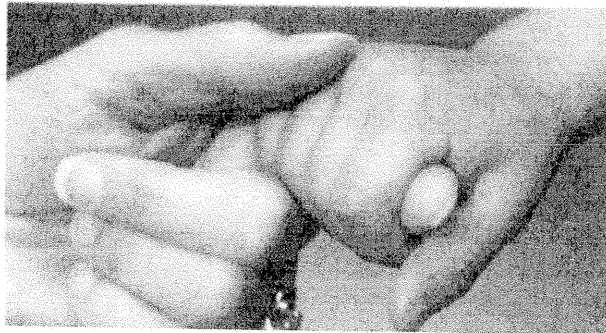


CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

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ANTICIPATORY
PARENTING
GUIDE

FOR AGE: 4 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; Prevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV; Prevnar; HIB/Hep B
6 Mos.	Check-up	ASQ	DTaP; Prevnar; HIB/Hep B
9 Mos.	Check-up	Denver II; hemoglobin; Lead Screen; Sickle Cell	
12 Mos.	Check-up	ASQ-SE; PPD	Varivax; Prevnar
15 Mos.	Check-up	Denver II	HIB; MMR
18 Mos.	Check-up	ASQ-SE	DTaP; IPV
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
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 Guidance
- Feeding Your Baby
- How Should I Feed My Child
- DTaP Vaccination Information

- IPV Vaccination Information
- Hep B Vaccination Information
- HIB Vaccination Information
- Prevnar Vaccination Information

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ANTICIPATORY GUIDE - 4 MONTHS

INJURY PREVENTION

- Continue to use the car seat facing backwards.
- Never leave the infant unattended on a bed, table, or couch.
- Guard against ingestion of harmful objects and substances such as baby powder, wipes, or safety pins. Do not use your powder or baby wipe container to distract baby while changing.
- Never smoke, eat, drink or carry anything hot while holding baby.
- Check toys for vulnerability to breakage. Be aware of buttons that can be pulled off of clothes, toys, and furnishings.

NUTRITION

Breast or bottle feeding, place the baby in bed without the bottle. Feed the infant prior to laying him down to sleep. Now is the time to introduce solid foods. You may start solid foods at whichever feedings during the day are acceptable to you and your baby. To minimize chances of choking, be sure your baby is sitting up for feedings. If he cries or turns away during feeding, don't force the issue. Go back to nursing or bottle feeding for a week or two, then try again. Always use a spoon when feeding. Start with a half a spoonful or less of food and talk to your baby. He probably won't know what to do the first time or two. This is understandable, considering how different his feedings have been. If this happens give the baby a little milk first, then switch to small spoonfuls of food and finish off with more milk. Most of his feedings are sure to wind up outside of his mouth or on his bib and face, so increase the size of feedings very gradually with just a teaspoon or two, until he gets the idea of eating.

For most babies the first solid food is rice cereal, followed by oatmeal and barley. Introduce wheat and mixed cereals last. Once your baby has accepted cereals, slowly start introducing him to other foods. One possible order is strained vegetables (except corn), fruit, then meat. Meat should be introduced at 6 months of age. Give the baby one new food at a time and wait at least 2-3 days before starting another new food. Watch for allergic responses such as diarrhea, rash, or vomiting. If these occur eliminate the suspected food from the diet until you talk to your pediatrician. Within 2-3 months your infant's daily diet should include formula or breast milk, cereal, vegetables, meats, and fruits. Because it is frequently associated with allergy, egg is started last (about 6 months).

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FEEDING YOUR BABY

Food is important. It helps your baby grow strong and healthy.

For the first two to three months of life, breast milk or infant formula is the only food your baby needs. Do not give vitamins to your baby unless your doctor tells you to. Follow your doctor's instructions carefully.

If you decide to breast feed your baby, how many months you continue to breast feed should be decided by you and your doctor. After breast feeding is discontinued, infant formula should be given.

Two kinds of infant formula are easiest to use. Choose either concentrate or ready-to-feed.

Concentrate formula, which comes in a small can (13oz) must be mixed with one can (13oz) of water before you feed it to your baby. Do not add any other ingredients.

Ready-to-feed formula, which comes in a large can (32oz) is ready to feed to your baby. Do not add any other ingredients.

Once you bring your baby home from the hospital, it may take your baby 2 to 3 weeks to get used to breast or formula feeding. If you breast feed, offer the breast every four hours (or five times every twenty-four hours). If your baby sleeps through the night, do not wake him/her. If you formula feed, the following chart is a guideline as to amounts and frequency of formula feeding.

