THE WASHINGTON GUIDE to PROMOTING DEVELOPMENT in the YOUNG CHILD

1 TO 3 MONTHS

Adapted Version by Janet S. Orr, M.D. Building Blocks Pediatrics

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How to use this guide:

The left half of each page describes the developmental skills your child should master during this age range. The right half of the page gives ideas for helping your child learn the new skills.

Expected	Tasks
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Suggested Activites

Language

Receptive abilities

- Your baby moves her eyes, or changes her breathing rate or body activity when a bell is rung close to her head or when you talk to her.
- 2) Smiles when socially stimulated.
- Reacts with her face, body and voice when she sees your face.

Expressive abilities

- Makes pre-language vocalizations that consist of cooing, throaty sounds such as "goo"
- Makes "pleasure" sounds that consist of soft vowel sounds such as "oooooh".
- 3) Makes "sucking" sounds
- Parents can tell the difference between cries of discomfort, pain, and hunger.
- 5) Cries of distress often sound like an "ahahah".

- Wait for your infant to respond to talking by observing her facial expressions, gestures, and bodily movements when you are talking to her.
- Smile and talk softly in a pleaseant tone while holding touching, and handling your infant.
- Hold, touch, and interact frequently with your infant for pleasure.
- 4) Do not let your infant cray for long periods of time.

Discipline

- 1) Draws attention by crying
- 2) Infant desires whatever is pleasant and wishes to avoid unpleasant situations.
- 3) Beginning to "wiggle" around.

- 1) a. Needs should be identified and met promptly
 - Every bit of fussing should not be interpreted as an emergency requiring immediate attention.
 - Your infant should not be ignored and permitted to cry for exhaustive periods such as 1/2 hour or more
- Do begin to allow your infant to fuss for short periods of time so that he can begin learning to wait.
- Place your infant on surfaces with sides to prevent him from falling off.

Expected Tasks	Suggested Activites
Motor Skills 1) Holds head up briefly when lying face down 2) Infant's head is erect and bobbing when he is supported in a sitting position. 3) Watches an object moved back and forth, up and down or near and far.	1) Place your infant on his belly when he is awake. 2) Support in a sitting position with his head erect. 3) Pull your infant to sitting position. 4) Provide opportunity to observe people or activities. 5) Place a mobile with brighly colored objects on the crib 6) Provide opportunity to observe objects or people while in sitting position. 7) Use an infant seat. 8) Provide black and white toys as well as shiny objects and faces for your baby to look at.
Feeding Skills 1) Sucking reflex present. 2) Rooting reflex present. 3) Coordinates sucking, swallowing and breathing	1) Consider a change in nipple or positioning if there is difficulty in swallowing. 2) Hold in comfortable relaxed position while feeding. 3) Pace feeding tempo to your infant's needs
Sleep 1) Night: 4 - 10 hour intervals. 2) Naps: frequent. 3) Longer periods of wakefulness without crying.	 Provide separate sleeping arrangements away from parents Reduce noise and light stimulation when placing in bed. Have room at comfortable temperature with minimal drafts or extremes in heat or cold. Place infant on back to sleep Alternate from back to side to stomach when awake. Reverse position in crib occasionally to prevent flattening of head. Keep crib sides up.
Play 1) Quiets when picked up 2) Looks at faces of other people	Encourage holding and touching of your child. Provided infant with floor gym or mobiles, brightly colored, visually interesting objects within arm's distance

perinatal outreach & encouragement

for moms

Poem is the Ohio affiliate of Postpartum Support International (PSI), the leading authority on maternity-related mood disorders. Our services are free of charge and include:

- Mom-to-mom support over the phone, by email, or in groups with a casual open-session format
- Unbiased, central source of information and support
- Access to medical and therapeutic resources
- Solution-focused information and resources

Please call us at (614) 315-8989 or visit www.poemonline.org

Arbor Counseling 614-766-0161 2690 Billingsley Rd Columbus 43235

Sarah Auman, PCC, RN 614-299-0992 1155 W. 3rd Ave. Grandview 43212

Anxiety & Behavioral Health Services 614-436-5030 659 High St., Suite 202 Worthington 43085

Bethel Olentangy Psychological Serv 614-451-6606 4949 Olentangy River Rd. Columbus 43214

Buckeye Psychiatry, LLC 614-766-5205 5060 Parkcenter Ave, Suite F Dublin 43017

Catholic Social Services 614-221-5891 197 E Gay St. Columbus 43215

Janet Clark, PhD 614-231-7255 3449 E. Livingston Columbus 43227

Conscious Connections LLC 614-494-0082 466 N. Cassady Ave. Bexley 43209

Jane E. Cottrell, PhD 614-267-0944 4400 N. High St. Suite 407 Columbus 43214

Ellen Kay Douglas, PhD 614-621-3673 785 E. Broad St. Columbus 43205

William Friday, PhD 614-501-8220 5340 E. Maint St. Suite 205 Columbus 43213 Earl Greet, PhD 614-253-5574 1289 Livingston Ave. Columbus, 43205

