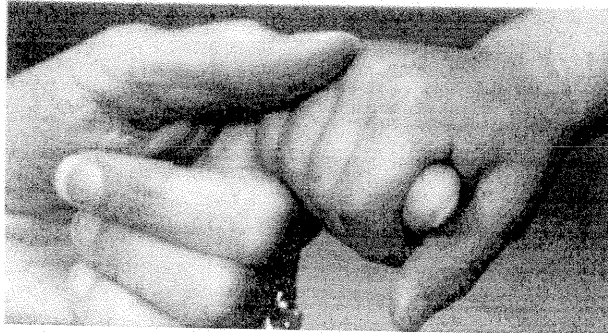


CELEBRATING 25 YEARS



M.D. PEDIATRIC CENTER

OMAR SAWLANI, M.D.  
4400 W. 95<sup>th</sup> STREET  
SUITE 104  
OAK LAWN, IL 60453  
708-425-2880

ANTICIPATORY  
PARENTING  
GUIDE

FOR AGE: 2 Months

# M.D. PEDIATRIC CENTER OMAR SAWLANI, MD

## SCHEDULED PREVENTATIVE CARE

AGE		SCREENING	IMMUNIZATIONS
0-2 Wks			Hep B
1 Mos.	Check-up	Edenburg	
2 Mos.	Check-up		DTaP; IPV;Rotarix Pprevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV;Rotarix Pprevnar; HIB/Hep B
6 Mos.	Check-up	ASQ	DTaP; Pprevnar; HIB/Hep B
9 Mos.	Check-up	Denver II; hemoglobin; Lead Screen; Sickie Cell	
12 Mos.	Check-up	ASQ-SE; PPD	Varivax; Pprevnar:Hep A
15 Mos.	Check-up	Denver II	MMR
18 Mos.	Check-up	ASQ-SE	DTaP; IPV;Hib;HepA;Lead
24 Mos.	Check-up	ASQ-SE	
30 Mos.	Check-up	ELM	
3 Yrs.	Check-up	ASQ	
4 Yrs.	Check-up	Hearing; Vision	DTaP; IPV
5 Yrs.	Check-up	Hgb; UA; Vision	MMR ; Varivax
6-13 Yrs.	Annual Check-up (Around birthday)		
11 Yrs.	Check-up		Meningitis
14 Yrs.	Check-up		Td
15-18 Yrs.	Annual Check-up (Around birthday)		

### Topics in this Guide:

- Anticipatory Guide
- Passive Smoking
- Night Awakening in Infants
- What should I Keep in my medicine cabinet
- DTAP vaccine info
- IPV vaccine info
- HEP B vaccine info
- HIB vaccine info

- Choosing a childcare program
- Constipation VS Infant Dyschezia

-PREVNAR vaccine info

MD PEDIATRIC CENTER  
Omar Sawlani, MD  
4400 West 95<sup>th</sup> Street, Suite 104  
Oak Lawn, Illinois 60453  
(708)425-2880

## ANTICIPATORY GUIDE - 2 MONTHS

### INJURY PREVENTION

- Never place your infant in an infant seat on a table, chair, or any other surface above floor level.
- Don't leave your baby unattended on a bed or table.
- Don't hold infant while smoking, drinking hot liquids, or cooking.
- Never allow anyone to smoke around the baby. See attached sheet on passive smoking.
- Use a playpen after 3 months of age as an island of safety.
- Select toys that are unbreakable, contain no small parts or sharp edges, and are too large to swallow.
- Always test the temperature of bath water.
- Never heat your baby's milk or food in a microwave. Microwaves heat some areas more than others and the milk or food could become too hot.

### NUTRITION

Continue your infants diet of breast milk or formula. Solid foods such as cereal are usually introduced between 3 and 4 months (NO SOONER) because younger babies don't have much control over muscles in their tongue and mouth. If solid foods are introduced too early, the infant will more than likely spit most of it out. Young infants may not be able to tolerate certain foods. If you decide to start cereal at 3 months of age, start with the least allergic food which is rice cereal. Thin it as much as possible with breast milk or formula. Never put cereal in a bottle. Between 2 and 3 months of age, the frequency of stools in both breast and bottle fed babies may decrease dramatically. As long as your baby is eating well, gaining weight, and their stools are not too hard or dry, there is no need to be alarmed by the drop in frequency.

