



FOUR YEARS

Name _____ Date _____

Weight _____ Height _____ Body Mass Index _____

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. Diphtheria/Tetanus/Pertussis (DTaP) - protects against diphtheria, tetanus, pertussis (whooping cough)
4. Polio (IPV) – protects against polio virus

Blood Tests: for high risk communities (done by finger prick)

1. Hemoglobin. This test will determine if your child is anemic. We will have the result immediately and let you know if any treatment is needed.
2. Lead Test. This test determines how much lead is in your baby's blood stream. We send this test out to a laboratory and receive results in about two weeks. We will contact you if your child's level is elevated.

Office Hours: 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) – Urgent visits only

Telephone Coverage: Longwood Pediatrics has 24-hour telephone coverage.



Please ALWAYS call us before going to any emergency room.

- Monday-Friday: 8:30am-5:30pm – to schedule appointments or leave a message for the nursing staff. This is the best option for general medical questions and to make appointments.
- Saturdays, Sundays, and Holidays: 9am – 12pm to schedule an urgent appointment – please call early in the day.
- 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.

Appointment Scheduling:

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule next year's well visit, today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. 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 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 



BRIGHT FUTURES HANDOUT ► PARENT

4 YEAR VISIT

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

✓ HOW YOUR FAMILY IS DOING

- Stay involved in your community. Join activities when you can.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also 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.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Teach your child about how to be safe in the community.
 - Use correct terms for all body parts as your child becomes interested in how boys and girls differ.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.

✓ HEALTHY HABITS

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Have relaxed family meals without TV.
- Create a calm bedtime routine.
- Have your child brush her teeth twice each day. Use a pea-sized amount of toothpaste with fluoride.

✓ GETTING READY FOR SCHOOL

- Give your child plenty of time to finish sentences.
- Read books together each day and ask your child questions about the stories.
- Take your child to the library and let him choose books.
- Listen to and treat your child with respect. Insist that others do so as well.
- Model saying you're sorry and help your child to do so if he hurts someone's feelings.
- Praise your child for being kind to others.
- Help your child express his feelings.
- Give your child the chance to play with others often.
- Visit your child's preschool or child care program. Get involved.
- Ask your child to tell you about his day, friends, and activities.

✓ TV AND MEDIA

- Be active together as a family often.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Discuss the programs you watch together as a family.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Create opportunities for daily play.
- Praise your child for being active.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

4 YEAR VISIT—PARENT

✓ SAFETY

- Use a forward-facing car safety seat or switch to a belt-positioning booster seat when your child reaches the weight or height limit for her car safety seat, her shoulders are above the top harness slots, or her ears come to the top of the car safety seat.
- The back seat is the safest place for children to ride until they are 13 years old.
- Make sure your child learns to swim and always wears a life jacket. Be sure swimming pools are fenced.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WHAT TO EXPECT AT YOUR CHILD'S 5 AND 6 YEAR VISIT

We will talk about

- Taking care of your child, your family, and yourself
- Creating family routines and dealing with anger and feelings
- Preparing for school
- Keeping your child's teeth healthy, eating healthy foods, and staying active
- Keeping your child safe at home, outside, 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>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



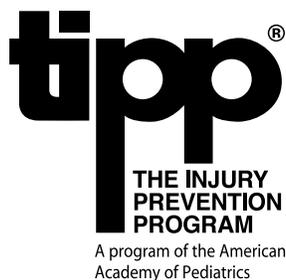
The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

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2 to 4 Years



2 TO 4 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. Children *learn quickly*, and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools*. Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.

Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

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. If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.

Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them. Also, when you use the microwave stay nearby to make sure your child does not remove the hot food.



(over)

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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.

Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers. Use medications as directed and safely dispose of unused medicine as soon as you are done with it.

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



And Remember Car Safety

Car crashes are the **greatest danger** to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death.

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. It is safest for children to ride rear facing as long as possible, until they reach the highest weight or height allowed by the manufacturer. Many convertible seats have limits that will permit children to ride rear facing for 2 years or more. When they outgrow rear facing, children should ride forward facing in a car safety seat with a harness. Many of these can be used up to 65 pounds or more, and this will help provide the most protection possible.



