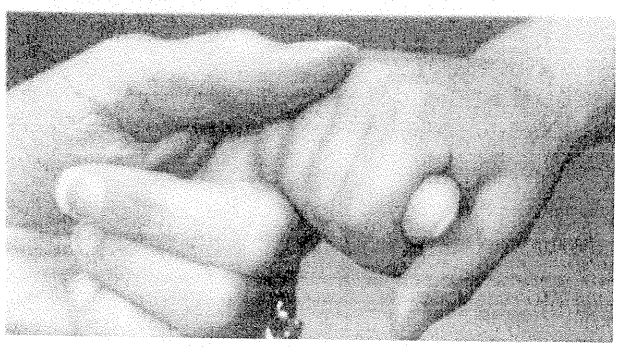
CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

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

ANTICIPATORY PARENTING GUIDE

FOR AGE: 12 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 Prevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV;Rotarix 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: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

MD Pediatric Center
Omar Sawlani, MD
4400 West 95th Street, Suite 104
Oak Lawn, Illinois 60453
(708)425-2880

ANTICIPATORY GUIDE - 12 MONTHS

INJURY PREVENTION

- Keep the number for Poison Control handy.
- Protect the infant from hot liquids. Exercise special caution in the kitchen.
- Tap water should not exceed 120° F.
- Poison proof the house. Lock up potential poisons. Do not leave medications on dresser or table tops.
- Do not give the infant foods that he can easily aspirate.
- Ensure stair safety.
- Accompany the infant when near water.
- Use the car seat.
- Confine outside play to within fences and gates, unless the infant is under direct and close supervision.
- Do not permit the child to be near running machines such as lawn mowers, or a car that is backing up.

SPEECH DEVELOPMENT

Encourage speech development. Name common objects, and point out body parts. Talk to the baby during feeding, bathing, changing, dressing and walking. Use picture books with one picture and one word per page.

PARENTING PRACTICES

Encourage the baby to play alone as well as interact with parents and siblings. Praise the baby for desired behaviors. Admire the baby's new capacities. Prohibitions should be few but firm. Because of growing independence, the infant may persist despite "no-no" and may have to be physically removed from dangerous situations. See sheet on Discipline Basics.

The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a "spoiled" child. To teach respect for the rights of others, first teach your child to respect your rights. Begin *external* controls by 6 months of age. Children don't start to develop *internal* controls (self-control) until 3 or 4 years of age. They continue to need external controls, in gradually decreasing amounts, through adolescence.

GUIDELINES FOR SETTING RULES

1. **Begin discipline after 6 months of age.** Young infants don't need any discipline. By the time they crawl, all children need rules for their safety.

2. **Express each misbehavior as a clear and concrete rule.** Examples of clear rules are "Don't push your brother" and "Don't interrupt me on the telephone."

3. **Also state the acceptable or appropriate behavior.** Your child needs to know what is expected of him or her. Examples are "Play with your brother," "Look at books when I'm on the telephone," or "Walk, don't run."

4. **Ignore unimportant or irrelevant misbehavior.** Avoid constant criticism. Behavior such as swinging the legs, poor table manners, or normal negativism is unimportant during the early years.

5. **Use rules that are fair and attainable.** A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet-training accidents.

6. **Concentrate on two or three rules initially.** Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).

7. **Avoid trying to change "no-win" behavior through punishment.** Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he or she behaves as you'd like.

8. **Apply the rules consistently.** After the parents agree on the rules, it may be helpful to write them down and post them.

DISCIPLINE TECHNIQUES (INCLUDING CONSEQUENCES)

1. **Techniques to use for different ages are summarized here.** The techniques mentioned here are further described after this list.
   - —From birth to 6 months: no discipline necessary
   - —From 6 months to 3 years: structuring the home environment, distracting, ignoring, verbal and nonverbal disapproval, physically moving or escorting, and temporary time-out
   - —From 3 years to 5 years: the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences
   - —From 5 years to adolescence: the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences
   - —Adolescence: logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance can be discontinued

2. **Structure the home environment.** You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are gates, locks, and fences.

3. **Distracting your child from misbehavior.** Distracting a young child from temptation by attracting his or her attention to something else is especially helpful when the child is in someone else's house or a store (for example, distract with toys, food, or games).

4. **Ignore the misbehavior.** Ignoring helps to stop unacceptable behavior that is harmless—such as tantrums, sulking, whining, quarreling, or interrupting.

