaccinated?

Infection with *Streptococcus pneumoniae* bacteria can cause serious illness and death. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under 5 years old. It is the leading cause of bacterial meningitis in the United States. (Meningitis is an infection of the covering of the brain).

Each year pneumococcal infection causes severe disease in children under five years old. Before a vaccine was available, pneumococcal infection each year caused:

- over 700 cases of meningitis
- 13,000 blood infections, and
- about 5 million ear infections

It can also lead to other health problems, including:

- pneumonia,
- deafness,
- brain damage.

Children under 2 years old are at highest risk for serious disease.

Pneumococcus bacteria are spread from person to person through close contact.

Pneumococcal infections can be hard to treat because the bacteria have become resistant to some of the drugs that have been used to treat them. This makes prevention of pneumococcal infections even more important.

Pneumococcal conjugate vaccine can help prevent serious pneumococcal disease, such as meningitis and blood infections. It can also prevent some ear infections. But ear infections have many causes, and pneumococcal vaccine is effective against only some of them.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine is approved for infants and toddlers. Children who are vaccinated when they are infants will be protected when they are at greatest risk for serious disease.

Some older children and adults may get a different vaccine called pneumococcal polysaccharide vaccine. There is a separate Vaccine Information Statement for people getting this vaccine.

3. Who should get the vaccine and when?

Children under 2 years of age:

- 2 months
- 4 months
- 6 months
- 12 to 15 months

Children who weren't vaccinated at these ages can still get the vaccine. The number of doses needed depends on the child's age. Ask your health care provider for details.

Children between 2 and 5 years of age:

Pneumococcal conjugate vaccine is also recommended for children between 2 and 5 years old who have not already gotten the vaccine and are at high risk of serious pneumococcal disease. This includes children who:

- have sickle cell disease,
- have a damaged spleen or no spleen,
- have HIV/AIDS,
- have other diseases that affect the immune system, such as diabetes, cancer, or liver disease, or who
- take medications that affect the immune system, such as chemotherapy or steroids, or
- have chronic heart or lung disease.

The vaccine should be considered for all other children under age 5 years, especially those at higher risk of serious pneumococcal disease. This includes children who:

- are under 3 years of age,
- are of Alaska Native, American Indian or African American descent, or
- attend group day care.

The number of doses needed depends on the child's age. Ask your health care provider for more details.

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

4. Some children should not get pneumococcal conjugate vaccine or should wait.

Children should not get pneumococcal conjugate vaccine if they had a severe (life-threatening) allergic reaction to a previous dose of this vaccine, or have a severe allergy to a vaccine component. Tell your health-care provider if your child has ever had a severe reaction to any vaccine, or has any severe allergies.

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 the vaccine.

5. What are the risks from pneumococcal conjugate vaccine?

In studies (nearly 60,000 doses), pneumococcal conjugate vaccine was associated with only mild reactions:

Up to about 1 infant out of 4 had redness, tenderness, or swelling where the shot was given.

Up to about 1 out of 3 had a fever of over 100.4 degrees Fahrenheit, and up to about 1 in 50 had a higher fever (over 102.2 degrees Fahrenheit).

Some children also became fussy or drowsy, or had a loss of appetite.

So far, no moderate or severe reactions have been associated with this vaccine. However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. The risk of this vaccine causing serious harm, or death, is extremely small.

6. What if there is a moderate or severe reaction?

What should I look for?

Look for any unusual condition, 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
- dizziness
- 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 health care provider to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967, or visit their web site at <http://www.vaers.org>.

7. The 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 their website at <http://www.hrsa.gov/osp/vicp>

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 1-800-232-2522 (English)
- Call 1-800-232-0233 (Espanol)
- Visit the National Immunization Program's website at <http://www.cdc.gov/nip>

POLIO VACCINE : WHAT YOU NEED TO KNOW

1. What is polio?

Polio is a disease caused by a virus. It enters a child's (or adult's) body through the mouth. Sometimes it does not cause serious illness. But sometimes it causes paralysis (can't move arm or leg). 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 for it.

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 20,000 cases of polio each year. Polio vaccination was begun in 1955. By 1960 the number of 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 sparked a world-wide effort to eliminate polio.

Today: No wild polio has been reported in the United States for over 20 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back 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. Polio vaccine may be given at the same time as other vaccines.

Children

Most people should get polio vaccine when they are 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

Adults

Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of 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:

- The first dose at any time,
- The second dose 1 to 2 months later,
- The third dose 6 to 12 months after the second.

Adults in these three groups who have had 1 or 2 doses of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).

Adults in these three groups who have had 3 or more doses of polio vaccine (either IPV or OPV) in the past may get a booster dose of IPV.

Ask your health care provider for more information.

Oral Polio Vaccine: No longer recommended

There are two kinds of polio vaccine: IPV, which is the shot recommended in the United States today, and a live, oral polio vaccine (OPV), which is drops that are swallowed.

Until recently OPV was recommended for most children in the United States. OPV helped us rid the country of polio, and it is still used in many parts of the world.

Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. However, for a few people (about one in 2.4 million), OPV actually causes polio. Since the risk of getting polio in the United States is now extremely low, experts believe that using oral polio vaccine is no longer worth the slight risk, except in limited circumstances which your doctor can describe. The polio shot (IPV) does not cause polio. If you or your child will be getting OPV, ask for a copy of the OPV supplemental Vaccine Information Statement.

4. Some people should not get IPV or should, wait.

These people should not get IPV:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotics neomycin, streptomycin or polymyxin B should not get the polio shot.
- Anyone who has a severe allergic reaction to a 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 health care provider for more information.

5. What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. The vaccine used today has never been known to cause any serious problems, and most people don't have any problems at all with it.

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

6. What if there is a serious reaction?

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, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call the VAERS toll-free number yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>

Reporting reactions helps experts learn about possible problems with vaccines.

7. The National Vaccine Injury Compensation Program

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

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8. How can I learn more?

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- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)