### SLEEP

By 2 months of age your baby will be more alert and social during the day. This will make the baby more tired at night. See sheet on Prevention of Sleep Problems.

Nonsmoking children who live in homes with smokers are involuntarily exposed to cigarette smoke. The smoke comes from two sources—secondhand smoke and side-stream smoke. Secondhand smoke is exhaled by the smoker. Side-stream smoke rises off the end of a burning cigarette and accounts for most of the smoke in a room. Side-stream smoke contains two or three times more harmful chemicals than secondhand smoke because it does not pass through the cigarette filter. At worst, a child in a very smoky room for 1 hour with several smokers inhales as many bad chemicals as he or she would by smoking 10 or more cigarettes. In general, children of smoking mothers absorb more smoke into their bodies than children of smoking fathers because they spend more time with their mothers. Children who are breast-fed by a smoking mother are at the greatest risk because chemicals are found in the breast milk as well as the surrounding air.

### HARMFUL EFFECTS OF PASSIVE SMOKING ON CHILDREN

Children who live in a house where someone smokes have an increased rate of all respiratory infections. Their symptoms are also more severe and last longer than those of children who live in a smoke-free home. The impact of passive smoke is worse during the first 5 years of life when children spend most of their time with their parents. The more smokers there are in a household and the more they smoke, the more severe a child's symptoms. Passive smoking is especially hazardous to children who have asthma. Exposure to smoke causes more severe asthma attacks, more emergency room visits, and increased admissions to the hospital. These children are also less likely to outgrow their asthma. The following conditions are worsened by passive smoking:

- Pneumonia
- Coughs or bronchitis
- Croup or laryngitis
- Wheezing or bronchiolitis
- Asthma attacks
- Influenza
- Ear infections
- Middle ear fluid and blockage
- Colds or upper respiratory infections
- Sinus infections
- Sore throats
- Eye irritation
- Crib deaths (SIDS)

- Elevated blood cholesterol level
- School absenteeism for all of the above

### HOW TO PROTECT YOUR CHILD FROM PASSIVE SMOKING

1. **Give up active smoking.** Sign up for a stop-smoking class or program. Giving up smoking is even more urgent if you are pregnant because your unborn baby has twice the risk for prematurity and newborn complications if you smoke during pregnancy. It is also important to avoid smoking if you are breast-feeding because smoke-related, harmful chemicals get into your breast milk. You can stop smoking if you get help. If you need some self-help reading materials, call your local American Lung Association or American Cancer Society office. The Surgeon General would like us to become a smoke-free society by the year 2000. For more information call the National Cancer Institute on their toll-free line: 1-800-4-CANCER. If you want your child not to smoke, set a good example.
2. **Never smoke inside your home.** Some parents find it difficult to give up smoking, but all parents can change their smoking habits. Restrict your smoking to times you are away from home. If you have to smoke when you are home, smoke only in your garage or on the porch. If these options are not available to you, designate a smoking room within your home. Keep the door to this room closed, and periodically open the window to let fresh air into the room. Wear a special overshirt in this room to protect your underlying clothing from collecting the smoke. Never allow your child inside this room, and don't smoke in other parts of the house. Apply the same rule to visitors.
3. **Never smoke while holding your child.** If your smoking habit cannot be controlled to the degree mentioned above, at a minimum protect your child from smoking when you are close to him or her. This precaution will reduce the child's exposure to smoke and protect him or her from cigarette burns. Never smoke in a car when your child is a passenger. Never smoke when you are feeding or bathing him or her. Never smoke in your child's bedroom. Even doing this much will help your child to some degree.
4. **Avoid leaving your child with a caretaker who smokes.** Inquire about smoking when you are looking for day care centers or babysitters. If your child has asthma, this safeguard is crucial.

