



**Premier Pediatrics, P.A.**  
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913-345-9408 fax



## 15 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](http://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. Pneumococcal 13
2. Hepatitis A

*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 18 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	<b>*must be 6M</b>	Pediarix (Dtap, IPV, HepB); Prevnar 13 (pneumococcal); Vision Screen
9 month		Hgb/HCT (finger-prick); Any catch-up shots
12 month	<b>*must be 12M</b>	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	<b>*must be 4YR</b>	Kinrix (Dtap/IPV); MMRV (MMR/Varicella); Vision Screen
5 year		Vision Screen; Hearing Screen
11 year	<b>*must be 11YR</b>	Boosterix (Tdap); Menveo (Meningococcal ACWY); HPV9; Cholesterol
12 year		HPV9 #2
13 year		HPV if not completed
16 year	<b>* must be 16YR</b>	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 that is the case, the fever is possibly a good thing and acetaminophen isn't necessary. 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](http://www.healthychildren.org) by the American Academy of Pediatrics.)

### **Daycare/Preschool Forms**

We have the Kansas Department of Health forms available at our office and will be happy to provide these for your child at a scheduled appointment. If for any reason you need a health or daycare form completed outside of a well-visit, we do request that you allow 3 to 5 days to process this request. This information is considered protected health information and is available to be picked up at our office. It can be mailed if you provide a self-addressed-stamped-envelope.

## **Toddler Care: 15 Months**

Are you ready? Your sweet loving baby is changing overnight into a toddler with wants and demands of his/her own. The toddler enters a world of negativism and ritualism. He is developing a sense of self and expressing this. This is healthy.

“No” means “no” or “yes”! And everything is often done according to a strict routine—mealtime, bedtime, playtime. However, this is a most exciting time for your toddler. Out of this period comes a child who exerts some independence and self-confidence, gradually separating himself/herself from Mom.

### **Feeding**

You may notice that your toddler has definite likes and dislikes! In fact, he/she may only want a certain food for lunch every day. He/she may also only want a certain cup and bowl as well. You may also notice that your toddler has a decrease in his/her appetite. All of this is normal. Growth is much less rapid than during the early months of the first year, so he/she does not need as much food now. Try to avoid making mealtime a battle ground. Choose foods your child likes from the major food groups while encouraging a balanced three meals with two snacks a day. Some toddlers snack more frequently which is fine as long as healthy foods are offered.

Of the major food groups, a toddler needs: around 16-24 ounces of milk and milk products (2-3 servings); 2 ounces of meat, poultry or fish group; 2-4 fruit servings; 2-4 vegetable servings; and 4 bread, cereal, rice, and pasta group servings per day. At least one serving of fruit per day should be a citrus fruit or juice. A yellow or dark green vegetable should be served 3 to 4 times a week. A bread serving is ½ slice or ½ cup cereal. Remember: a tablespoon of each food group per

year of life at a meal is adequate. A decreased appetite or “picky eater” at this age is normal, but if you offer the appropriate foods at each meal, your toddler will get an adequate diet. Hopefully your toddler can drink easily from a cup and uses a spoon, neither very neatly.

Continue good dental care. Brush your child’s teeth twice a day using a small, soft toothbrush and plain water. Floss between teeth afterward. It is important that this become part of your toddler’s routine to instill habits for a lifetime. Between the ages of 2 and 3, he will need to be taken to the dentist for a first checkup. Be sure to continue the fluoride supplement if your drinking water is not fluoridated. Some dentists recommend fluoride through at least age 8.

*Notes:*

### **Sleeping**

Most toddlers continue to need an afternoon nap after a morning of non-stop play. Some continue to take a morning nap as well. Bedtime should be consistent and follow a particular routine (brush and floss teeth, stories, lullabies, kisses and hugs, etc.). Because of a toddler’s need for independence, bedtime problems can surface. If so, ask your doctor for management information or discuss the specific problem.

*Notes:*

### **Elimination**

Although toilet training is usually not advocated before the age of two, parents need to know signs of readiness to look for in their toddlers. These include: a dry diaper upon awakening from naps or in the morning; a regular time for bowel movements; an ability to say appropriate words for bowel movements and urination; an ability to recognize and say he/she is ready or has the urge to have a bowel movement or to urinate; an ability to pull clothing up and down and on or off; and a desire to please the parent(s). These signs develop throughout the toddler years on an individual basis and can vary greatly. Ask the doctor for more information.