Age (months)	Feedings per 24 hours	Formula (oz) per feeding	Formula (oz) per day
0 to 1	6 to 8	2 to 3	Less than 21
1 to 3	5 to 6	3 to 4	21 to 24
3 to 7	4 to 5	4 to 6	24 to 32
7 to 12	3 to 4	6 to 8	24 to 32

Be sure to offer your baby water between feedings, especially in hot weather. Do not add any other ingredients.

Babies should be given formula until they are one year old, unless your doctor tells you to do otherwise.

Take your time feeding your baby. Each feeding should take between fifteen to thirty minutes. It is important to hold your baby when you are giving him/her the bottle. Your baby needs to feel the closeness of your body so that he/she will be secure and know that he/she is loved.

Be sure to remove the bottle from the baby's mouth after he/she finishes drinking. If you leave the bottle propped in the mouth, some milk will remain around the gums. If that milk remains around the gums and developing teeth for a couple of hours, it will cause cavities.

Some babies are ready for solid foods earlier than others. Each baby is different. When you start feeding solid foods, offer all foods by spoon. Never put foods in the bottle. The practice of putting foods in the bottle does not give the baby a chance to learn how to handle solid foods, and can lead to overfeeding and obesity.

Cereal is the first solid food to give to your baby. Cereal provides your baby with iron, extra energy, and B vitamins. Cereal teaches him/her to eat from a spoon and will prevent your baby from feeling hungry.

When your baby is between 3 and 4 months of age, begin with rice cereal. Offer rice cereal before other types, as it is blander and easier to tolerate than other cereals. Use the dry pack cereal that comes in a box rather than cereal that comes in a jar. The cereal from the box has more iron than the cereal from the jar.

The first week you give rice cereal, measure 1 level teaspoon of cereal and mix it with 2 or 3 tablespoons of breast milk or formula. Offer this mixture by spoon and place it on the back of the tongue so your baby will not spit it out.

For the second week you give rice cereal, use 1 level tablespoon of cereal to 3 tablespoons of breast milk or formula.

As your baby gets older, you may want to make the cereal mixture a little thicker. If your baby is under 4 months of age, use 1 to 4 level tablespoons dry cereal (mixed with breast milk or formula) daily. When your baby is older, and eating a wider variety of foods, the amount of cereal may have to be decreased. At 6 months of age, check with your doctor to see how much cereal your baby should be taking daily.

Add or replace one kind of cereal at a time. Give each new cereal for at least 4 or 5 days before trying another. This amount of time will allow you to see whether your baby can tolerate the new cereal. If you were to add two or more cereals at once, and your baby developed an allergic reaction, you could not tell what cereal caused the problems.

Cereals to try include: baby rice, baby oatmeal, baby barley, and cream of wheat.

Do not offer your baby high protein cereals with added fruit, or mixed cereals until he/she is over 6 months of age. High protein cereals may have more protein than your baby's kidneys can handle. Mixed cereals and cereals with added fruit have sugar and other ingredients added that your baby does

not need, or may not be able to tolerate. Do not add sugar, salt, seasonings, or any other ingredients to the cereal.

Fruit juices have vitamin C. This vitamin helps build strong blood vessels, keeps gums healthy, and aids in the absorption of iron. Fruit juices are usually started between the age of 2 to 4 months. As with cereal, try juices only one at a time. Do not try a new fruit juice and a new cereal at the same time. If your baby developed an allergic reaction you could not tell which food caused the problem. When you try juices for the first few feedings, mix one ounce of apple juice (with vitamin C added) with one ounce of water. Offer this mixture to your baby. When your baby likes the taste, gradually decrease the amount of water used until your baby is taking just juice. Gradually increase the amount of juice your baby is taking, until your baby is getting 2 to 3 ounces, or about ½ baby juice can, per day.

The first juices to try are: apple, apple-cherry, and apple-grape. Citrus juices are stronger than other juices. It is advisable to wait until your baby is 5 to 6 months old before trying orange, orange-apple, apricot orange, mixed fruit, orange-pineapple, orange-prune, and pineapple grapefruit.

Fruits and vegetables provide vitamins and minerals, add variety in taste and texture, and help prevent constipation. At approximately 3 or 4 months of age, offer strained or mashed fruits and vegetables. Try only one new fruit or vegetable at a time. Try the same food for at least 4 or 5 days before trying another.

