



BRIGHT FUTURES HANDOUT ► PARENT

2 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Find ways to spend time with your partner. Keep in touch with family and friends.
- Find safe, loving child care for your baby. You can ask us for help.
- Know that it is normal to feel sad about leaving your baby with a caregiver or putting him into child care.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby.
- Talk with me or call for help if you feel sad or very tired for more than a few days.
- Find small but safe ways for your other children to help with the baby, such as bringing you things you need or holding the baby's hand.
- Spend special time with each child reading, talking, and doing things together.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when you see signs of hunger. Look for her to
 - Put her hand to her mouth.
 - Suck, root, and fuss.
- Stop feeding when you see signs your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby on demand. Expect to breastfeed 8 to 12 times in 24 hours.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.
- Plan for pumping and storing breast milk. Let us know if you need help.
 - If you pump, be sure to store your milk properly so it stays safe for your baby. If you have questions, ask us.

If Formula Feeding

- Feed your baby on demand. Expect her to eat about 6 to 8 times each day, or 26 to 28 oz of formula per day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

✓ YOUR GROWING BABY

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Hold, talk to, cuddle, read to, sing to, and play often with your baby. This helps you connect with and relate to your baby.
- Learn what your baby does and does not like.
- Develop a schedule for naps and bedtime. Put him to bed awake but drowsy so he learns to fall asleep on his own.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- Put your baby on his tummy for short periods of playtime. Don't leave him alone during tummy time or allow him to sleep on his tummy.
- Notice what helps calm your baby, such as a pacifier, his fingers, or his thumb. Stroking, talking, rocking, or going for walks may also work.
- *Never hit or shake your baby.*

Helpful Resources:

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should not be used after 2 months of age.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Keep a hand on your baby when dressing or changing her on a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

WHAT TO EXPECT AT YOUR BABY'S 4 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Creating routines and spending time with your baby
- Keeping teeth healthy
- Feeding your baby
- Keeping your baby safe at home and in the car

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

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BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.



Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger air bag.

Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.



Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.

(over)



Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

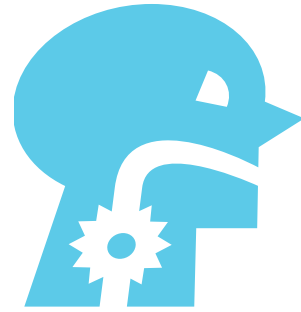
To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

The information in this publication 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 the individual facts and circumstances.



Dosing On Call

Dosing for infants from your healthcare professional

DOSE: Every 4 hours as needed. **DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**
If possible, use weight to dose; otherwise, use age.

mL = milliliter

Infants' TYLENOL® Oral Suspension
Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in: Grape Cherry
 Dye-free Cherry

| | 6-11 lbs | 12-17 lbs | 18-23 lbs | 24-35 lbs |
|--------|------------|-------------|--------------|-----------|
| WEIGHT | | | | |
| AGE | 0-3 months | 4-11 months | 12-23 months | 2-3 years |
| DOSE | 1.25 mL | 2.5 mL | 3.75 mL | 5 mL |


Use only as directed.





Raising A Reader

Tender Care Pediatrics

2 months

609-641-0200

**Smokers in the
house?
Quit for your
baby
NJ Quitline**

Book Ideas

Twinkle Twinkle

Bobbi Fabian

CopyCat Faces

Deborah

Chancellor

Pat the Bunny

Dorothy Kunhardt

Where is Baby's

Belly Button

Karen Katz

Feely Bugs

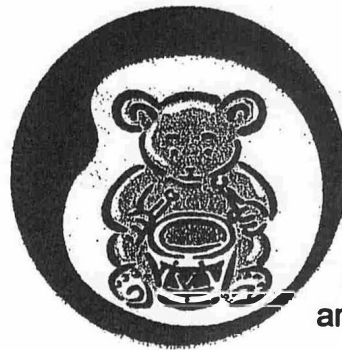
David Carter

Should I teach my baby letters?

When you read to your young child, focus on the pleasure at hand, not the alphabetical learning experience. An early emphasis on teaching letters, sounds, and syllables can sap the enjoyment of story time. If you read to him enough, he'll eventually — when he's ready to learn it — make the connection between the sounds of words and the letters on the pages. In the meantime, teaching him to enjoy reading is a much more valuable lesson than nailing his phonics at an early age.



Babies at this age still love board books, faces, and different textures. Books with different things to feel are fun. You will have to help your baby to do this. But don't force them if they don't want to. Read to baby in your lap, bouncy seat, or even while on the floor. If the family is bilingual, your baby will benefit from hearing both languages.