## DEFINITION

Approximately 10% to 15% of children between 4 months and 24 months of age have problems sleeping through the night. They wake up and cry one or more times during the night in order to be fed or entertained by their parents. These interruptions usually occur every night. In most instances the child has behaved this way since birth. If your child fits this description, the information presented here will help you understand the problem and take steps to establish a normal nighttime sleeping pattern.

All children have four or five partial awakenings each night after dreams. Most can put themselves back to sleep. Children who have not learned self-comforting and self-quieting skills cry for a parent. If your custom at naps and bedtime is to rock or feed your child until asleep, your infant will not learn how to go back to sleep without your help.

### Trained Night Feeders

If your child is over 4 months of age and wants to be fed during the night, deal with this problem first. From birth to 2 months of age, most babies normally awaken twice each night for feedings. Between 2 and 3 months, most need one middle-of-the-night feeding. By 4 months of age, about 90% of infants sleep more than 8 consecutive hours without feeding. Normal children of this age do not need any calories during the night to remain healthy. The other 10% can learn to sleep through the night if you take the following steps:

1. **Lengthen the time between daytime feedings to 4 hours or more.** Nighttime feeding intervals cannot be extended if the daytime intervals are short. If a baby's stomach is conditioned to expect frequent feedings during the day, he will have hunger pangs during the night. This bad habit is called "grazing." It often happens to mothers who don't separate holding from nursing. For every time you nurse your baby, there should be four or five times that you snuggle your baby without nursing. Gradually postpone daytime feeding times until they are more normal for your child's age. If you currently feed your baby hourly, go to 1½ hours. When this is accepted, go to 2 hours. When he cries, provide cuddling or a pacifier. Your goal for formula-fed babies is four meals each day by 4 months of age. (Breast-fed babies often need five feedings each day until 6 months of age when baby foods are introduced.)

2. **Place your baby in the crib drowsy but awake.** When your baby starts to act drowsy, stop feeding him and place him in the crib. His last waking memory needs to be of the crib, not of the breast or bottle. He needs to learn to put himself to sleep. He will need this self-quieting skill to cope with normal awakenings at night. This change will require some crying. For crying, go to your child every 15 minutes, but don't feed him or lift him out of the crib. Give him a hug and leave. Stay for less than 1 minute. Help him learn to self-initiate sleep at naps and bedtime when you can better tolerate the

crying. For middle-of-the-night crying, you can rock him to sleep for now.

3. **Discontinue any bottle in bed immediately.** If you feed your child at bedtime, don't let her hold the bottle. Also feed her in a different room than the bedroom. Try to separate mealtime and nap times. If your baby needs to suck on something to help her go to sleep, offer a pacifier or help her find a thumb. Also, encourage attachment to a favorite stuffed animal or blanket.

4. **Phase out night feedings.** For now, after the 10 or 11 PM last feeding of the day, only feed your baby once during the night and make it brief and boring. If it takes more than 20 minutes, handling or burping is excessive. For other awakenings at night, rock your child to sleep.

After the daytime feeding intervals are normal, start to gradually reduce the amount you feed your baby at night. For bottle-fed babies, the amount of formula you give can be decreased by 1 ounce every few nights until your infant no longer has a craving for food at night. Nurse breast-fed babies on just one side and for fewer minutes.

### Trained Night Criers

If your baby is over 4 months of age, cries during the night, calms down when you hold her, and doesn't need to be fed, you have a trained night crier. If you usually rock, cuddle, or walk your baby at the moment of sleep, he becomes unable to return himself to sleep during normal awakenings at night.

1. **Place your baby in the crib drowsy but awake at naps and bedtime.** It's good to hold babies. But when your baby starts to look drowsy, place him in the crib. His last waking memory needs to be of the crib, not of you. He needs to learn to put himself to sleep. If your baby is very fussy, rock him until he settles down or is almost asleep, but stop before he's fully asleep.

2. **For crying, make brief contact every 15 minutes.** Infants cannot learn to self-comfort without some crying. This crying is not harmful. If the crying continues, visit your baby in the crib every 15 minutes. Don't stay longer than 1 minute. Act sleepy. Whisper, "Shhh, be quiet, everyone's sleeping." Add a few reassuring comments and give some gentle pats. Do not turn on the lights or remove your child from the crib. Do not rock or play with the baby, bring her to your bed, or stay in the room for more than 1 minute. Most young infants will cry for 30 to 90 minutes and then fall asleep. If the crying persists, you may recheck your baby every 15 minutes, for 1 minute or less each visit. This brief contact will not reward your baby sufficiently to perpetuate the behavior.

