



Premier Pediatrics, P.A.
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12 Month Appointment

At Premier Pediatrics, we provide an age-relevant handout prior to each well-visit appointment. Please feel free to use the handout to write down questions and to take notes throughout your appointment. We will be happy to discuss questions you might have regarding anything covered in this handout or otherwise. Please continue to refer back to this handout at home. However, know that you have several options to answer additional questions and concerns that may come up at home.

1. Our staff is available by phone during our office hours: 8AM-4:30PM Monday-Friday.
2. Also, be sure to check our website: www.premierforkids.com. We have partnered with Pediatric Web to bring you a quick symptom guide in addition to a quick medicine and dosage guide.
3. Additionally, we offer triage services through Children's Mercy in the event that you need urgent assistance when we are not in the office. You may follow the prompts from our primary phone number to be connected to this line.

Immunizations

Your child will receive his/her next round of immunizations today:

1. MMR
2. Varicella (Chickenpox)

For detailed information about these immunizations, please refer to pages 7 and 8 of this handout.

Typical Reactions to Immunizations:

Like any other medicine, vaccines can cause side effects. Mostly these are mild "local" reactions such as tenderness, redness or swelling where the shot is given, or a mild fever. They happen in up to 25% of children with most childhood vaccines. They appear soon after the shot is given and typically go away within a day or two; however, they may last up to a week.

When to Call the Doctor after an Immunization:

Though severe reactions to immunizations are rare, you should call the doctor if your baby has any of the following symptoms within two days of a vaccine:

- ✓ High fever (over 104°)
- ✓ Crying for more than three hours at a time (not to be confused with colic)
- ✓ Seizures or convulsions – often related to high fever
- ✓ Severe, persistent seizures or major alterations in consciousness
- ✓ Listlessness, unresponsiveness, excessive sleepiness
- ✓ An allergic reaction (such as swelling of the mouth, face, or throat; breathing difficulties; rash)
- ✓ Behavior changes – you know your little one best, so if you notice any type of behavior that's not normal for your child, it's always smart to check with your pediatrician – just to be on the safe side

Appointment and Immunization Schedule

Your child's next regularly scheduled well-visit will be at 15 months of age. Please schedule this appointment as soon as possible. A patient care coordinator will be happy to help you schedule appointments at checkout.

*Well-visit appointments should be scheduled every year around the patient's birthday.

Vaccine Schedule

AGE	REQUIREMENT	DESCRIPTION OF SHOTS
Birth		Hep B
2 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
4 month		Pediarix (Dtap, IPV, HepB); PedVaxHib; Prevnar 13 (pneumococcal); Rotarix (Rotovirus-oral)
6 month	*must be 6M	Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen
9 month		Hgb/HCT (finger-prick); Any catch-up shots
12 month	*must be 12M	MMR; Varivax (Varicella); Vision Screen
15 month		Prevnar 13(pneumococcal); Hep A #1
18 month		Infanrix (Dtap); Hiberix; MCHAT
2 year		Hep A #2; Hgb/HCT/Lead (finger prick); MCHAT; Vision Screen
4 year	*must be 4YR	Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen
5 year		Vision Screen; Hearing Screen
11 year	*must be 11YR	Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol
12 year		HPV9 #2
13 year		HPV if not completed
16 year	* must be 16YR	Menveo (Meningococcal ACWY); Bexsero (Meningococcal B); Cholesterol; Hgb
17 year		Bexsero #2 (Menigococcal B)
18-21 year		Tdap; Catch up on Men B or HPV9 if not complete

Immunization Notes

- *We follow the CDC/AAP (American Academy of Pediatrics) guidelines for vaccinations
- *We can give the Dtap, IPV (polio) and Hep B individually and not as a combination shot if necessary.
- *Flu shots do not have preservatives.
- *Minimum spacing between 2M, 4M, and 6M shots is 6 weeks

A Note about Tylenol and Immunizations

Your child will be receiving his/her next round of immunizations today.

Because receiving immunizations can cause a mild fever, many parents and pediatricians routinely give acetaminophen (Tylenol) to children when they receive their vaccinations. However, we know that a fever is one sign that our body is generating an immune response. A recent study indicated that receiving acetaminophen before vaccines could *possibly* reduce that immune response and thus make the vaccines less effective. This means having a fever could make the vaccines work better!

Giving Tylenol prior to immunizations does not reduce the discomfort associated with the injection. Therefore, the best advice is to wait and see how your child reacts to the immunizations. Many children act fine after receiving their immunizations even if they have a vaccine-related fever. If, however, your child is acting sick after receiving vaccines, it is then worth talking to your pediatrician to see if acetaminophen or ibuprofen would be helpful. (Adapted from www.healthychildren.org by the American Academy of Pediatrics.)

Toddler Care at 12 Months

Your baby is growing out of the infant stage and 12 month marks entry into the toddler stage. Get ready! Some babies may be “cruising” around the furniture while others are walking quite proficiently by now. Even so, they are still unsteady which makes them prone to accidents. They also climb everywhere, fall frequently, and they love to get into your cupboards, closet, under a bed, or any other space and hide. When they are not hiding you might wish they were, as they are increasingly vocal and self-assertive.

