



Longwood  
PEDIATRICS, LLP

## TWELVE MONTHS

Name \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_ Head Circumference \_\_\_\_\_

**Immunizations:** (note: your child's doctor may modify the immunization schedule at times)

1. MMR—protects against measles, mumps, rubella (German measles).
2. Varicella—protects against varicella (chickenpox).
3. Pneumococcal Conjugate—protects against a type of meningitis and blood infection, and some ear infections.
4. Hepatitis A—protects against infection with hepatitis A virus

### **Feeding:**

Now that your child is no longer receiving iron through breast milk or formula, we recommend a daily multivitamin with iron, for example Poly-Vi-Sol with iron or half of a crushed chewable multivitamin with iron.

### **Office Hours and Telephone Coverage: We are available 24 hours a day, 365 days a year!**

- Monday-Friday: 8:30am-5:30 pm (later as needed to accommodate urgent visits)
- Saturdays and Holidays: 9am-12pm (later as needed to accommodate urgent visits) – Urgent visits only
- Sundays: Mornings (office times vary); Call starting at 8am – Urgent visits only
- After regular business hours: After hour calls are answered by well-trained pediatric nurses who follow protocols approved by Longwood Pediatrics. Please restrict calls to urgent medical issues only.

**Please ALWAYS call us before going to any emergency room.**

### **Appointment Scheduling:**

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule your next well visit today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. You can make an appointment by pressing option 2 for the receptionist. If you are not sure that your child needs to be seen, you may leave a message for our nursing staff and a nurse will call you back the same day.

### **Communication:**

We encourage all families to use MyChart, our patient portal. With MyChart you are able to communicate with your child's provider through messaging, book appointments, see your child's medical history and more. Sign up at the front desk today!

Like us on Facebook 

### **Next Visit:**

Your child's next routine visit will be at 15 months of age and she will receive the following vaccines at that visit: Diphtheria/Tetanus/Pertussis (DTaP) and Haemophilus influenza B (HIB).

Updated 5/19/16



# BRIGHT FUTURES HANDOUT ► PARENT

## 12 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



### HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.



### FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.



### ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.



### FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

Poison Help Line: 800-222-1222 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 12 MONTH VISIT—PARENT

## ✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

## WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

### We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

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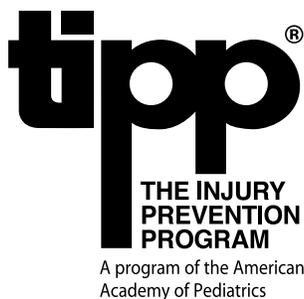
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# 1 to 2 Years



## 1 TO 2 YEARS

### Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump*, and *explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

#### Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.



#### Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart*, and *open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact Poison Help for more information.



Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers. Use medicines exactly as directed and dispose of unused medicine safely as soon as you are finished with it.

**If your child does put something poisonous into his or her mouth, call Poison Help immediately. Add the Poison Help line (1-800-222-1222) to your phone contacts list. Do not make your child vomit.**

#### Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways** and **install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.



**If your child has a serious fall or does not act normally after a fall, call your doctor.**

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(over)

## Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him or her your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair**. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched, or put a barrier around them. If you have a gas fireplace, keep children away while it is in use and for at least an hour after turning it off. The glass doors get extremely hot and can cause severe burns.

Your child will *reach* for your hot food or cup of coffee, so don't leave it within your child's reach.

**NEVER carry your child and hot liquids at the same time.** You can't handle both.

**If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.**

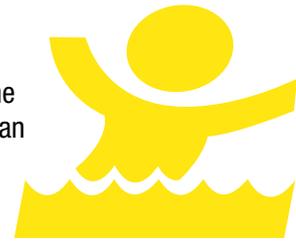
**Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.**



## Drowning

At this age your child loves to play in water. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. If possible, lock doors that could lead to the pool area. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.



## And Remember Car Safety

**Car crashes are a great danger** to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat's manufacturer. Be sure that the safety seat is installed and used correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

**Do not leave your child alone in or around the car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes. They can be strangled by power windows or knock the vehicle into gear.**

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

**Remember, the biggest threat to your child's life and health is an injury.**



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



## Feeding & Nutrition Tips: Your 1-Year-Old

After your child's first birthday, you'll probably notice a sharp drop in his or her appetite. Maybe your child is suddenly turning his or her head away after just a few bites and/or is resisting coming to the table at mealtimes. Despite this behavior and increased activity, there's a good reason for the change. Your child's growth rate has slowed; he or she really doesn't require as much food now.



