

Please print.

## 6 MONTH VISIT

### RISK ASSESSMENT

<b>Hearing</b>	Do you have concerns about how your baby hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Lead</b>	Does your baby live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or that was renovated in the past 6 months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Oral health</b>	Does your baby's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
<b>Tuberculosis</b>	Was your baby or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your baby had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your baby infected with HIV?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Vision</b>	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your baby's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your baby's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your baby's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

### ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family?

#### YOUR FAMILY'S HEALTH AND WELL-BEING

<b>Living Situation and Food Security</b>		
Is permanent housing a worry for you?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers?	<input type="radio"/> Yes	<input type="radio"/> No
Does your home have enough heat, hot water, electricity, and working appliances?	<input type="radio"/> Yes	<input type="radio"/> No
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Alcohol and Drugs</b>		
Does anyone in your household drink beer, wine, or liquor?	<input type="radio"/> No	<input type="radio"/> Yes
Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Family Relationships and Support</b>		
Do you have people you can go to when you need help with your family?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have child care or a reliable person to care for your baby?	<input type="radio"/> Yes	<input type="radio"/> No

#### CARING FOR YOUR BABY

<b>Your Baby's Development</b>		
Is your baby learning new things?	<input type="radio"/> Yes	<input type="radio"/> No
Is your baby adapting to new situations, people, and places?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby have ways to tell you what he wants and needs?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby respond when you look at books together?	<input type="radio"/> Yes	<input type="radio"/> No
Is a TV, computer, tablet, or smartphone on in the background while your baby is in the room?	<input type="radio"/> No	<input type="radio"/> Yes
Does your baby watch TV or play on a tablet or smartphone? If yes, how much time each day? _____ hours	<input type="radio"/> No	<input type="radio"/> Yes
Does your baby have a regular daily schedule for feeding, napping, playing, and sleeping?	<input type="radio"/> Yes	<input type="radio"/> No
Is your baby learning to go to sleep by himself?	<input type="radio"/> Yes	<input type="radio"/> No
Can your baby calm herself?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have ways to help your baby calm himself if he cannot do it himself?	<input type="radio"/> Yes	<input type="radio"/> No

Please print.

## 6 MONTH VISIT

### HEALTHY TEETH

Do you give your baby a bottle in her crib?	<input type="radio"/> No	<input type="radio"/> Yes
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### FEEDING YOUR BABY

General Information		
What are you feeding your baby? Check all that apply: _____ Breast milk _____ Formula _____ Both		
Are you feeding your baby any drinks or foods besides breast milk or formula? Check all that apply: _____ Water _____ Juice _____ Cereal _____ Meats _____ Fruits _____ Vegetables _____ Other foods		
Does your baby let you know when he likes or dislikes new foods that you have introduced?	<input type="radio"/> Yes	<input type="radio"/> No
Do you wash vegetables and fruits before serving them to your baby and family?	<input type="radio"/> Yes	<input type="radio"/> No
If you are breastfeeding, answer these questions.		
Are you planning on continuing?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No
Do you have questions about pumping and storing your breast milk?	<input type="radio"/> No	<input type="radio"/> Yes
Are you still giving your baby vitamin D drops and iron drops?	<input type="radio"/> Yes	<input type="radio"/> No
If you are formula feeding, or providing formula supplementation, answer these questions.		
Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions or concerns about the formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

### SAFETY

General Information		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems with your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have barriers around space heaters, woodstoves, and kerosene heaters?	<input type="radio"/> Yes	<input type="radio"/> No
Do you put a hat on your baby and apply sunscreen on her when you go outside?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep household cleaners, chemicals, and medicines locked up and out of your baby's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always stay within arm's reach of your baby when he is in the bath?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Safe Sleep		
Do you continue to place your baby onto her back for sleep?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in a crib?	<input type="radio"/> Yes	<input type="radio"/> No

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

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# Immunizations for Babies

## A Guide for Parents

These are the vaccinations your baby needs!