Feeding

At this stage, your child should be eating mostly table foods; some with a spoon, some you feed him/her, and some finger foods. However, a lot of nutrition is provided by whole milk or breast milk if you are still nursing. Remember to introduce any new foods one at a time for 4-7 days to determine if he/she is allergic. Shellfish, fish, eggs, as well as milk products and grains can produce allergic reactions. Food allergy symptoms vary but can include; rashes, vomiting, diarrhea, cramps, colic, or irritability. In severe cases, hives and breathing difficulty may occur and require emergency attention, call immediately. If your child has a reaction to a particular food, do not introduce any other new foods until the reaction has subsided. Often, you can re-introduce the food at some later date.

Choose foods he/she likes from the other basic food groups: 1-2 servings of the protein group (meats, poultry and eggs, fish), 3 servings of cereal, bread, rice, pasta group; and 4 servings of fruits and vegetables. A rule of thumb to help you decide if your baby is getting enough of a volume of solids is to give one tablespoon per year of life of each food group. Doesn't sound like a lot, does it? It is adequate, however. Your toddler could also have about 4 ounces of juice (dilute it half-and-half with water, if desired).

Every day your toddler needs about 16-24 ounces of breast and/or whole milk (or milk products) but not formula unless it has been specifically recommended. Now is a good time to wean your toddler to a cup if you haven't already done so. Breastfed babies are weaned by decreasing the frequency of nursing. You may want to continue comfort nursing. It is also a good idea to wean from the night feeding, if needed. For those on formula gradually decrease the amount of formula in the bottle by one ounce a night over a week or so until it's gone, or dilute with water. Weaning is done in part, to prevent your baby from developing "milk cavities". The sugar in the milk remains in the mouth at night and dental cavities can develop. When your child is weaned from the breast or bottle, it is important to remember that he/she should drink whole milk, not low fat or skim milk until at least 2 years of age.

Now is the time to begin dental care, if not already doing so. Brush your child's teeth twice a day using a small, soft toothbrush and plain water. Floss between teeth afterward. If your baby is uncooperative about brushing and flossing, you might try just wiping the teeth with a soft cloth. It is important that this becomes part of your child's routine and a lifetime habit. Between the ages of 2 and 3, your baby will need to be taken to the dentist for his/her first checkup. Be sure to continue the fluoride supplement. If your drinking water is not fluoridated some dentist recommend continuing a supplement until at least 8 years of age.

Notes:

Sleeping

Your baby may begin to outgrow a morning nap. Nighttime awakening can recur at this age and usually results from separation anxiety. Your baby needs to reassure himself/herself that you are there during the night. This is a difficult phase for parents. Ask your health care provider for assistance in managing this. Usually, the baby will resume his/her regular sleep pattern within a few weeks. If sleep disturbances occur as a result of weaning or stopping a night bottle, try starting another routine. For example, brush teeth, read stories in bed, cuddle, and kiss good-night. The objective is to be consistent in order to provide security for your baby.

Notes:

Elimination

Bowel patterns may begin to become more predictable. It is still too early to think about potty training primarily because the child's bladder and bowel muscles are not developed enough.

Notes:

Development/Play

Your child is upright and mobile or soon will be. Push-pull toys are excellent at this age as are children's songs which they can be clapped or "danced" to. Both of these enhance gross motor development. Books with textures and different objects such as a large button, snap, zipper, etc., increase vocabulary as well as fine motor skills. Other activities and toys appropriate for this age include: water play, strings of jumbo snap-it beads, and large piece wooden puzzles. Be sure your toddler is supervised at all times.

Your child continues to imitate gestures, sounds, or words heard within preceding minutes. You may notice him/her attempting to say many words. At this age, it is difficult for adults to know how many words a child understands. In part, this is because much of our communication is non-verbal, too. Continue to read to your child! Purchase infant books; cloth, plastic or hard cardboard. You read, and then let your baby read. Hold him/her on your lap and take turns saying the words. You're sending an important message about reading that will last a lifetime.

You may also notice that your baby's development occurs faster in some areas than others and that the variations change over time. This is normal. Development follows a similar sequence in all children but the rate of acquisition of skills varies reflecting their individuality. For instance, she may walk at 10 months but only say one or two words; or say 15 words but only be crawling. This is normal.

Notes:

Safety

Poisonings are frequent occurrences among toddlers. Children in this age group often eat or drink harmful things because they are hungry or thirsty or just simply curious. They do not recognize the danger of many potentially poisonous substances. Store potential poisons out of your child's reach, preferably in locked cabinets. Medicines are the most frequent cause of fatal poisonings and all should be considered dangerous. Never tell your child that a medicine is candy, rather tell him/her that it is a medicine only to be taken when given by you. Medicines which are particularly dangerous are sleeping pills, sedatives, tranquilizers, pain medications, aspirin, acetaminophen (the common aspirin substitute), iron tablets and other iron containing products. Again, all medicines prescription or non-prescription should be considered dangerous.