### Tips for Parents:

- **One year olds need about 1,000 calories divided among three meals and two snacks per day** to meet their needs for growth, energy, and good nutrition. Don't count on your child always eating it that way though—the eating habits of toddlers are erratic and unpredictable from one day to the next! For example, your child may:
  - Eat everything in sight at breakfast and almost nothing else for the rest of the day.
  - Eat only the same food for three days in a row—and then reject it entirely.
  - Eat 1,000 calories one day, but then eat noticeably more or less over the next day or two.
- **Encourage, but don't pressure or force your child to eat at a particular time.** Hard as it may be to believe, your child's diet will balance out over several days if you make a range of wholesome foods available.
- **One year olds need foods from the same basic nutrition groups that you do.** If you provide your child with selections from each of the basic food groups (</English/ages-stages/gradeschool/nutrition/Pages/Making-Healthy-Food-Choices.aspx>) and let him or her experiment with a wide variety of tastes, colors, and textures, he or she should be eating a balanced diet with plenty of vitamins.
- **Don't restrict fats from your one-year-old's menu.** Babies and young toddlers should get about half of their calories from fat. Cholesterol and other fats are also very important for their growth and development at this age. Once your child has reached age two, you can gradually decrease fat consumption (lowering it to about one-third of daily calories by ages four to five). See *Preschoolers' Diets Shouldn't Be Fat-Free: Here's Why* (</English/ages-stages/preschool/nutrition-fitness/Pages/Reducing-Dietary-Fat-for-Preschoolers.aspx>) for more information.
- **Be sure the food is cool enough to prevent mouth burns.** Test the temperature yourself, because he or she will dig in without considering the heat.
- **Don't give foods that are heavily spiced, salted, buttered, or sweetened.** These additions prevent your child from experiencing the natural taste of foods, and they may be harmful to long-term good health.
- **Your little one can still choke on chunks of food.** Children don't learn to chew with a grinding motion until they're about four years old. Make sure anything you give your child is mashed or cut into small, easily chewable pieces.
  - Never offer peanuts, whole grapes, cherry tomatoes (unless they're cut in quarters), whole carrots, seeds (i.e., processed pumpkin or sunflower seeds), whole or large sections of hot dogs, meat sticks, or hard candies (including jelly beans or gummy bears), or chunks of peanut butter (it's fine to thinly spread peanut butter on a cracker or bread).
  - Hot dogs and carrots— in particular—should be quartered lengthwise and then sliced into small pieces.
- **Make sure your child eats only while seated and while supervised by an adult.** Although your one-year-old may want to do everything at once, "eating on the run" or while talking increases the risk of choking. Teach your child as early as possible to finish a mouthful prior to speaking.

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## Additional Information from HealthyChildren.org:

- [Sample Menu for a One-Year-Old \(/English/ages-stages/baby/feeding-nutrition/Pages/Sample-One-Day-Menu-for-a-One-Year-Old.aspx\)](#)
- [Making Sure Your Child is Eating Enough \(/English/healthy-living/nutrition/Pages/Making-Sure-Your-Child-is-Eating-Enough.aspx\)](#)
- [Serving Sizes for Toddlers \(/English/ages-stages/toddler/nutrition/Pages/Serving-Sizes-for-Toddlers.aspx\)](#)
- [Selecting Snacks for Toddlers \(/English/ages-stages/toddler/nutrition/Pages/Selecting-Snacks-for-Toddlers.aspx\)](#)
- [Airplane Choo Choo: A Feeding Guide for Children \(National Dairy Council\) \(https://www.usdairy.com/news-articles/airplane-choo-choo-a-feeding-guide-for-children\)](https://www.usdairy.com/news-articles/airplane-choo-choo-a-feeding-guide-for-children)

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**Source** Section on Obesity (Copyright © 2016 American Academy of Pediatrics)

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## Sample Menu for a One-Year-Old

Babies and young toddlers should get about half of their calories from fat. Healthy fats are very important for normal growth and development at this stage of their development.

All fats are not created equal, though. Healthy fats like those found in avocado, olive oil, fish, nut butters, and dairy are good for your child (and you). Unhealthy fats such as those found in fried foods, fast foods, and many packaged foods are not healthy at any age. If you keep your child's daily caloric intake at about 1,000 calories, you needn't worry about overfeeding and risk of weight gain



Here is a sample menu for a one-year-old child who weighs about 21 pounds (9.5 kg):

1 cup = 8 ounces = 240 ml

1 ounce = 2 tablespoons = 30 ml

½ ounce = 1 tablespoon = 15 ml = 3 teaspoons

1 teaspoon =  $\frac{1}{3}$  tablespoon = 5 ml

### BREAKFAST

- ½ cup iron-fortified breakfast cereal or 1 cooked egg
- ½ cup whole or 2% milk
- ½ banana, sliced
- 2 to 3 large sliced strawberries

### SNACK

- 1 slice toast or whole-wheat muffin with 1–2 tablespoons cream cheese or peanut butter, or ½ cup yogurt with cut-up fruit
- Water or ½ cup whole or 2% milk

### LUNCH

- ½ sandwich: sliced turkey or chicken, tuna, egg salad, or peanut butter
- ½ cup cooked green vegetables
- ½ cup whole or 2% milk

### SNACK

- 1 to 2 ounces cubed or string cheese, or

- 2 to 3 tablespoons fruit or berries
- Water or ½ cup whole or 2% milk

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## DINNER

- 2 to 3 ounces cooked meat, ground or diced
- ½ cup cooked yellow or orange vegetables
- ½ cup whole-grain pasta, rice, or potato
- ½ cup whole or 2% milk

## Remember

Talk with your child's pediatrician if you have any questions or concerns about your baby's diet.