3. **For middle-of-the-night crying, rock your baby to sleep temporarily.** Until your child learns how to put himself to sleep at naps and bedtime, make the middle of the night as easy as possible. Take your crying child out of the crib and rock him to sleep. However, don't talk to him, leave the room, or turn on the lights. After he has learned to quiet himself for naps and bedtime, you can place the same demands on him for middle-

*(Continued on the reverse side)*

of-the-night crying. Namely, go to him every 15 minutes—but make your contact brief and boring. By then, this problem can be turned around in a few nights.

### Fearful Night Criers

After 6 months of age, the normal separation fears of many infants are greater at bedtime and during the night. When you try to leave your child's bedroom, he becomes hysterical, cries nonstop for hours, or cries until he vomits. If your child is between 6 and 18 months of age and has major daytime fears when you leave him, treat his sleep problem as follows:

1. Stay with your child if he is fearful. At bedtime and naptime, put your child in the crib drowsy but awake. Stay as long as it takes to calm him, but don't lift him out of the crib. At the most, sit in a chair next to the crib with your hand on his body. A headphone with some good music may help you pass the time. Make a few reassuring comments initially, and then don't talk to him. If it's the middle of the night, consider going to sleep in your child's room in a sleeping bag.

2. Leave briefly every 15 minutes. Leave for 1 or 2 minutes every now and then to teach your child that separation is tolerable because you do come back. Leave the door open and a night-light on if your child has separation fears.

3. Provide lots of holding during the day. During the day, respond to your child's fears with lots of hugs and comforting. Young babies may need more time being carried about in a front sling or backpack. Children of mothers working outside the home need extra attention and cuddling in the evenings. Also, play separation games such as peekaboo, hide-and-seek, or chase me. Fears and insecurities can be completely treated during the day.

### Steps To Take for All Types of Sleep Problems

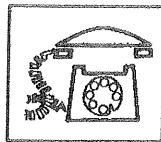
Whether your baby's problem is trained night feeding, trained night crying, or fearful night crying, the following measures should be helpful:

1. Move the crib to another room. If the crib is in your bedroom, move it to a separate room. If this is impossible, cover one of the side rails with a blanket so your baby can't see you when he awakens.

2. Eliminate long daytime naps. If your baby has napped for more than 2 hours, awaken her. If she is in the habit of taking three naps during the day, try to change her habit to two naps each day.

3. Don't change wet diapers during the night. Change the diaper if it is soiled or if you are treating a bad diaper rash. If you must change your child, use as little light as possible (for example, a flashlight), do it quietly, and don't provide any entertainment.

4. If he's standing up in the crib, leave him in that position. Don't try to get him to lie down every time you go in. He will just spring back up as you start toward the door. He can lie down without your help. Encouraging him to lie down soon becomes a game.



### CALL OUR OFFICE

During regular hours if

- Your child acts sick.
- Someone in your family cannot tolerate the crying.
- The steps outlined here do not improve your child's sleeping habits within 2 weeks.
- You have other questions or concerns.

# MEDICINE CABINET

## What Should I Keep in My Medicine Cabinet?

Nothing makes a parent more anxious than a sick or injured child. Nothing can eliminate those worries altogether, but having what you need, when you need it, may help you feel more in control of the situation. There are a few basics every parent should have on hand. Talk with your nurse practitioner or doctor about specific medicines or supplies your child might need.

### The Basics

- Band-Aids (preferably assorted colors and shapes)
- Soap and water to clean
- First aid ointment (kids love it)
- Non-aspirin pain reliever (it's not just for fever)
- Thermometer
- Medicine spoon or dropper
- Emergency phone numbers

### Remember:

- You know your child best. Never be afraid to contact your doctor or nurse practitioner if your child is sick or injured. If your child is sick or hurt enough to make you scared or concerned, you should call them.
- Always keep these items locked up and out of reach.