When you begin adding fruits to your baby's diet, begin with applesauce. The first day you offer applesauce, give your baby 2 teaspoons. Give him/her a little bit more each day until your baby is taking 4 tablespoons (or ½ jar commercial baby food or ¼ cup homemade baby food) a day. After 6 months of age, this amount can be increased. Try applesauce, applesauce-apricots, mashed fresh ripe banana, peaches, pears, and pears-pineapple. For some babies, fruits such as apricots, pears or prunes may cause loose stools. If you try one of these fruits and this problem occurs, decrease the amount you give or omit the fruit.

Bananas from the jar contain orange juice, therefore wait until your baby is 5 to 6 months old before trying them.

Fruit with tapioca is sweet tasting. If you give your baby fruit with tapioca, he may not learn to like the flavor of fruit alone. It is important that your baby learn to like different flavors, so that he/she won't be a picky eater later in his/her life.

Fruits with tapioca and other baby desserts such as puddings, fruit cobblers and tutti-frutti contain sugar and starches that your baby does not need. Sugars and starches provide calories but few nutrients necessary for growth. Too much sugar contributes to tooth decay.

Offer yellow vegetables about the same time as fruits, so your baby will learn to like different flavors. When you begin yellow vegetables, start with carrots. You can offer the vegetable either at lunch or dinner time. The first day you try carrots, give 1 or 2 teaspoons of the vegetable. Give a little more each day until your baby is taking 4 tablespoons full (or ½ commercial baby food jar or ¼ cup homemade baby food). At six months of age, check with your doctor to see if this amount should be increased.

Yellow vegetables to try are: carrots, squash, sweet potatoes, and mashed pumpkin. After you try yellow vegetables, try: beets, spinach, peas, and asparagus.

Vegetables such as asparagus or spinach may cause loose stools in some babies. If you try one of these vegetables and the problem occurs decrease the amount you give or omit the vegetable.

Meats provide protein and iron. Protein helps build muscles and iron is needed for blood. At 5 to 6 months, start commercial baby meats, or meats that have been ground in a baby food grinder, or blended in blender. Start with 2 to 3 teaspoons per day. Give a little more each day until your baby is taking 2 to 3 tablespoons (or ½ jar commercial baby meat). Try beef, beef liver, chicken, ham, lamb, pork, turkey, and veal.

Egg yolks also provide protein and iron. Ask your doctor if your baby should have egg yolk in place of some of the meat when he/she is approximately 6 to 7 months of age. Egg yolks come in a jar or can be prepared at home. No more than 2 or 3 egg yolks (1 jar) per week should be given. The first day you try egg yolk, start with ¼ teaspoon egg yolk at breakfast. Increase this amount daily until your baby is taking 2 tablespoons (1/3 jar or 1 egg yolk prepared at home). Do not give egg white to your baby until he/she is at least one year old.

To prepare egg yolk at home, hard cook (boil) an egg. Separate the white from the yolk. Use only the yolk. Mash the yolk with a fork then mix with formula.

Bean pulp can be offered to your baby when he is 5 to 6 months old. Beans should be rinsed off, and soaked overnight. The beans should be cooked (boiled) in the same water in which they were soaked. Cook the beans until tender. When tender, beans and liquid should be put through a sieve, strainer, or food mill to remove the skins. Fat, lard, chili, soda, or other ingredients should not be added. Start with ½ teaspoon of bean pulp, and increase daily, so that within a month, your baby is getting 1 or 2 tablespoons per day. Beans can be given in place of meats or eggs, when formula or milk is given at the same meal.

As teeth erupt, offer soft foods from the table, such as soft cooked carrots, peeled sliced apple, pieces of banana, Zwieback, and melba toast. Continue trying a wider variety of foods, such as mashed potatoes, canned fruits, (without seeds or skin), soft fresh fruits, soft cooked vegetables, and soft meats such as boiled chicken.

Some foods may cause your baby to choke, and these foods should be avoided. These foods include nuts, corn, small candies, popcorn, raw vegetables such as carrots, and foods with seeds or skins.

Other foods contain few nutrients that help your baby grow, and will take away his/her appetite for foods he/she needs. These foods include candy, cookies, potato chips, corn chips, sugar coated cereals, sugar, pop, sweetened fruit drinks, cake, pie, cupcakes, pastries and other snack foods. Sweets, like candy and pop, can lead to tooth decay and obesity.