5. **Use verbal and nonverbal disapproval.** Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, get eye contact, look stern, and give a brief "no" or "stop."

6. **Physically move or escort ("manual guidance").** "Manual guidance" means that you move a child from one place to another (for example, to bed, bath, car, or time-out chair) against his will and help him as much as needed (for example, carrying).

7. **Use temporary time-out or social isolation.** Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about 1 minute per year of age and not more than 5 minutes.

8. **Restrict places where a child can misbehave.** This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.

9. **Use natural consequences.** Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet, or breaking a toy means it isn't fun to play with anymore.

10. **Use logical consequences.** These should be logically related to the misbehavior, making your child accountable for his or her problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.

11. **Delay a privilege.** Examples of work before play are "After you clean your room, you can go out and play"

(Continued on the reverse side)

or "When you finish your homework, you can watch television."

12. **Use "I" messages.** When your child misbehaves, tell your child how you feel. Say, "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.

13. **Negotiate and hold family conferences.** As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"

14. **Temporarily discontinue any physical punishment.** Most out-of-control children are already too aggressive. Physical punishment teaches them that it's acceptable to be aggressive (for example, hit or hurt someone else) to solve problems.

15. **Discontinue any yelling.** Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.

16. **Don't forget to reward acceptable (desired) behaviors.** Don't take good behavior for granted. Watch for behavior you like, and then praise your child. At these times, move close to your child, look at him or her, smile, and be affectionate. A parent's attention is the favorite reward of most children.

GUIDELINES FOR GIVING CONSEQUENCES (PUNISHMENTS)

1. **Be unambivalent.** Mean what you say and follow through.

2. **Correct with love.** Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with "I'm sorry I can't let you . . . ."

3. **Apply the consequence immediately.** Delayed punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

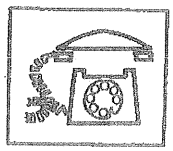
4. **Make a one-sentence comment about the rule when you punish your child.** Also restate the preferred behavior, but avoid making a long speech.

5. **Ignore your child's arguments while you are correcting him or her.** This is the child's way of delaying punishment. Have a discussion with your child at a later more pleasant time.

6. **Make the punishment brief.** Take toys out of circulation for no more than 1 or 2 days. Time-outs should last no longer than 1 minute per year of the child's age and 5 minutes maximum.

7. **Follow the consequence with love and trust.** Welcome your child back into the family circle and do not comment upon the previous misbehavior or require an apology for it.

8. **Direct the punishment against the misbehavior, not the person.** Avoid degrading comments such as "You never do anything right."



CALL OUR OFFICE

During regular hours if
—Your child's misbehavior is dangerous.
—The instances of misbehavior seem too numerous to count.
—Your child is also having behavior problems at school.
—Your child doesn't seem to have many good points.
—Your child seems depressed.
—The parents can't agree on discipline.
—You can't give up physical punishment. (NOTE: Call immediately if you are afraid you might hurt your child.)
—The misbehavior does not improve after 1 month of using this approach.

RECOMMENDED READING

1. Edward R. Christophersen: Little People. Westport Publishers, Kansas City, Mo., 1988.
2. Don Dinkmeyer and Gary D. McKay: Parenting Young Children. American Guidance Service, Circle Pines, Minn., 1989.
3. Michael Popkin: Active Parenting. Harper and Row Publishers, San Francisco, 1987.
4. Jerry Wyckoff and Barbara C. Unell: Discipline Without Spanking or Shouting. Meadowbrook, Deephaven, Minn., 1984.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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Most siblings argue and bicker occasionally. They fight over possessions, space on the sofa, time in the bathroom, the last donut, and so on. Quarrelling is an inevitable part of sibling relationships. On some days, brothers and sisters are rivals and competitors, but on most days they are friends and companions. This ambivalence between love and hate is a part of all close relationships, and it becomes more intense in siblings because both of them want to gain their parents' attention and be their parents' favorite. The positive side of this sibling rivalry is that it gives children a chance to learn to give and take, share, and stand up for their rights.

COPING WITH SIBLING QUARRELS

1. **Encourage children to settle their own disagreements.** Have a rule: "Settle your own arguments but no hitting, property damage, or name calling." The more you intervene, the more you will be called on to intervene. When possible, stay out of disagreements as long as they remain verbal. Children can't go through life having a referee to resolve their differences. They need to learn how to negotiate with people and find the common ground. Arguing with siblings and peers provides this experience. The only exception is if they are both under 2 or 3 years of age and one of them is aggressive. At this age they do not understand the potential dangers of fighting and they need to be supervised more closely.