Music for Little Ears

Think about how music affects you- upbeat songs give you energy while soft music helps you relax. Babies are no different. Lullabies have a proven track record for soothing babies. No one type of music is better- anything cheerful will do. Dancing with your baby will help your baby develop balance later on.

Other ways to integrate music is to use sock and wrist rattles, mobiles, wind chimes, and squeaky toys.

Helping Hands

You maybe thinking about returning to work or may just want a break now and then. Find someone who can do all the fun things you do with your baby when you're not around. Show them your baby's routine. Let them know how important it is to you to read, sing, and play with the baby. Stress keeping the TV off. Did you know 70% of daycare centers use TV in a typical day? Whether you have a nanny, relative, or daycare worker, she should be experienced, caring, reputable, with a genuine love for children and the energy to help your baby thrive.

Scheduled Vaccines for Today's Visit: Pentacel (DTaP, HiB, IPV), PCV-20, Rotateq, RSV Immunization (October-March if not received earlier)

VACCINE INFORMATION STATEMENT

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

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

The vaccines covered on this statement are those most likely to be given during the same visits during infancy and early childhood. Other vaccines (including measles, mumps, and rubella; varicella; rotavirus; influenza; and hepatitis A) are also routinely recommended during the first five years of life.

Your child will get these vaccines today:

DTaP Hib Hepatitis B Polio PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccine-preventable diseases are much less common than they used to be, thanks to vaccination. But they have not gone away. Outbreaks of some of these diseases still occur across the United States. **When fewer babies get vaccinated, more babies get sick.**

7 childhood diseases that can be prevented by vaccines:

1. Diphtheria (the 'D' in DTaP vaccine)

- **Signs and symptoms** include a thick coating in the back of the throat that can make it hard to breathe.
- **Diphtheria can lead to** breathing problems, paralysis and heart failure.
 - About 15,000 people died each year in the U.S. from diphtheria before there was a vaccine.

2. Tetanus (the 'T' in DTaP vaccine; also known as Lockjaw)

- **Signs and symptoms** include painful tightening of the muscles, usually all over the body.
- **Tetanus can lead to** stiffness of the jaw that can make it difficult to open the mouth or swallow.
 - Tetanus kills about 1 person out of every 10 who get it.

3. Pertussis (the 'P' in DTaP vaccine, also known as Whooping Cough)

- **Signs and symptoms** include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for several weeks.
- **Pertussis can lead to** pneumonia, seizures, brain damage, or death. Pertussis can be very dangerous in infants.
 - Most pertussis deaths are in babies younger than 3 months of age.

4. Hib (*Haemophilus influenzae* type b)

- **Signs and symptoms** can include fever, headache, stiff neck, cough, and shortness of breath. There might not be any signs or symptoms in mild cases.
- **Hib can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the ears, sinuses, blood, joints, bones, and covering of the heart; brain damage; severe swelling of the throat, making it hard to breathe; and deafness.
 - Children younger than 5 years of age are at greatest risk for Hib disease.

5. Hepatitis B

- **Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.
- **Hepatitis B can lead to** liver damage, and liver cancer. Some people develop chronic (long term) hepatitis B infection. These people might not look or feel sick, but they can infect others.
 - Hepatitis B can cause liver damage and cancer in 1 child out of 4 who are chronically infected.

6. Polio

- **Signs and symptoms** can include flu-like illness, or there may be no signs or symptoms at all.
- **Polio can lead to** permanent paralysis (can't move an arm or leg, or sometimes can't breathe) and death.
 - In the 1950s, polio paralyzed more than 15,000 people every year in the U.S.



U.S. Department of
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Control and Prevention

7. Pneumococcal Disease

- **Signs and symptoms** include fever, chills, cough, and chest pain. In infants, symptoms can also include meningitis, seizures, and sometimes rash.
- **Pneumococcal disease can lead to meningitis** (infection of the brain and spinal cord coverings); infections of the ears, sinuses and blood; pneumonia; deafness; and brain damage.
 - About 1 out of 15 children who get pneumococcal meningitis will die from the infection.

Children usually catch these diseases from other children or adults, who might not even know they are infected. A mother infected with hepatitis B can infect her baby at birth. Tetanus enters the body through a cut or wound; it is not spread from person to person.