*Notes:*

### **Development/Play**

Toddlers love to imitate their role models in the common rituals of our daily lives. Provide them with child size brooms, dust cloths, or other safe household tools that can enable them to do this. Permit them to help you. Games and toys that enhance gross motor skills and dexterity are appropriate. These include large cardboard boxes, sandbox (with supervision), space to run and jump, and playground equipment. Quiet time activities include painting with water books, drawing with erasable crayons, building with blocks, working with puzzles, etc.

Your toddler will creep upstairs and walk without help. A toddler is still unstable and may lose his/her balance when throwing a ball or running. He may scribble spontaneously on everything including your walls and furniture. He enjoys identifying geometric shapes and placing them in the appropriate hole of the toy.

A toddler may say several words, understand simple commands and shake his/her head to mean no. Your toddler may begin to tolerate some separation from parent(s) and may be less likely to fear strangers. Your toddler’s emotions may change quickly from one minute to the next. He/she will kiss and hug his/her parents one minute and have a temper tantrum the next. This can be difficult to cope with! You may want to discuss additional parenting toddler resources with your doctor.

Continue to read to your toddler. Make reading a special time in order to build a foundation for life. Don't forget to let your child catch you in the act of reading, yet another example that lasts for life. Take the interruption as an opportunity to explain what you're reading. Offer your child a toddler type book to read next to you. Remember to monitor TV viewing for it can be a learning opportunity in small doses but is detrimental in excess.

As toddlers begin the process of separation from parent(s), this may be a good time to introduce a babysitter. The benefit of quality time with other adults is significant and should be encouraged. You may want to ask for information on choosing a sitter from your health care provider.

*Notes:*

## **Safety**

Safety measures in your house and outdoors cannot be emphasized enough. Still the greatest risk to your child's health is a motor vehicle accident. It is impossible for you to protect your child during an accident by just holding him/her. Always use an approved safety seat in your car in the recommended manner; anchored, properly positioned, and secured.

There are many accident dangers including, burns, falls, drowning, and poisonings. Accidents are more common when your child is not adequately supervised or in a different setting such as a relative's or friend's house. It is important to continuously reassess the safety of your toddler's play area and update it as necessary. In less safe areas and circumstances, extra attentive supervision is necessary. As your child becomes older it is harder to supervise him/her because of his/her increasing independence. It is important to train your child about safety—what is safe and what is unsafe.

*Notes:*

## **Communication and Discipline**

Discipline is as important as safety training. Discipline should be used in a consistent manner. Toddlers develop and learn through exploration and require particularly close observation. Discipline should not be stifling to your child's eagerness for new experiences: instead it should set safe limits. The word "no" becomes important to success but may not always get the desired response from your child.

Your child's behavior will in part be guided by which of your expressions or feelings he/she wants to obtain. Children should be permitted to express their own feelings. At the same time parents, too, must express feelings. This teaches your child that having and expressing emotions is important for effective communications. Temper tantrums can often be handled by ignoring them. After you determine that your toddler cannot hurt himself/herself, then walk away. This will prevent you from becoming upset and angry and will not give your toddler an audience. If this is not possible put him/her in his/her crib, playpen or room for a time-out. You should address the problem in a calm voice, expressing your feeling. This helps you and helps your child to understand that it's all right to express feelings in okay ways.

*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

# PNEUMOCOCCAL CONJUGATE VACCINE

## WHAT YOU NEED TO KNOW

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

### 1 Pneumococcal disease

Infection with *Streptococcus pneumoniae* bacteria can make children very sick.

It causes blood infections, pneumonia, and meningitis, mostly in young children. (Meningitis is an infection of the covering of the brain.) Although pneumococcal meningitis is relatively rare (less than 1 case per 100,000 people each year), it is fatal in about 1 of 10 cases in children.

Pneumococcal meningitis can also lead to other health problems, including deafness and brain damage.

Before routine use of pneumococcal conjugate vaccine, pneumococcal infections caused:

- over 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths

annually in the United States in children under five.

Children younger than 2 years of age are at higher risk for serious disease than older children.

Pneumococcal bacteria are spread from person to person through close contact.

Pneumococcal infections may be hard to treat because some strains of the bacteria have become resistant to the drugs that are used to treat them. This makes **prevention** of pneumococcal infections through vaccination even more important.

### 2 Pneumococcal conjugate vaccine (PCV13)

There are more than 90 types of pneumococcal bacteria. The new pneumococcal conjugate vaccine (PCV13) protects against 13 of them. These bacteria types are responsible for most severe pneumococcal infections among children. PCV13 replaces a previous conjugate vaccine (PCV7), which protected against 7 pneumococcal types and has been in use since 2000. During that time severe pneumococcal disease dropped by nearly 80% among children under 5.