The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the airbag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

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

From Your Doctor

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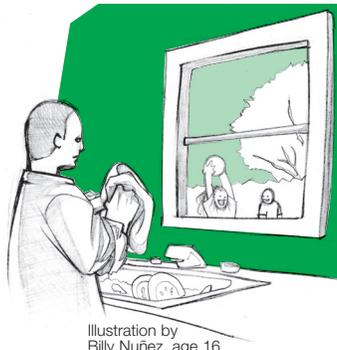


Illustration by
Billy Nuñez, age 16

YOUNG CHILDREN LEARN A LOT WHEN THEY PLAY

PLAYING WITH OTHERS IS IMPORTANT CHILD'S WORK

- Support play by making your home a good place to play.
- Teach the skills needed to play well with others.
- Learning to play well with others is not a one-time lesson. It takes time and practice.
- Important life skills are learned when children play. These skills will help them make and keep friends.

When young children play with children close to their own age, they learn:

- How to cooperate
- When to lead and when to follow
- How to solve problems

CREATE PLAY OPPORTUNITIES

Invite other children to your home or to play in the neighborhood park.

- The first visit needs to be short (about 1 hour) and is best with only one other child.
- Plan to end before everyone gets too tired.
- Know how to contact the other child's parent.

Go to another child's home.

- For the first visit, you may want to stay until you know your child is comfortable being there without you.
- Get to know the other child's parents. You might be able to help each other out!

Join an organized play group.

- When playing without parents, children do best with a small number of children.

Find out with whom your child likes to play.

- For children in child care, preschool, and play groups, invite a friend to your house or to the park.

MAKE YOUR HOME A GOOD PLACE TO PLAY

- Plan ahead. Avoid things like superhero dress-up clothes and toy guns that encourage aggressive play.
- Find out what your visitor enjoys. Ask your child what activities the friend enjoys. Playtime will be more fun, and this teaches your child to be thoughtful.
- Have enough items for everyone. If there aren't enough, suggest another activity.
- Your child's "favorite thing" does not need to be shared. Let your child put away a few things that are off limits.
- Make your home a safe place. Poisons need to be locked away. Homes without guns are the safest. But if there are guns, they need to be stored locked and unloaded; bullets need to be stored in another locked place.
- Do not overplan. Just set the stage with materials and ideas. Let the children use their creativity and imaginations!

Help the children with some activities, like cutting out shapes for arts and crafts, and keep an eye on them at all times. For the most part, it is better if you only get involved when they need your help. Give them a chance to resolve differences on their own.



TEACH YOUR CHILD TO BE A GOOD PLAYMATE

Before, during, and after your child plays with other children, talk about how to get along with others.

Set a few simple and very specific rules.

- “People are not for hitting.”
- “We do not grab toys from other children.”



Help your child express likes, dislikes, and desires with words. Review what to say.

- “I like to paint on the easel.”
- “I do not like to...”
- “I want to be a firefighter.”

Show your child how to solve problems. Explain why something is not possible and offer other choices.

- “Tell Julie you don’t like to be pushed on the swing. Maybe you would both like to ride on the seesaw instead.”

Notice and praise the children for things that went well.

- “I really liked the way you remembered to take turns with the watering can.”
- “It was great to hear you using your polite words!”

AGGRESSIVE BEHAVIOR IS NORMAL

Since it is hard for young children to understand someone else’s point of view, there will be some arguments. Young children react to the moment and may do things without thinking.

Aggressive behavior is often not meant to be hostile or to hurt others. In fact, young children frequently get upset when another child gets hurt while playing.

When something happens that is upsetting, talk with everyone. Help each child try to see the other child’s point of view. This way, children will learn how to avoid and deal with arguments.

If you are concerned about your child’s aggressive behavior, talk to your pediatrician.

TIPS ON REDUCING AGGRESSIVE BEHAVIOR

Provide the right amount of space.

A small number of children in a very large space, or a large number of children in a small space, tends to increase aggressive play. Have the right amount of space to avoid conflicts.

Plan how to respond in a positive way.