## CHILD CARE

### IDEAS FOR PARENTS

#### Choosing a Child Care Program — What Do I Ask?

- What is your philosophy about caring for infants and toddlers?
- How are child care providers trained and how often?
- How do parents and caregivers share information about feeding, diapering, and sleeping each day?
- How many children will be in my child's group?
- What will you do if my child becomes ill? Who will notify me?
- What are the fees? What do they cover?
- Is there an outside play area nearby?
- Are there a variety of developmentally appropriate materials?
- What meals or snacks do you make and what food/meals do I bring?
- Who supplies formula or milk for my child?
- What shall I send with my child each day?
- Snacks \_\_\_\_ Lunch \_\_\_\_ Change of clothes \_\_\_\_ A favorite toy \_\_\_\_
- Will my child be assigned to one particular child care provider for each work shift?
- When is the change in the work shift?
- What is the routine for the day? Where is it posted?
- How much will my infant or toddler be able to set his or her own schedule for the day?
- How are drop-offs and pickups monitored?
- How do you ensure my child's safety?
- Can parents make unannounced visits?

## VACCINE INFORMATION STATEMENT

# DTaP Vaccine

## What You Need to Know

(Diphtheria,  
Tetanus and  
Pertussis)

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?

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

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

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

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

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

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

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

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

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

### 2 Who should get DTaP vaccine and when?

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

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

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

### 3 Some children should not get DTaP vaccine or should wait

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

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

### 4 Older children and adults

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

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



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

**5****What are the risks from DTaP vaccine?**

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

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

**Mild problems (common)**

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

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

**Other mild problems include:**

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

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

**Moderate problems (uncommon)**

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

**Severe problems (very rare)**

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

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

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

**6****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

**7****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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement

# DTaP Vaccine

5/17/2007

42 U.S.C. § 300aa-26

Office Use Only



# Hepatitis B 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 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:

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

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

### 2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,



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

- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
- Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

**4**

### Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

**5**

### What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

**6**

### What if there is a serious reaction?

#### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

#### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

**7**

### 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8**

### How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



# Polio 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 What is polio?

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

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

### 2 Why get vaccinated?

#### Inactivated Polio Vaccine (IPV) can prevent polio.

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

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

### 3 Who should get polio vaccine and when?

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

#### Children

Children get 4 doses of IPV, at these ages:

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

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

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

#### Adults

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

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

Adults in these three groups:

- who have **never been vaccinated against polio** should get 3 doses of IPV:
  - Two doses separated by 1 to 2 months, and
  - A third dose 6 to 12 months after the second.
- who have had **1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).
- who have had **3 or more doses** of polio vaccine in the past may get a booster dose of IPV.

Your doctor can give you more information.



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

**4****Some people should not get IPV or should wait.****These people should not get IPV:**

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

**These people should wait:**

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

Ask your doctor for more information.

**5****What are the risks from IPV?**

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

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

**6****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**7****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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**8****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

---

**Vaccine Information Statement (Interim)**  
**Polio Vaccine**

11/8/2011

42 U.S.C. § 300aa-26

Office Use Only



## VACCINE INFORMATION STATEMENT

# Hib Vaccine

## What You Need to Know

(*Haemophilus  
Influenzae* Type b)

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 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\*
- 12-15 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 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 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 for more information.



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

**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 1/4 of children)
- Fever over 101°F (up to 1 out of 20 children)

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

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**7****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Hib Vaccine**

12/16/1998

42 U.S.C. § 300aa-26

Office Use Only



## VACCINE INFORMATION STATEMENT

# Pneumococcal Conjugate Vaccine

## What You Need to Know

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

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

### 1 Why get vaccinated?

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

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

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

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

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

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

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

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

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

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

### 2 PCV13 vaccine

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

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

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

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

### 3 Precautions

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

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell your doctor if the person being vaccinated has any severe allergies.