PCV13 may also prevent some cases of pneumonia and some ear infections. But pneumonia and ear infections have many causes, and PCV13 only works against the types of pneumococcal bacteria targeted by the vaccine.

PCV13 is given to infants and toddlers, to protect them when they are at greatest risk for serious diseases caused by pneumococcal bacteria.

In addition to receiving PCV13, older children with certain chronic illnesses may get a different vaccine called PPSV23. There is a separate Vaccine Information Statement for that vaccine.

### 3 Who should get PCV13, and when?

#### Infants and Children Under 2 Years of Age

PCV13 is recommended as a series of **4 doses**, one dose at each of these ages: 2 months, 4 months, 6 months, and 12 through 15 months

Children who miss their shots at these ages should still get the vaccine. The number of doses and the intervals between doses will depend on the child's age. Ask your health care provider for details.

Children who have begun their immunization series with PCV7 should complete the series with PCV13.

#### Older Children and Adolescents

- Healthy children between their 2nd and 5th birthdays who have not completed the PCV7 or PCV13 series before age 2 years should get 1 dose.
- Children between the 2nd and 6th birthdays with medical conditions such as:
  - sickle cell disease,
  - a damaged spleen or no spleen,
  - cochlear implants,
  - diabetes,
  - HIV/AIDS or other diseases that affect the immune system (such as cancer, or liver disease), or
  - chronic heart or lung disease,or who take medications that affect the immune system, such as immunosuppressive drugs or steroids, should get **1 dose of PCV 13** (if they received 3

doses of PCV7 or PCV13 before age 2 years), or **2 doses of PCV13** (if they have received 2 or fewer doses of PCV7 or PCV13).

A dose of PCV13 may be administered to children and adolescents 6 through 18 years of age who have certain medical conditions, even if they have previously received PCV7 or PPSV23.

**Children who have completed the 4-dose series with PCV7:** Healthy children who have not yet turned 5, and children with medical conditions who have not yet turned 6, should get one additional dose of PCV13.

Ask your health care provider if you have questions about any of these recommendations.

PCV13 may be given at the same time as other vaccines.

### 4 Some children should not get PCV13 or should wait

Children should not get PCV13 if they had a serious (life-threatening) allergic reaction to a previous dose of this vaccine, to PCV7, or to any vaccine containing diphtheria toxoid (for example, DTaP).

Children who are known to have a severe allergy to any component of PCV7 or PCV13 should not get PCV13. Tell your health care provider if your child has any severe allergies.

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

### 5 What are the risks from PCV13?

Any medicine, including a vaccine, could possibly cause a serious problem, such as a severe allergic reaction. However, the risk of any vaccine causing serious harm, or death, is extremely small.

In studies, most reactions after PCV13 were mild. They were similar to reactions reported after PCV7, which has been in use since 2000. Reported reactions varied by dose and age, but on average:

- About half of children were drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).

- Up to about 8 out of 10 became fussy or irritable.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

### 6 What if there is a severe reaction?

#### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe 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 the 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: <http://www.vaers.hhs.gov>, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

### 7 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 may file a claim with VICP by calling **1-800-338-2382** or visiting their website at <http://www.hrsa.gov/vaccinecompensation>.

### 8 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)** or
  - Visit CDC's website at <http://www.cdc.gov/vaccines>.



Vaccine Information Statement (Interim)  
PCV13 **4/16/2010** 42 U.S.C. §300aa-26

# Hepatitis A Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).  
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

### 1 What is hepatitis A?

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

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

Hepatitis A can cause:

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

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

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

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

Hepatitis A vaccine can prevent hepatitis A.

### 2 Who should get hepatitis A vaccine and when?

#### WHO?

*Some people should be routinely vaccinated with hepatitis A vaccine:*

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see [www.cdc.gov/travel](http://www.cdc.gov/travel).
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.

- People with chronic liver disease.
- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

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

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

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

#### WHEN?

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

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

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

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

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

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



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

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

### 4 What are the risks from hepatitis A vaccine?

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

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

#### Mild problems

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

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

#### Severe problems

- serious allergic reaction, within a few minutes to a few hours after the shot (*very rare*).

### 5 What if there is a moderate or severe 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, nurse, or health department 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](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

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## Vaccine Information Statement (Interim) Hepatitis A Vaccine

10/25/2011

42 U.S.C. § 300aa-26