2. **If they come to you, try to stay out of the middle.** Try to keep your children from bringing their argument to you for an opinion. Remind them again to settle it themselves. If you do become involved, help them clarify what they are arguing about. To achieve this, try to teach them to listen better. Encourage each child to describe the problem for 1 or 2 minutes without being interrupted by the other. If they still don't understand the issue, reframe it for them. Unless there's an obvious culprit, do not try to decide who is to blame, who started it, or who is right. Interrogation in this area can be counterproductive because it may cause them to exaggerate or lie. Also do not impose a solution. Since it's their problem, let them find their own solution whenever possible.

3. **If an argument becomes too loud, do something about it.** If the arguing becomes annoying or interferes with your ability to think, go to your children and tell them "I do not want to hear your arguing. Please settle your differences quietly or find another place to argue." If they do not change at that point, send them to the basement, outdoors, or to time-out in separate rooms. If they are arguing over an object such as the television, take it away. If they are arguing over who gets to sit in the front seat of the car, have them both sit in the back seat. If they are arguing about going somewhere, cancel the trip for both.

4. **Do not permit hitting, breaking things, or name calling.** Under these circumstances punish both of your children. If they are hurting each other, send them both to time-out in separate places no matter who you see doing the hitting when you come on the scene. That may not be the person who took the first swing or provoked it. Name calling or teasing hurts people's feelings and should never be allowed (for example, calling a child who is not good in school "dummy"; one who is not athletic "clumsy"; or one who has a bed-wetting problem "smelly"). Derogatory comments such as these can be harmful to self-esteem and should not be permitted.

5. **Stop any arguing that occurs in public places.** If you are in a shopping mall, restaurant, or movie theater and your children begin arguing, you need to stop them because it is annoying to other people. If the arguing continues after a warning, separate them (for example, by sitting between them). If that doesn't work, give them a brief (2- to 5-minute) time-out outside or at an out-of-the-way spot. If they are over 4 or 5 years old, you can sometimes tell them to stop or they will get a 30-minute time out (or 30-minute loss of television time) on arrival at home. Sometimes you will have to leave the public setting and take them home.

6. **Protect each child's personal possessions, privacy, and friendships.** When children argue over toys, if the toy belongs to one of the children, return it to that child. Although children don't have to share their possessions, warn them that sharing works both ways. For family "toys" (such as video games or board games) teach taking turns. Also teach sharing toys when friends come over. Sharing is a skill they will need in order to have friends and get along in school. Younger siblings often intrude on older siblings' friendships and play. It is helpful if the younger sibling is provided with a playmate or special activity when your older child has a friend over. Your child's study time also deserves protection from interruption. Designating a study room often helps.

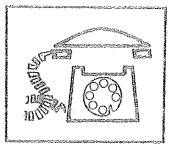
7. **Avoid showing favoritism.** It is critical that all punishment for arguing or fighting be "group punishment." Parents must avoid the myth that fighting is always started by the brother rather than the sister, by the older child rather than the younger one, or by one child who is the "troublemaker." Rivalry will be intense if the parent shows favoritism. Try to treat your children as unique and special individuals. Do not take sides. Do not compare them and do not polarize them into good ones and bad ones. Do not listen to tattle taling. And if one of your children complains about you not being fair, either ignore this comment or restate the rule that has been broken. If you're feeling guilty, remind yourself that "it all balances out."

8. **Praise cooperative behavior.** Catch your children "being good," namely, playing together in a friendly way. Give "group praise" whenever possible. Compliment them for helping each other and settling disagreements politely.

9. **Prevention of fighting or name calling.** First, help your children acknowledge their feelings. Let them know it is acceptable to be angry toward a sibling but they should not vent their anger by fighting or name calling. Give them useful alternatives to hurtful arguing such as talking to you about it. Second, provide access to outside friends and different settings, rather than expecting your children to constantly play with each other. Third, avoid

(Continued on the reverse side)

showing favoritism toward one child over another. Try to talk with each child every day and to schedule a special individualized activity once or twice each week. Most importantly, show your child how to settle disagreements peacefully and in a calm voice. Try not to act disrespectful, disagreeable, or ill tempered to your children or other people.



CALL OUR OFFICE

During regular hours if
—Sibling interactions have not improved after using this approach for 6 weeks.
—Your children constantly fight with each other.
—Your children have several other behavior problems.
—One of your children constantly teases the other.
—One of your children has physically harmed the other.
—You have other questions or concerns.