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

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



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

**4****What are the risks of PCV13 vaccine?**

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

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

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

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

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

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**7****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

**Vaccine Information Statement (Interim)  
PCV13 Vaccine****2/27/2013****42 U.S.C. § 300aa-26**

Office Use Only



# Rotavirus 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?

Rotavirus is a virus that causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

Before rotavirus vaccine, rotavirus disease was a common and serious health problem for children in the United States. Almost all children in the U.S. had at least one rotavirus infection before their 5<sup>th</sup> birthday.

#### Every year:

- more than 400,000 young children had to see a doctor for illness caused by rotavirus,
- more than 200,000 had to go to the emergency room,
- 55,000 to 70,000 had to be hospitalized, and
- 20 to 60 died.

Rotavirus vaccine has been used since 2006 in the United States. Because children are protected by the vaccine, hospitalizations, and emergency visits for rotavirus have dropped dramatically.

### 2 Rotavirus vaccine

Two brands of rotavirus vaccine are available. Your baby will get either 2 or 3 doses, depending on which vaccine is used.

Doses of rotavirus vaccine are recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age (if needed)

Rotavirus vaccine is a liquid that is swallowed, not a shot.

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

Rotavirus vaccine is very good at preventing diarrhea and vomiting caused by rotavirus. Almost all babies who get rotavirus vaccine will be protected from **severe** rotavirus diarrhea. And most of these babies will not get rotavirus diarrhea at all. The vaccine will not prevent diarrhea or vomiting caused by other germs.

Another virus called porcine circovirus (or parts of it) can be found in both rotavirus vaccines. This is not a virus that infects people, and there is no known safety risk. For more information, see [www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm](http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm).

### 3 Some babies should not get this vaccine

- A baby who has had a severe (life-threatening) allergic reaction to a dose of rotavirus vaccine should not get another dose.

A baby who has a severe (life threatening) allergy to any component of rotavirus vaccine should not get the vaccine.

*Tell your doctor if your baby has any severe allergies that you know of, including a severe allergy to latex.*

- Babies with “severe combined immunodeficiency” (SCID) should not get rotavirus vaccine.
- Babies who have had a type of bowel blockage called “intussusception” should not get rotavirus vaccine.
- Babies who are mildly ill can probably get the vaccine today. Babies who are moderately or severely ill should probably wait until they recover. This includes babies with moderate or severe diarrhea or vomiting.
- Check with your doctor if your baby’s immune system is weakened because of:
  - HIV/AIDS, or any other disease that affects the immune system
  - treatment with drugs such as long-term steroids
  - cancer, or cancer treatment with x-rays or drugs



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

## 4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare.

Most babies who get rotavirus vaccine do not have any problems with it. But some problems have been associated with rotavirus vaccine:

### Mild problems

Babies might become irritable, or have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine.

### Serious problems

**Intussusception** is a type of bowel blockage that is treated in a hospital, and could require surgery. It happens “naturally” in some babies every year in the United States, and usually there is no known reason for it.

There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the 1<sup>st</sup> or 2<sup>nd</sup> vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your doctor can give you more information.

## 5 What if there is a serious reaction?

### What should I look for?

- For **intussusception**, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest.

Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the 1<sup>st</sup> or 2<sup>nd</sup> dose of rotavirus vaccine, but look for them any time after vaccination.

- Look for anything else that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is **intussusception**, call a doctor right away. If you can't reach your doctor, take your baby to a hospital. Tell them when your baby got the vaccine.
- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get your baby to the nearest hospital.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement (Interim) Rotavirus Vaccine

08/26/2013

42 U.S.C. § 300aa-26

Office Use Only



## Constipation VS Infant Dyschezia:

### Introduction

#### Infant dyschezia

Defecation requires two coordinated events: pelvic floor relaxation and an increase in intra-abdominal pressure. The coordination of the defecatory act carries with it developmental overtones and the failure to meet developmental milestones in the control of defecation results in functional symptoms.

#### Clinical presentation

Parents visit the clinician during the infant's first 2 to 3 months of life complaining that their child is "constipated". When asked to elaborate, parents anxiously describe a healthy infant who cries for 20 to 30 minutes, turns red in the face, and screams in pain before defecation takes place. The stools are soft and free of blood. These episodes, exhausting for the infant and anxiety provoking for the parents, occur several times daily. This is due to infant dyschezia and not Constipation. For the symptoms to be called constipation the stool has to be hard like Pallets

#### Diagnosis

The diagnostic criteria for infant dyschezia are at least 10 minutes of straining and crying before successful passage of soft stools in an otherwise healthy infant less than six months of age.