Vaccines that protect your baby from these seven diseases:

| Vaccine | Number of doses | Recommended ages | Other information |
|---|-----------------|---|---|
| DTaP (Diphtheria, Tetanus, Pertussis) | 5 | 2 months, 4 months, 6 months, 15-18 months, 4-6 years | Some children get a vaccine called DT (Diphtheria & Tetanus) instead of DTaP. |
| Hepatitis B | 3 | Birth, 1-2 months, 6-18 months | |
| Polio | 4 | 2 months, 4 months, 6-18 months, 4-6 years | An additional dose of polio vaccine may be recommended for travel to certain countries. |
| Hib (<i>Haemophilus influenzae</i> type b) | 3 or 4 | 2 months, 4 months, (6 months), 12-15 months | There are several Hib vaccines. With one of them the 6-month dose is not needed. |
| Pneumococcal (PCV13) | 4 | 2 months, 4 months, 6 months, 12-15 months | Older children with certain health conditions also need this vaccine. |

Your healthcare provider might offer some of these vaccines as **combination vaccines** — several vaccines given in the same shot. Combination vaccines are as safe and effective as the individual vaccines, and can mean fewer shots for your baby.

2

Some children should not get certain vaccines

Most children can safely get all of these vaccines. But there are some exceptions:

- A child who has a mild cold or other illness on the day vaccinations are scheduled may be vaccinated. A child who is moderately or severely ill on the day of vaccinations might be asked to come back for them at a later date.
- Any child who had a life-threatening allergic reaction after getting a vaccine should not get another dose of that vaccine. **Tell the person giving the vaccines if your child has ever had a severe reaction after any vaccination.**
- A child who has a severe (life-threatening) allergy to a substance should not get a vaccine that contains that substance. **Tell the person giving your child the vaccines if your child has any severe allergies that you are aware of.**

Talk to your doctor before your child gets:

- **DTaP vaccine**, if your child ever had any of these reactions after a previous dose of DTaP:
 - A brain or nervous system disease within 7 days,
 - Non-stop crying for 3 hours or more,
 - A seizure or collapse,
 - A fever of over 105°F.
- **PCV13 vaccine**, if your child ever had a severe reaction after a dose of DTaP (or other vaccine containing diphtheria toxoid), or after a dose of PCV7, an earlier pneumococcal vaccine.

3

Risks of a Vaccine Reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Most vaccine reactions are not serious: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen soon after the shot is given and go away within a day or two. They happen with up to about half of vaccinations, depending on the vaccine.

Serious reactions are also possible but are rare.

Polio, Hepatitis B and Hib Vaccines have been associated only with mild reactions.

DTaP and Pneumococcal vaccines have also been associated with other problems:

DTaP Vaccine

- **Mild Problems:** Fussiness (up to 1 child in 3); tiredness or loss of appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30)—usually after the 4th or 5th dose.
- **Moderate Problems:** Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).
- **Serious problems:** Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported following DTaP vaccination. These reports are extremely rare.

Pneumococcal Vaccine

- **Mild Problems:** Drowsiness or temporary loss of appetite (about 1 child in 2 or 3); fussiness (about 8 children in 10).
- **Moderate Problems:** Fever over 102.2°F (about 1 child in 20).

After any vaccine:

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

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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 unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, and difficulty breathing. In infants, signs of an allergic reaction might also include fever, sleepiness, and disinterest in eating. In older children signs might include a fast heartbeat, dizziness, and weakness. These would usually 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 should 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 does not give medical advice.

5

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. There is a time limit to file a claim for compensation.

6

How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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)
 - Visit CDC's website at www.cdc.gov/vaccines or www.cdc.gov/hepatitis

Vaccine Information Statement Multi Pediatric Vaccines

11/05/2015

42 U.S.C. § 300aa-26

Office Use Only



DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

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

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

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing 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.

2. DTaP vaccine

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

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

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

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

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

In some cases, your child’s health care provider may decide to postpone DTaP vaccination 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 getting DTaP vaccine.

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



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

4. Risks of a vaccine reaction

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

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

5. What if there is a serious problem?

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

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

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members 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. 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 or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- 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.
- 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.



Haemophilus influenzae type b (Hib) 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?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) 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.

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 lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection 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

2. Hib vaccine

Hib vaccine is usually given in 3 or 4 doses (depending on brand).

Infants will usually get their first dose of Hib vaccine at 2 months of age and will usually complete the series at 12–15 months of age.

Children between 12 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 through 18 years old with HIV.

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

Hib 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 Hib vaccine**, or has any **severe, life-threatening allergies**

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

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

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Redness, warmth, and swelling where the shot is given and fever can happen after Hib vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5. What if there is a serious problem?

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

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

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members 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. 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 or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
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Polio Vaccine:

What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

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

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

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

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

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

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

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

2. Polio vaccine

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

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

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

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

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



3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

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

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5. What if there is a serious problem?

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

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

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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

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent 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. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

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.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on age and medical status. Your health care provider can help you determine which type of pneumococcal conjugate vaccine, and how many doses, you should receive.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine. These doses are recommended at 2, 4, 6, and 12–15 months of age.