<b>At birth</b>	<b>HepB</b>
<b>2 months</b>	<b>HepB</b> + <b>DTaP</b> + <b>PCV13</b> + <b>Hib</b> + <b>Polio</b> + <b>RV</b> 1–2 mos <sup>1</sup>
<b>4 months</b>	<b>HepB<sup>2</sup></b> + <b>DTaP</b> + <b>PCV13</b> + <b>Hib</b> + <b>Polio</b> + <b>RV</b>
<b>6 months</b>	<b>HepB</b> + <b>DTaP</b> + <b>PCV13</b> + <b>Hib<sup>3</sup></b> + <b>Polio</b> + <b>RV<sup>4</sup></b> + <b>Influenza<sup>5</sup></b> 6–18 mos <sup>1</sup> 6–18 mos <sup>1</sup>
<b>12 months and older</b>	<b>MMR</b> + <b>DTaP</b> + <b>PCV13</b> + <b>Hib</b> + <b>Chickenpox</b> + <b>HepA<sup>6</sup></b> + <b>Influenza<sup>5</sup></b> 12–15 mos <sup>1</sup> 15–18 mos <sup>1</sup> 12–15 mos <sup>1</sup> 12–15 mos <sup>1</sup> 12–15 mos <sup>1</sup> 12–23 mos <sup>1</sup>

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

**HepB:** hepatitis B, a serious liver disease

**DTaP:** diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

**PCV13:** pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

**Hib:** *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

**Polio:** polio, a serious paralyzing disease

**RV:** rotavirus infection, a serious diarrheal disease

**Influenza:** a serious lung infection

**MMR:** measles, mumps, and rubella

**HepA:** hepatitis A, a serious liver disease

**Chickenpox:** also called varicella

Notes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

# Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**For parents/guardians:** The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?			
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?			
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?			
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?			
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?			
9. Does the child have a parent, brother, or sister with an immune system problem?			
10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?			
11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?			
12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?			
13. Has the child received vaccinations in the past 4 weeks?			

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

# After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

**Vaccinations may hurt a little... but disease can hurt a lot!**

**Call your healthcare provider right away if you answer "yes" to any of the following questions:**

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

## What to do if your child has discomfort

### I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

### Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

### My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

### My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

### My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

**HEALTHCARE PROVIDER:** PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is \_\_\_\_\_ °F or \_\_\_\_\_ °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number \_\_\_\_\_

## Medicines and Doses to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. **Always use a proper measuring device when giving acetaminophen liquid (e.g., Tylenol) or ibuprofen liquid (e.g., Advil, Motrin):**
  - Use the device enclosed in the package.
  - If you misplace the device, consult your healthcare provider or pharmacist for advice.

- **Meal-time spoons are not accurate measures.** Never use a meal-time spoon for giving medication.

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can be extremely dangerous.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter cough or cold medicines. This can cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't ever give over-the-counter cough and cold medicines to your child unless you talk to your child's healthcare provider first.



### ACETAMINOPHEN (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	Child's age	Infants' or children's liquid 160 mg in each 5 mL	Children's chewables – current product 160 mg in each tablet	<del>Infants' drops 80 mg in each 0.8 mL</del>	<del>Children's chewables 80 mg in each 0.8 mL</del>
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____		<b>OLD PRODUCT</b> Throw away this product. It is out of date and should not be used.	<b>OLD PRODUCT</b> Throw away this product. It is out of date and should not be used.
12–17 lbs (5.5–7.7 kg)	4–11 mos	<b>2.5 mL</b>			
18–23 lbs (8.2–10.5 kg)	12–23 mos	<b>3.75 mL</b>			
24–35 lbs (10.9–15.9 kg)	2–3 yrs	<b>5 mL</b>	<b>1 tablet</b>		
36–47 lbs (16.4–21.4 kg)	4–5 yrs	<b>7.5 mL</b>	<b>1½ tablets</b>		
48–59 lbs (21.8–26.8 kg)	6–8 yrs	<b>10 mL</b>	<b>2 tablets</b>		
60–71 lbs (27.3–32.3 kg)	9–10 yrs	<b>12.5 mL</b>	<b>2½ tablets</b>		
72–95 lbs (32.7–43.2 kg)	11 yrs	<b>15 mL</b>	<b>3 tablets</b>		