## More information

- [Discontinuing the Bottle \(/English/ages-stages/baby/feeding-nutrition/Pages/Discontinuing-the-Bottle.aspx\)](/English/ages-stages/baby/feeding-nutrition/Pages/Discontinuing-the-Bottle.aspx)
- [Unsafe Foods for Toddlers \(/English/ages-stages/toddler/nutrition/Pages/Unsafe-Foods-for-Toddlers.aspx\)](/English/ages-stages/toddler/nutrition/Pages/Unsafe-Foods-for-Toddlers.aspx)
- [Selecting Snacks for Toddlers \(/English/ages-stages/toddler/nutrition/Pages/Selecting-Snacks-for-Toddlers.aspx\)](/English/ages-stages/toddler/nutrition/Pages/Selecting-Snacks-for-Toddlers.aspx)
- [Water & Juice \(/English/ages-stages/baby/feeding-nutrition/Pages/Water-Juice.aspx\)](/English/ages-stages/baby/feeding-nutrition/Pages/Water-Juice.aspx)

**Last Updated** 3/18/2021

**Source** Caring for Your Baby and Young Child: Birth to Age 5 7th Edition (Copyright © 2019 American Academy of Pediatrics)

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# Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

**Pneumococcal conjugate vaccine (PCV13)** can prevent **pneumococcal disease**.

**Pneumococcal disease** refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

## 2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

**Infants and young children** usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.



## 4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- 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](http://www.cdc.gov/vaccines)



# Hepatitis A Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Hepatitis A vaccine** can prevent **hepatitis A**.

**Hepatitis A** is a serious liver disease. It is usually spread through close personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

### 2 Hepatitis A vaccine

**Children** need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

**Older children and adolescents** 2 through 18 years of age who were not vaccinated previously should be vaccinated.

**Adults** who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is recommended for the following people:

- All children aged 12–23 months
- Unvaccinated children and adolescents aged 2–18 years
- International travelers
- Men who have sex with men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease
- Any person wishing to obtain immunity (protection)

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine within 2 weeks after exposure.

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

### 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis A vaccine, or has any severe, life-threatening allergies.**

In some cases, your health care provider may decide to postpone hepatitis A vaccination to a future visit.



## 4 Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- 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](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
DTaP (Diphtheria, Tetanus,  
Pertussis) Vaccine



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# MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** can cause fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** can cause fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** can cause fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult 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.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## 2 MMR vaccine

**Children** need 2 doses of MMR vaccine, usually:

- First dose at 12 through 15 months of age
- Second dose at 4 through 6 years of age

**Infants who will be traveling outside the United States when they are between 6 and 11 months of age** should get a dose of MMR vaccine before travel. The child should still get 2 doses at the recommended ages for long-lasting protection.

**Older children, adolescents, and adults** also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your

health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended in certain mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**, or thinks she might be pregnant.
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**.
- Has ever had a **condition that makes him or her bruise or bleed easily**.
- Has recently had a **blood transfusion or received other blood products**.
- Has **tuberculosis**.
- Has **gotten any other vaccines in the past 4 weeks**.

In some cases, your health care provider may decide to postpone MMR vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.



## 4 Risks of a vaccine reaction

- Soreness, redness, or rash where the shot is given and rash all over the body can happen after MMR vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMR vaccine.
- More serious reactions happen rarely. These can include seizures (often associated with fever), temporary pain and stiffness in the joints (mostly in teenage or adult women), pneumonia, swelling of the brain and/or spinal cord covering, or temporary low platelet count which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection which may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

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- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
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Vaccine Information Statement (Interim)  
**MMR Vaccine**



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# Varicella (Chickenpox) Vaccine:

## What You Need to Know

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### 1 Why get vaccinated?

Varicella vaccine can prevent **chickenpox**.

**Chickenpox** can cause an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, and swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called shingles (also known as herpes zoster) years later.

Chickenpox is usually mild but it can be serious in infants under 12 months of age, adolescents, adults, pregnant women, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn't happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

### 2 Varicella vaccine

**Children** need 2 doses of varicella vaccine, usually:

- First dose: 12 through 15 months of age
- Second dose: 4 through 6 years of age

**Older children, adolescents, and adults** also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

### 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**, or thinks she might be pregnant.
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**.
- Is **taking salicylates** (such as aspirin).
- Has recently **had a blood transfusion or received other blood products**.
- Has **tuberculosis**.
- Has **gotten any other vaccines in the past 4 weeks**.

In some cases, your health care provider may decide to postpone varicella vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting varicella vaccine.

Your health care provider can give you more information.

### 4 Risks of a vaccine reaction

- Sore arm from the injection, fever, or redness or rash where the shot is given can happen after varicella vaccine.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection which may



be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from people with a weakened immune system and infants until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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Vaccine Information Statement (Interim)  
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