Burns remain an extreme danger at this age because of your toddler's mobility and curiosity. Remember to turn pot handles in from the edge of the stove. Keep hot liquids away from your child's reach. Remember that table clothes can be pulled with serious consequence. Clothing on which a hot liquid spills should be removed immediately, as cloth holds heat. Place a guard around fireplace, wood stove, and furnace. Electrical equipment is a particular danger for your little explorer. Teach your child not to poke things in sockets and not to chew on wires, etc.

Injury from falls can be reduced in a number of ways. Use safety gates at the top and bottom of all stairs, and teach your children that stairs are not a place to play. Do not permit play near open windows or on window sills. Make sure that windows have safety latches. Balconies and porches should have safety railings. This is also a good time to start age-appropriate swimming lessons.

The way you dress your child can help prevent falls. Keep pant legs or dress length above the ankles to prevent tripping. Make sure shoes fit properly and the soles are not glossy smooth. Keep laces double tied or use fasteners. Your child may slip less in bare feet on bare floors than in socks alone which decrease traction. Shoes are necessary to protect the feet from injury on unsafe surfaces. Inexpensive sneakers serve this purpose well. More expensive shoes are not necessary.

Notes:

Discipline and Communication

Because of your toddler's increasing mobility, you must place limits on his/her behavior to help keep him/her safe. This does not mean spanking. Discipline approach and concepts should be discussed with all caregivers so the child receives a consistent approach.

Most research shows that consistent, loving discipline is more important than any particular method. Your toddler understands the word “no.” Saying “no” in a stern voice with eye contact is usually very effective. If not, put the child in a time-out situation for a couple of minutes. Remember to praise your toddler and show attention when playing or behaving well rather than misbehaving or crying.

Notes:

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FEEDING GUIDELINES: ALL FOODS MUST BE CUT OR PORTIONED TO THE APPROPRIATE SIZE FOR YOUR CHILD.

4-6 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals: (Start here) rice, barley, or oatmeal. Wheat based cereals to be given last.
- Fruits: apples, bananas, pears
- Vegetables: avocados, green beans, sweet potatoes, butternut squash
- Nuts: peanut butter, eggs and yogurt may be introduced now, in most cases. Discuss with your doctor.

6-8 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Cereals/Grains: Cereals may continue as before, may offer crackers (saltines or graham).
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash
- Proteins: beef, chicken, pork, turkey, tofu, eggs, fish

8-10 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Finger Foods: rice puffs, cheerios, crackers
- Grains: buckwheat, kasha, flax, kamut, millet
- Fruits: Mango, peaches, papaya, plums, prunes, apples, bananas, pears, cranberries (chopped), figs, grapes (chopped), kiwi, melons, persimmons, blueberries, coconut
- Vegetables: carrots (cooked and peeled), cauliflower, parsnips, peas, zucchini, avocados, green beans, sweet potatoes, butternut squash, asparagus, broccoli, beans, cucumber, eggplant, leeks, onions, turnip, potatoes
- Dairy: cheese, cottage cheese, cream cheese, yogurt
- Proteins: beef, chicken, pork, turkey, eggs, tofu, fish

10-12 months

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Offer Table Foods At This Time

12 months +

- Foods should be given for 3 days before new foods are started. This is to check for possible food allergies. Signs of food allergies include: diarrhea, hives, diaper rash, or swollen lips.
- SERVING SIZE IS APPROXIMATELY THE SAME SIZE AS YOUR CHILD'S PALM.
- Fruits: oranges, grape fruit, strawberries, raspberries, blackberries, honey
- Dairy: whole milk

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

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

1 Why get vaccinated?

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

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

Chickenpox vaccine can prevent chickenpox.

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

2 Who should get chickenpox vaccine and when?

Routine

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

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

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

Chickenpox 3/13/08

Catch-Up

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

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

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

3 Some people should not get chickenpox vaccine or should wait

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

Ask your provider for more information.

4 What are the risks from chickenpox vaccine?

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

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

Mild Problems

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

Moderate Problems

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

Severe Problems

- Pneumonia (very rare)

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

Note: The first dose of MMRV vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-522-7967.

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your provider. They 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 website at: www.cdc.gov/vaccines



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)
Varicella Vaccine (3/13/08) 42 U.S.C. §300aa-26

MMR (Measles, Mumps, & Rubella) 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 <http://www.immunize.org/vis>.

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose:** 12-15 months of age
- **Second Dose:** 4-6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

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

Children between 1 and 12 years of age can get a “combination” vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

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

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

- Tell your doctor if the person getting the vaccine:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids
 - Has any kind of cancer
 - Is being treated for cancer with radiation or drugs
 - Has ever had a low platelet count (a blood disorder)
 - Has gotten another vaccine within the past 4 weeks
 - Has recently had a transfusion or received other blood productsAny of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness

- Permanent brain damage
- These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

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

Vaccine Information Statement (Interim)

MMR Vaccine

4/20/2012

42 U.S.C. § 300aa-26