Instructions for Pediatric Patients by Barton D. Schmitt, M.D., *Pediatrician*

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TODDLER LANGUAGE

IDEAS FOR PARENTS

Should I Be Worried about My Toddler's Language Development?

There is a wide range of normal toddler language development. Most children say their first word between 10 and 14 months, but many children don't pronounce understandable words until later. Some toddlers may not be able to say understandable words, but they probably communicate in many other ways. Toddlers cry, babble, gesture, point, and make faces to communicate. Toddlers can also understand much more than they can say. If you are concerned about how your child understands and communicates, talk to your Healthy Steps Team. They can help answer any questions that you have.

Supporting your child's language development:

- **Read to your child.** Children who are read to from an early age are typically more prepared for school. Reading gives your child exposure to many new words and concepts. It is also lots of fun!

- **Talk and label.** Give your toddler lots of exposure to words by using daily experiences to talk and teach language. Surround your child with a "language envelope," describing what you both are doing. ("Next on the shopping list is milk").

- **Listen and follow.** Respect and encourage your child to communicate by listening, even if you can't always understand your toddler. Follow your toddler's lead during games and activities. Talk about what your toddler is doing, expand on your child's words, and let your toddler lead the conversation.

- **Ask questions.** Give your toddler opportunities to use language to communicate by asking simple questions and starting conversations.

- **Sing, sing, sing.** Singing with your child is a fun way to help language development. Even if you think you can't sing, your toddler will love it!!

- **Be patient.** Toddlers can't always pronounce words correctly. Don't criticize your toddler, but gently model the word your toddler is struggling with. "Yes, that is a boat."

For more information:

Your Child at Play: One to Two Years by Marilyn Segal and Wendy Masi, 1998.
Caring for Your Baby and Young Child: Birth to Age 5 by Steven P. Shelov et al., 1998

BUSM©: Department of Pediatrics, Boston Medical Center.

Developed for Healthy Steps by Department of Pediatrics, Boston University School of Medicine©, Boston Medical Center.

TOILET READINESS

IDEAS FOR PARENTS

Is My Child Ready for Toilet Training?

There are many opinions about toilet training and many ways to toilet train. Opinions about toilet training come from people's personal experiences, family traditions, and cultural practices. Some children are trained very early (between 12 and 24 months of age). Many children are trained later (after their second or third birthdays). Although it is possible to train a younger child, it is much harder and more stressful for the child. Toilet training early may put too much pressure on the child and parent. Children have more success with toilet training when they are older. Most children are ready to be toilet trained some time after their second birthday. Probably the best way to toilet train any child is to make it a positive experience for both parent and child. The first step in successful toilet training is knowing when your child is ready and following your child's lead.

Here are some clues to look for when your child might be ready for toilet training:

- Your child can and will follow verbal directions.
- Your child shows an interest in other family members' bathroom activities.
- Your child communicates in some way (with a word or a sign) that she has a full bladder or is about to have a bowel movement.
- Your child's bowel movements are on a predictable schedule.

If your child is ready, there is information available about toilet training. Even if your child is not quite ready, you can buy her a potty chair and help her get comfortable with this new experience. Tell your child what the potty is for and let your child sit on it (even fully clothed) when she is interested. Ask your Healthy Steps Team for more information and help with toilet training.

For more information:

Behavioral and Developmental Pediatrics by Steven Parker and Barry S. Zuckerman, 1995
Toddlers and Preschoolers: The Parent and Child Series by Lawrence Kutner, 1995
Toilet Training without Tears by Charles E. Schaeffer, Theresa Foy DiGeronimo, and Laura Alexander, 1997

BUSM®: Department of Pediatrics, Boston Medical Center

WEANING

Is My Toddler Ready to Be Weaned? How Do I Do It?

There are many different opinions about when and how a child should be weaned from the bottle or breast. Many pediatricians believe children should be weaned at around 12 months of age. Many other experts and parents believe that children can be breast-fed until much later. It is also true that some children are on bottles until they are three years old and even older. As with many changes in toddlerhood, it is perhaps best to follow the child's lead and consider the needs in the family too. As soon as a child can drink successfully by cup, she can be weaned without compromising nutrition. Many toddlers begin the process themselves quite naturally by refusing the breast or not looking for a bottle.