Older children and adolescents might need pneumococcal conjugate vaccine depending on their age and medical conditions or other risk factors if they did not receive the recommended doses as infants or young children.

Adults 19 through 64 years old with certain medical conditions or other risk factors who have not already received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Adults 65 years or older who have not previously received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Some people with certain medical conditions are also recommended to receive pneumococcal polysaccharide vaccine (a different type of pneumococcal vaccine, known as PPSV23). Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.



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 any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid (for example, DTaP), or has any severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone pneumococcal conjugate vaccination until a future visit.

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5. What if there is a serious problem?

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

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

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

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7. How can I learn more?

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- Call your local or state health department.
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- 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.



Rotavirus 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. 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
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IMMUNIZATION INFORMATION STATEMENT

Respiratory Syncytial Virus (RSV) Preventive Antibody: *What You Need to Know*

Why get immunized with a RSV preventive antibody?

A respiratory syncytial virus (RSV) preventive antibody can prevent severe lung disease caused by RSV.

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing.

Anyone can become infected by RSV, and almost all children get an RSV infection by the time they are 2 years old. While most children recover from an RSV infection in a week or two, RSV infection can be dangerous for infants and some young children, causing difficulty breathing, low oxygen levels, and dehydration. In the United States, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs) in children younger than 1 year of age. Children who get sick from RSV may need to be hospitalized, and some might even die.

RSV Preventive Antibodies

The RSV preventive antibody (generic name nirsevimab, trade name Beyfortus) is a shot that prevents severe RSV disease in infants and young children. Antibodies are proteins that the body's immune system uses to fight off harmful germs. Like traditional vaccines, preventive antibodies are immunizations that provide protection against a specific pathogen. While both are immunizations, the way they provide immunity is different. Nirsevimab is an immunization that provides antibodies directly to the recipient. Traditional vaccines are immunizations that stimulate the recipient's immune system to produce antibodies.

Infants born during the RSV season (typically fall through spring) should receive a single dose of the RSV Immunization within 1 week after birth. Most infants whose mothers got the RSV vaccine don't need to get nirsevimab, too. Both protect infants from severe RSV by providing antibodies, either from the mother to the infant or directly to the infant. Most infants will likely only need protection from either the maternal RSV vaccine or nirsevimab (not both). However, there may be some situations in which nirsevimab would be recommended for an infant after the mother received an RSV vaccine.

Infants born outside of the RSV season who are younger than 8 months should receive a single dose of the RSV Immunization shortly before their first RSV season (typically the fall), but infants who are younger than 8 months who have not yet received a dose may receive a dose at any time during the season.

Some infants and young children who are at increased risk for severe RSV disease may need a single dose of the RSV antibody before or during their second RSV season.

RSV preventive antibodies can be given at the same time as vaccines routinely recommended for infants and young children.



Talk with your health care provider

Tell your health care provider if the person getting the preventive antibody has a:

- History of serious allergic reactions to an RSV preventive antibody (nirsevimab) or any of its components,
- Bleeding disorder, or
- Moderate or severe acute illness.

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

People who have a minor illness, such as a cold, can safely receive an RSV preventive antibody. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

Risks of a reaction to RSV preventive antibodies

After getting an RSV preventive antibody, your child might have temporary pain, redness, swelling where the injection was given, or a rash.

As with any medicine, there is a very remote chance that RSV Immunization could cause a severe allergic reaction, other serious injury, or death.

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

Call your health care provider if you see any other symptoms that concern you.

What if there is a serious problem?

If your child got an RSV preventive antibody without getting a vaccine at the same time, and you suspect an adverse reaction, you or your health care provider can submit a report through <https://www.fda.gov/medwatch> or by phone at 1-800-FDA-1088.

If your child got an RSV preventive antibody and a vaccine at the same time and you suspect an adverse reaction, you or your health care provider should report it to the [Vaccine Adverse Event Reporting System \(VAERS\)](https://vaers.hhs.gov/) <https://vaers.hhs.gov/> or call [1-800-822-7967](https://vaers.hhs.gov/). In your report, note that your child got an RSV Immunization along with a vaccine.

Note: MedWatch and VAERS are only for reporting reactions. MedWatch and VAERS staff members do not give medical advice.

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit U.S. Food and Drug Administration website at [Drugs@FDA: FDA-Approved Drugs](https://www.fda.gov/oc/ohrt/).
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - [Visit the CDC website https://www.cdc.gov/rsv/about/prevention.html](https://www.cdc.gov/rsv/about/prevention.html)



5. What if there is a serious problem?

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.

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