### IBUPROFEN (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	Child's age	Infants' drops 50 mg in each 1.25 mL 	Children's liquid 100 mg in each 5 mL 	Children's chewables or junior tablets 100 mg in each tablet	<del>Children's chewables 50 mg in each tablet</del>
less than 11 lbs (5 kg)	0–5 mos				<b>OLD PRODUCT</b> Throw away this product. It is out of date and should not be used.
12–17 lbs (5.5–7.7 kg)	6–11 mos	<b>1.25 mL</b>	Advised dose* _____		
18–23 lbs (8.2–10.5 kg)	12–23 mos	<b>1.875 mL</b>	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		<b>5 mL</b>	<b>1 tablet</b>	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		<b>7.5 mL</b>	<b>1½ tablets</b>	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		<b>10 mL</b>	<b>2 tablets</b>	
60–71 lbs (27.3–32.3 kg)	9–10 yrs		<b>12.5 mL</b>	<b>2½ tablets</b>	
72–95 lbs (32.7–43.2 kg)	11 yrs		<b>15 mL</b>	<b>3 tablets</b>	

\* HEALTHCARE PROVIDER: Please fill in the advised dose.

# Your Child's First Vaccines:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

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

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

### Your child is getting these vaccines today:

DTaP       Hib       Hepatitis B       Polio       PCV13

(Provider: Check appropriate boxes.)

## 1. Why get vaccinated?

Vaccines can prevent disease. Childhood vaccination is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

### Diphtheria, tetanus, and pertussis (DTaP)

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

### Hib (*Haemophilus influenzae* type b) disease

*Haemophilus influenzae* type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections

or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

### Hepatitis B

**Hepatitis B** is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

### Polio

**Polio** (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis. Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.



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Centers for Disease Control and Prevention

A smaller group of people will develop more serious symptoms: paresthesia (feeling of pins and needles in the legs), meningitis (infection of the covering of the spinal cord and/or brain), or paralysis (can't move parts of the body) or weakness in the arms, legs, or both. Paralysis can lead to permanent disability and death.

### **Pneumococcal disease**

**Pneumococcal disease** refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

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## **2. DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines**

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**Infants and children** usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

**Older children, adolescents, and adults** with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

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

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## **3. Talk with your health care provider**

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Tell your vaccination provider if the child getting the vaccine:

### **For all of these vaccines:**

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

### **For DTaP:**

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

### **For PCV13:**

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP)

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

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

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



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## 4. Risks of a vaccine reaction

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### For all of these vaccines:

- Soreness, redness, swelling, warmth, pain, or tenderness where the shot is given can happen after vaccination.

### For DTaP vaccine, Hib vaccine, hepatitis B vaccine, and PCV13:

- Fever can happen after vaccination.

### For DTaP vaccine:

- Fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

### For PCV13:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

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

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## 5. What if there is a serious problem?

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

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

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

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## 6. The National Vaccine Injury Compensation Program

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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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



# Rotavirus Vaccine:

## *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

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

### 1. Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus commonly causes severe, watery diarrhea, mostly in babies and young children. Vomiting and fever are also common in babies with rotavirus. Children may become dehydrated and need to be hospitalized and can even die.

### 2. Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called "porcine circovirus" can be found in one brand of rotavirus vaccine (Rotarix). This virus does not infect people, and there is no known safety risk.

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

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Has **severe combined immunodeficiency (SCID)**
- Has had a type of bowel blockage called "**intussusception**"

In some cases, your child's health care provider may decide to postpone rotavirus vaccination until a future visit.

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

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

### 4. Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants 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 first or second 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 health care provider can give you more information.

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



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

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## 5. What if there is a serious problem?

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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 first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

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

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

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

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## 6. The National Vaccine Injury Compensation Program

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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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
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