Two things are important to think about when deciding when and how to wean your child. First, what does the breast or bottle mean to your child and how do you use it? Do you use the breast or bottle to soothe her, to keep her quiet, or to help her go to sleep? You may have to think of new strategies to respond to your child. Second, are all the important caregivers involved with your child committed to weaning or are you not sure? You should all agree and believe it is the right thing to do because it will be too easy to give in to your child if she protests and refuses a cup. If you are ambivalent, it won't work.

If you decide to wean, you may want to follow these helpful hints:

- **Choose the time carefully.** Try to begin the process at a less stressful period in your child's life, when there are no other big changes happening.
- **Make it a gradual process.** Begin by eliminating the breast/bottle feeding that your child is not as interested in, like the midday feeding. The bedtime breast/bottle may be the hardest to give up, so save that for last. Gradually (sometimes it takes weeks) eliminate one feeding at a time.
- **Offer a cup first.** For snack, meals, or when your child asks for breast or bottle, offer a cup. Use breast or bottle as a last resort.
- **Try to set some gentle limits.** To eliminate more bottles or breast-feedings, you may want to make a rule like only cups away from home.
- **The last feeding may be the hardest.** Again, don't feel rushed. Your child may have to go cold turkey with the last feeding, but try to make it as easy as possible for everyone. Prepare your child by letting her know when and how it will happen. Let her have some control over the process by letting her pack up bottles or throw them away.
- **Ask for help if you need it.** Your Healthy Steps Team is available.

For more information:

What to Expect the Toddler Years by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

The Disney Encyclopedia of Baby and Child Care edited by Judith Palfrey et al., 1999

OVEREXCITEMENT

IDEAS FOR PARENTS

What Can I Do When My Toddler Is Overexcited?

Channel that energy in a positive way by encouraging some of the activities listed below, but remember to closely supervise your child at all times!

Indoors:

- Punch a punching bag or a pillow.
- Knead or pound play dough.
- Drum on a kitchen pot.
- Toss a beanbag in a safe place.
- Dance to all kinds of music.
- Play "Simple Simon" or the "Hokey-Pokey."
- Use a pounding bench with a wooden hammer.
- Tumble safely on a mat or a thick carpet.
- Jump up and down on something safe.
- Splash in the tub or the sink.

Outdoors:

- Jump, climb, run.
- Swing, slide, climb on the jungle gym.
- Kick or throw a ball.
- Pedal a tricycle, pull a wagon.
- Splash in a small pool.

Try these ways to relax with your child:

- Put on soft music or talk softly.
- Turn down the lights.
- Quietly tell a story or read a book.
- Give him a warm bath.
- Paint with brushes or fingers.
- Play in the sink with water and bubbles.
- Make a mix cake, stir up the batter.
- Rock, cuddle, and sing quiet songs.
- Rub lotion on her arms and legs.

When my child gets wound up, we _____.

For more information:

What to Expect the First Year by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

What to Expect the Toddler Years by Arlene Eisenberg, Heidi E. Murkoff, and Sandee Eisenberg Hathaway, 1996

BUSM®: Department of Pediatrics, Boston Medical Center

VACCINE INFORMATION STATEMENT

Chickenpox Vaccine

What You Need to Know

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

Hojas de Informacián Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose:	12–15 months of age
2nd Dose:	4–6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Catch-up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your doctor.

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

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

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

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox 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 chickenpox vaccine?

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

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

Mild problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate problems

- Seizure (jerking or staring) caused by fever (very rare).

Severe problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5.

Seizures caused by a fever are also reported more often after MMRV. These usually occur 5–12 days after the first dose.

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**.

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**.

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**

Vaccine Information Statement (Interim)
Varicella Vaccine

3/13/2008

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

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

Hojas de Informacián Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- "flu-like" illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3–6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

WHO

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see www.cdc.gov/travel.
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.
- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

WHEN

For children, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For others at risk, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

For travelers, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

> Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

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

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

3 Some people should not get hepatitis A vaccine or should wait.

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine.
- **Tell your doctor if you have any severe allergies**, including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

4 What are the risks from hepatitis A vaccine?

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

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 6 children)*
- headache *(about 1 out of 6 adults and 1 out of 25 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

If these problems occur, they usually last 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours after the shot *(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.
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Vaccine Information Statement (Interim)

Hepatitis A Vaccine

10/25/2011

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate Vaccine

What You Need to Know

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☑ **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?

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Vaccine Information Statement (Interim)

PCV13 Vaccine

2/27/2013

42 U.S.C. § 300aa-26

Office Use Only

Dosage for Fever Reducers

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