MAKING YOUR OWN BABY FOODS

To make your own baby food you can use either a strainer, food mill, baby food grinder, or electric blender. Wash all equipment thoroughly using hot water and soap, rinse well.

TYPES OF FOOD TO BE MADE:

Fresh Fruits and Vegetables

Wash carefully. Remove skins and pits or seeds. Place in a pan, cover with water, bring to a gentle boil and cook until tender. With fruits, use a small amount of water and cover pan. Do not add sugar, salt, seasonings, fat, salt pork, or seasoning meats.

Canned Fruits and Vegetables

If you use canned fruits or vegetables, remove all seeds and skins. Choose fruits packed in their own juices, as these fruits have less sugar. If you use fruits packed in syrup, rinse the fruit.

Beans and Meats

Beans should be rinsed off and soaked overnight. The beans should be cooked (boiled) in the same water in which they were soaked. Cook (boil) the beans until tender. Fat, lard, chili, soda, and other ingredients should not be added.

You may use any meat that you have prepared for you family such as roasts, cooked chicken, boiled or stewed meat. Be sure it is not highly seasoned.

METHODS OF MAKING BABY FOOD:

Using a Strainer

Place 2 or 3 tablespoons of food in the strainer. Use a spoon and push the food through the strainer into a well cleaned dish or container. With some foods you will not be able to get the food through the strainer without pushing hard. Add water to the strained food so that it will not be too thick for the baby to swallow. Using a strainer is only good for fruits, vegetables, and well cooked beans. Meat is too hard to prepare using a strainer.

Using a Food Mill or Baby Food Grinder

Place 1 cup of food into a food mill or grinder. Grind. Add water to make the food thin enough for baby to swallow. Beans can be put through a food mill to remove skins.

Using an Electric Blender

Add 1 cup of food and $\frac{1}{4}$ cup liquid into blender. If you are using food that you have cooked, use the liquid the food was cooked in. Blend. More liquid may have to be added when blending meat to allow the blades to work. If food is warm, allow to cool, then serve. If food is refrigerated, reheat, then cool and serve.

MAKING FOOD FOR SEVERAL DAYS AT ONE TIME

If you make food for several days at one time, store it in one of the following ways:

1. Freeze pureed food (from strainer, grinder, food mill or electric blender) in ice cube trays placing two tablespoons in one cube. When food is frozen hard, the cubes may be stored in a plastic bag in the freezer.
2. Place two tablespoons of food in a paper cupcake liner and freeze on a cookie tray. When hard, store as above.
3. Wrap two tablespoons of food in a piece of aluminum foil and store in a freezer.

After storing, reheat in one of the following ways:

1. Place food in a custard cup (or use a double boiler) and heat until very hot in a covered pan of boiling water. Cool before serving.
2. Place a small amount of food and enough water to cover the bottom of the pan. Heat well. Cool and serve.

SUMMARY

First 3 months

Breast milk or formula.

3 to 4 months

Breast milk or formula.
Add cereal/non-citrus fruit juices.

4 to 5 months

Breast milk or formula.
Cereal, non-citrus fruit juices.
Add plain and strained fruits and vegetables.

5 to 6 months

Breast milk or formula.
Cereal, non-citrus fruit juices.
At 6 months citrus juices may be added.
Plain, strained fruits and vegetables; add strained meats.
Bean pulp may be added.

6 to 7 months

Breast milk or formula.
Cereal, fruit juices, plain strained fruits and vegetables,
plain strained meats or bean pulp; add egg yolk.

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

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite 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.



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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.

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, or by calling 1-800-822-7967.

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

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.

How can I learn more?

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

Vaccine Information Statement DTaP Vaccine

5/17/2007

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Office Use Only



Hepatitis B Vaccine

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 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,



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- 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, 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.

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

Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



VACCINE INFORMATION STATEMENT

Polio 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 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, 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.

8**How can I learn more?**

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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

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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.
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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

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Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite 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
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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, or by calling **1-800-822-7967**.

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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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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 5th 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.

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 1st or 2nd 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 1st or 2nd 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, or by calling **1-800-822-7967**.

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Vaccine Information Statement (Interim) Rotavirus Vaccine

08/26/2013

42 U.S.C. § 300aa-26

Office Use Only



MD PEDIATRIC CENTER
4400 West 95th Street Oak Lawn, Illinois 60453 (708)425-2880
HOW SHOULD I FEED MY CHILD?