It’s easier to guide children to good behavior instead of telling them what not to do. “I will be right here; come and tell me if you need my help.”

Redirect behaviors like pushing, hitting, or taking someone else’s toys to a more positive activity.

Often, this means it’s time for a new activity. “We don’t grab toys; we share toys. It looks like you’re done with that truck for now. Here are some paper and markers for you.”

Teach children to use words to express feelings, desires, and needs.

A child’s first reaction is usually “physical,” so this may be difficult to learn. With words, children learn how to solve their own problems. Teach your child to say something like, “I don’t like that. Grabbing my toy makes me mad. Please give it back.”

Assume a child does something for a good reason, even if the action is not nice.

What looks aggressive, like grabbing toys from others, may be a child’s attempt to join in with others. Teach children to take turns rather than get mad at them for grabbing toys.

Pay attention to basic comfort and needs.

Conflicts are more likely to happen when children are too hot, too cold, hungry, or tired!



DEALING WITH REJECTION

Playtime can be fun or difficult. Either way, children will learn a lot when they play!

At some point, your child will feel rejected by other children. Everyone does and it's painful. You cannot avoid hurtful situations, but you can provide support and love when problems occur.

Teach your child how to try again. Trying again is an important life lesson on how to respect and get along with others. Focus on teaching all the children involved how to get along and not on finding out who was right and who was wrong.

Your positive attitude is very important when your child is having a hard time.

Help your child understand why another child might not want to play when or what your child does.

- "Jenny doesn't want to play, but maybe Emma does. Why don't you ask her?"
- "I wonder if José would rather paint than play ball."

It is easier for young children to take turns than to play with a toy at the same time!

Connected Kids are Safe, Strong, and Secure

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The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

DTaP (Diphtheria, Tetanus, Pertussis) 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 www.immunize.org/vis

1 Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHThERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2 DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

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

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP 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 any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your child’s health care provider may decide to postpone DTaP vaccination to a future visit.

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

Your child’s health care provider can give you more information.



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 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 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

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



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04/01/2020 | 42 U.S.C. § 300aa-26

Polio Vaccine:

What You Need to Know

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1 Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called post-polio syndrome.

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2 Polio vaccine

Children should usually get 4 doses of polio vaccine, at 2 months, 4 months, 6–18 months, and 4–6 years of age.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- people traveling to certain parts of the world,
- laboratory workers who might handle poliovirus, and
- health care workers treating patients who could have polio.

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Polio 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 polio vaccine, or has any severe, life-threatening allergies.**

In some cases, your health care provider may decide to postpone polio 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 polio vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio 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.

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MMRV Vaccine (Measles, Mumps, Rubella, and Varicella): *What You Need to Know*

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

MMRV vaccine can prevent **measles, mumps, rubella, and varicella.**

- **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.
- **VARICELLA (V)**, also called chickenpox, can cause an itchy rash, in addition to fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infection of the blood, bones, or joints. Some people who get chickenpox get a painful rash called shingles (also known as herpes zoster) years later.

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

2 MMRV vaccine

MMRV vaccine may be given to **children 12 months through 12 years of age**, usually:

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

MMRV vaccine may be given at the same time as other vaccines. Instead of MMRV, some children might receive separate shots for MMR (measles, mumps, and rubella) and varicella. 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 MMRV, MMR, or 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.**
- Has ever had a **condition that makes him or her bruise or bleed easily.**
- Has a **history of seizures**, or has a **parent, brother, or sister with a history of seizures.**
- Is **taking, or plans to take 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 MMRV vaccination to a future visit, or may recommend that the child receive separate MMR and varicella vaccines instead of MMRV.



People with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting MMRV 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 can happen after MMRV vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMRV vaccine.
- Seizures, often associated with fever, can happen after MMRV vaccine. The risk of seizures is higher after MMRV than after separate MMR and varicella vaccines when given as the first dose of the series in younger children. Your health care provider can advise you about the appropriate vaccines for your child.
- More serious reactions happen rarely. These can include 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 MMRV vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, it could be related to the varicella component of the vaccine, and 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.

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 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 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 healthcare 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 www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
MMRV Vaccine



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