In a child with infant dyschezia, stools are normal- soft or pasty even though the bowel movements are infrequent sometimes once every 3-4 days. These infants have not yet coordinated the increase in intra-abdominal pressure with pelvic floor relaxation so they are unable to enjoy easy defecation. They also have weak abdominal muscles. No tests are indicated. Infant dyschezia is a problem in learning to defecate. Crying is the infant's attempt to create intra-abdominal pressure (Valsalva maneuver), before they learn to bear down more effectively for a bowel movement.

#### Treatment

Effective reassurance is all that is needed.

Treatment with suppositories or digital stimulation should be avoided, and counter-productive. It is wrong for the parents to assume control of the infant's pelvic floor or "help" the infant to defecate.

Therefore even if child is only having bowel movement once every 3-4 days, that is not constipation unless stool comes out like hard pallets.

You can try to help infant to pass gas or relax the sphincter by turning him/her over on stomach and raising his Bottom slightly higher than rest of the body, put one hand the baby's stomach and pat the back with your other hand.

If it has been more than 3-4 days then once in while rectal stimulation with a thermometer to take temperature or rarely glycerine suppository can be used but it is best avoid it, although you will not do any harm by using suppository, it may become habit if used often..

If the stool coming out is hard like pallets, then use 2ml- 5 ml of dark corn syp or Karo syp in 4 ozs of formula once a day. Light corn syp is not effective.

You can increase it to twice a day if needed.

#### Diet

The iron in the formula does not cause constipation.

For children over 4 months, it is ok to try 2-3 ozs of prune, pear or peach juice.

Rice cereal and potatoes and Bananas can make constipation worse, there for avoid using those.

Look at the labels on jar foods because many of those have rice water, potato juice and bananas as the base. Avoid or decrease those.

# Dosage for Fever Reducers

Weight		Dosage for Fever Reducers	
Kilograms	Pounds	Ibuprofen/Motrin/Advil	Tylenol
4.5	10	Children's Syrup 100 mg/5 mL NOT FOR < 6 MOS AGE	Children's Syrup 160 mg/5 mL 2 mL
5.5	12	NOT FOR < 6 MOS AGE	2.5 mL
6.4	14	NOT FOR < 6 MOS AGE	3.0 mL
7.3	16	NOT FOR < 6 MOS AGE	3.5 mL
8.2	18	3.5 mL	4.0 mL
9.1	20	4.0 mL	4.5 mL
10.0	22	4.5 mL	5 mL
10.9	24	5.0 mL	5.5 mL
11.8	26	5.5 mL	6 mL
12.7	28	6 mL	6.5 mL
13.6	30	6.5 mL	7 mL
14.5	32	7 mL	7.5 mL
15.5	34	7.5 mL	8 mL
16.4	36	8 mL	8.5 mL
17.3	38	8.5 mL	9 mL
18.2	40	9 mL	9.5 mL
19.1	42	9.5 mL	10 mL
20.0	44	10 mL	10.5 mL
20.9	46	10.5 mL	11 mL
21.8	48	11 mL	11.5 mL
22.7	50	11.5 mL	12 mL
23.6	52	12 mL	12.5 mL
24.5	54	12.5 mL	13 mL
25.5	56	13 mL	13.5 mL
26.4	58	13.5 mL	14 mL
27.3	60	14 mL	14.5 mL
28.2	62	14.5 mL	15 mL
29.1	64	15 mL	15.5 mL
30.0	66	15.5 mL	16 mL
30.9	68	16 mL	16.5 mL
31.8	70	16.5 mL	17 mL
32.7	72	17 mL	17.5 mL
33.6	74	17.5 mL	18 mL
34.5	76	18 mL	18.5 mL
35.5	78	18.5 mL	19 mL
36.4	80	19 mL	19.5 mL
37.3	82	19.5 mL	20 mL
38.2	84	20 mL	
39.1	86		
40.0	88		