TIME	4-5 mos.	5-6 mos.	6-7 mos.	8-9 mos.	10-12 mos.
Early Morning (waking)	<ul style="list-style-type: none"> • 4 oz. Formula* 	<ul style="list-style-type: none"> • 4 oz. Formula* 	<ul style="list-style-type: none"> • 4 oz. Formula* 	<ul style="list-style-type: none"> • 4 oz. Formula* or juice 	<ul style="list-style-type: none"> • 4 oz. Formula* or juice
8 - 9 am	<ul style="list-style-type: none"> • 1-2 T dry cereal mixed with formula* -wk 1 - rice -wk 2 - oatmeal -wk 3 - mixed -wk 4 - rice • 2-3 oz. Formula* 	<ul style="list-style-type: none"> • 1-2 T dry cereal** • 2-3 oz. Formula* 	<ul style="list-style-type: none"> • 3-4 T dry cereal** wk 1 - (1-2T) applesauce wk2 - peaches wk 3 - pears wk 4 - bananas • 2-3 oz formula* 	<ul style="list-style-type: none"> • 3-4 T dry cereal** • 2-3 T fruit • 2-3 oz formula* 	<ul style="list-style-type: none"> • 4-5 T dry cereal** • 1 jar fruit • 1-2 T egg yolk • 2-3 oz formula*
Mid-Day	<ul style="list-style-type: none"> • 1-2 T cereal mixed w/formula* wk 1 - rice wk 2 - oatmeal wk 3 - mixed wk 4 - rice • 2-3 oz formula* 	<ul style="list-style-type: none"> • 1-2 T vegetables wk 1 - carrots wk 2 - green beans wk 3 - peas wk 4 - squash • 3-4 oz formula** (from cup or glass) 	<ul style="list-style-type: none"> • 2-3 T vegetables • 1-2 T fruit wk 1 - applesauce wk 2 - peaches wk 3 - pears wk 4 - bananas • 3-4 oz formula* (from cup or glass) 	<ul style="list-style-type: none"> • ½ - 1 jar vegetables • ½ - 1 jar fruit • 1-2 T meat wk 1 - chicken wk 2 - turkey wk 3 - beef wk 4 - liver • 3-4 oz formula* (from cup or glass) 	<ul style="list-style-type: none"> • ½ - 1 jar vegetables • ½ - 1 jar fruit • ½ jar meat • 4-6 oz formula* (from cup or glass)
Mid-Afternoon	<ul style="list-style-type: none"> • 6 oz. Formula* 	<ul style="list-style-type: none"> • 2-4 oz formula or veg. Juice wk 1 - carrot juice wk 2 - mixed veg. Juice 	<ul style="list-style-type: none"> • 2-4 oz formula* or fruit juice wk 1 - apple juice wk 2 - orange juice wk 3 - pear juice wk 4 - mixed fruit juice 	<ul style="list-style-type: none"> • 2-4 oz juice • 4-6 oz formula* 	<ul style="list-style-type: none"> • 2-4 oz juice • 4-6 oz. Formula*
Dinner	<ul style="list-style-type: none"> • 1-2 T cereal mixed with formula wk 1 - rice wk 2 - oatmeal wk 3 - mixed wk 4 - rice • 2-3 oz formula* 	<ul style="list-style-type: none"> • 1-2 T cereal** • 1-2 T vegetables wk 1 - carrots wk 2 - green beans wk 3 - peas wk 4 - squash • 3-4 oz formula* 	<ul style="list-style-type: none"> • 1-2 T dry cereal** • 2-3 T vegetables • 1-2 T fruit wk 1 - applesauce wk 2 - peaches wk 3 - pears wk 4 - bananas • 3-4 oz formula* 	<ul style="list-style-type: none"> • ½ - 1 jar vegetables • ½ - 1 jar fruit • 1-2 T meat wk 1 - chicken wk 2 - turkey wk 3 - beef wk 4 - liver • 3-4 oz. Formula* 	<ul style="list-style-type: none"> • ½ - 1 jar vegetables • ½ - 1 jar fruit • ½ - 1 jar meat or egg yolks • 3-4 oz formula*
Bedtime	<ul style="list-style-type: none"> • 6 oz. Formula* 	<ul style="list-style-type: none"> • 6 oz. Formula* 	<ul style="list-style-type: none"> • 6 oz. Formula* 	<ul style="list-style-type: none"> • 6 oz formula* 	<ul style="list-style-type: none"> • 6 oz formula*

*Breast milk can be substituted for formula

**Mixed with formula or breast milk

Dosage for Fever Reducers

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