Carl Grody, LISW 614-889-6422 5060-B Bradenton Ave. Dublin 43017

Heartland Wellness 614-245-0400 68 N. High St. Building A New Albany 43054

Herb Hausman, PhD 614-481-0033 1943 W Fifth Ave Columbus 43212

Heidi S. Johnson, MD 614-842-9966 659 High St Suite 201 Worthington, 43085

Lighthouse Christian Services, Inc. 614-337-1986 2085 Mecca Rd. Columbus 43224

Lowenstein & Associates 614-443-6155 691 S. Fifth St. Columbus 43206

Netcare Corp. 614-276-2273 199 S Central Ave. Columbus 43223

North Central Mental Health 614-227-6865 1301 N. High St. Columbus 43201

Northwest Counseling Services 614-457-7876 1560 Fishinger Rd. Columbus 43221

Optima Behavioral Health, Inc. 614-759-5075 81 Outerbelt St. Columbus 43213 POEM, Inc. 614-315-8989 Spanish: Linea de Apoyo 614-285-7636

Aimee Rhoden, MSEd, LPC 614-832-2351 5775 Perimeter Dr. Dublin 43017

Suzanne Saul, PhD 614-844-6886 355 E Campus View Blvd. Ste 285 Columbus 43235

Jennifer R. Schantz, PhD 614-361-0503 450 W Wilson Bridge Rd Ste 350 Worthington 43085

Seasons Life Coaching & Counseling, LLC 614-787-8218 7644 Slate Ridge Blvd. Reynoldsburg 43068

Julie Shuptrine, LISW 614-228-7275 850 Kin Ave. Suite B Columbus 43212

Sommer Group Counseling & Consulting 614-985-5500 1910 Crown Park Court, Columbus 43235

Nancy Walker, PhD & Michael Forman, PhD 614-263-5908
3545 Olentangy River Rd Suite 214 Columbus

43214 Columbus

WellSpring 614-538-0353
1115 Bethel Rd. 1st Floor Columbus 43220 (main office)
23 Satellite offices www.wellspsringcolumbus.org

Mt. Carmel Pregnancy and Infant Loss 614-234-5999

Postpartum Support International – PSI www.postpartum.net 800-944-4773

PSI Support Coordinator Network www.postpartum.net/Get-Help.aspx

Postpartum Dads – recommended for partners of women with postpartum depression who want to help themselves and the mothers. www.postpartum-dads.org

Mental Health America 614-221-1441
Ombusman program, online directory, pro-bono counseling
538 E. Town St. Suite D Columbus 43215
www.mhafc.org

Single Parent Link
Resources for single parents
614-558-3302
www.singleparentlink.com

C.H.O.I.C.E.S. 614-224-4663 Domestic Violence P.O. Box 06157 Columbus 43206 www.choicesdvcols.org

Hepatitis B 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.lmmunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent 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. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis B can also get the vaccine.

Hepatitis B vaccine is also recommended for the following people:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term, monogamous relationship
- People seeking evaluation or treatment for a sexually transmitted disease
- · Victims of sexual assault or abuse
- Men who have sexual contact with other men
- People who share needles, syringes, or other druginjection equipment
- People who live with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled people
- People living in jail or prison
- Travelers to regions with increased rates of hepatitis B



 People with chronic liver disease, kidney disease on dialysis, HIV infection, infection with hepatitis C, or diabetes

Hepatitis B 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).

Hepatitis B 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 hepatitis B vaccine, or has any severe, lifethreatening allergies

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

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis B. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

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 hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

 Soreness where the shot is given or fever can happen after hepatitis B 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.
- 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.



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, lifethreatening 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.



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.

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- Contact the Centers for Disease Control and Prevention (CDC):
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- Visit CDC's website at www.cdc.gov/vaccines.

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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

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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.



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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- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at <u>www.cdc.gov/vaccines</u>.

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 lifethreatening 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, lifethreatening 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.

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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- · 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

Pneumococcal Conjugate 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?

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 their age and medical status.

PCV13

- Infants and young children usually need 4 doses of PCV13, at ages 2, 4, 6, and 12–15 months.
- Older children (through age 59 months) may be vaccinated with PCV13 if they did not receive the recommended doses.
- Children and adolescents 6–18 years of age with certain medical conditions should receive a single dose of PCV13 if they did not already receive PCV13.

PCV15 or PCV20

- Adults 19 through 64 years old with certain medical conditions or other risk factors who have not already received a pneumococcal conjugate vaccine should receive either:
 - a single dose of PCV15 followed by a dose of pneumococcal polysaccharide vaccine (PPSV23), or
 - a single dose of PCV20.
- Adults 65 years or older who have not already received a pneumococcal conjugate vaccine should receive either:
 - a single dose of PCV15 followed by a dose of PPSV23, or
 - a single dose of PCV20.

Your health care provider can give you more information.

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, lifethreatening 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 PCV13 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.

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
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2/04/2022



Rotavirus Vaccine: What You Need to Know

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

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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.

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, lifethreatening 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.



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.

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